

Unannounced Care Inspection Report

30 October 2017



Leabank

Type of Service: Nursing Home (NH)
Address: 1 Beechwood Avenue, Ballycastle, BT54 6BL
Tel No: 028 2076 3392
Inspector: Lyn Buckley

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 55 persons.

3.0 Service details

Organisation/Registered Provider: Leabank Responsible Individuals: Mr Brian Macklin Mrs Mary Macklin	Registered Manager: See box below
Person in charge at the time of inspection: Mr David Ross - manager	Date manager registered: Mr David Ross – registration pending
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.	Number of registered places: 55 comprising: 41 - NH – I and PH 10 - RC I and PH 2 - NH-DE 2 - RC-DE

4.0 Inspection summary

An unannounced inspection took place on 30 October 2017 from 09:40 to 16:20 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The term 'patient' is used to describe those living in Leabank which provides both nursing and residential care.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the culture and ethos of the home, governance systems and processes, the management of the meal times experience and the knowledge staff had of their patients' wishes and preferences. Staff also demonstrated effective communication and that training had been embedded into practice regarding their knowledge of adult safeguarding, safe moving and handling practices and the standard of hygiene and cleanliness of the home's environment. Staff were commended for their efforts.

Areas requiring improvement were identified in relation to record keeping, patients' information, management of risks, fire safety and infection prevention and control practices.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	4*

*The total number of areas for improvement includes two, in relation to the standards, which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with David Ross, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 22 February 2017

The most recent inspection of the home was an announced pre-registration care and premises inspection undertaken on 22 February 2017. There were no further actions required to be taken following this joint inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 10 patients individually and with other in small groups, one relative and eight staff. Ten questionnaires for patients and ten patients' representatives for were also left in the home to obtain feedback. A poster directing staff to an online survey to provide feedback was also provided for display in the staff room.

A poster informing visitors to the home that an inspection was being conducted was displayed in the foyer.

The following records were examined during the inspection:

- duty rota for all staff from 23 October to 5 November 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- three patient care records
- five patient care charts including food and fluid intake charts and reposition charts
- a selection of governance audits
- patient register
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 22 February 2017

The most recent inspection of the home was an announced pre-registration care and premises inspection undertaken on 22 February 2017. There were no further actions required to be taken following this joint inspection.

6.2 Review of areas for improvement from the last care inspection dated 17 January 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: First time	The registered provider should ensure that risk assessments and care plans are updated when there is a change to the patient's condition.	Not met
	Action taken as confirmed during the inspection: Review of three patient's care records evidenced that this area for improvement has not been met and has been stated for a second time. Details can be found in section 6.4 and 6.5	
Area for improvement 2 Ref: Standard 4.9 Stated: First time	The registered provider should ensure that record keeping is contemporaneous and reflective of the care delivered.	Not met
	Action taken as confirmed during the inspection: Review of six patient records evidenced that this area for improvement has not been met and has been stated for a second time. Details can be found in section 6.5	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager confirmed the planned daily staffing levels for the home and confirmed that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 23 October to 5 November 2017 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping staff were on duty daily. The manager informed us that the staffing that morning "was short" by two staff; one had rung in sick at short notice and one was late. Later in the morning the second staff member arrived and efforts had been made to cover the short notice sick leave. Staff

spoken with confirmed that short notice sick leave was rare. Staff were also satisfied that there was sufficient staff on duty to meet the needs of the patients.

Patients spoken with during the inspection did not raise any concerns regarding staffing levels or the care delivered. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff, while busy, attended to patients needs in a timely and caring manner.

We also sought the views of patients, relatives and staff on staffing via questionnaires and an online survey. At the time of writing this report we had received no responses.

RQIA were assured from the review of records, observations of the care delivered and discussion with management and staff; that staffing levels were kept under review, and adjusted as necessary, to ensure the assessed needs of the patients were met.

A review of records confirmed that a process was in place to enable the regular monitoring of the registration status of registered nurses with the NMC and care staff registration with the NISCC.

We discussed the provision of mandatory training with the manager and with staff and reviewed staff training. The manager had identified deficits in the training programme and had raised these with his line manager. An action plan was in place to address these deficits and details. RQIA were satisfied that mandatory training was being managed appropriately.

Observation of the delivery of care evidenced that training, such as moving and handling, had been embedded into practice. Staff spoken with were also knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion confirmed that there were arrangements in place to embed the new regional safeguarding policy and operational procedures into practice and that an adult safeguarding champion had been identified for the home.

Review of three patients' care records evidenced that a range of validated risk assessments were required to be completed as part of the admission process. However, in two of the records there was evidence that the risk assessments had not been reviewed since August 2017. An area for improvement, under the standards, has been stated for a second time.

We reviewed the system and processes regarding the management and governance of accidents and/or incidents that occurred in the home. This review evidenced that accidents/incidents were managed and reported in line with good practice guidelines and DHSSPS standards. RQIA were notified of events in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken and included a number of bedrooms, bathrooms, sluice rooms, lounges, dining rooms, stairwells and storage areas. The home was found to be tidy, warm, well decorated, fresh smelling and clean throughout. Housekeeping staff were commended for their efforts.

Staff spoken with were aware of their role and responsibilities regarding infection prevention and control measures (IPC) in relation to cleaning, use of colour coded equipment to manage cleaning processes and storage of equipment where there was a toilet and the use of personal protective equipment (PPE) such as gloves and aprons. Observations confirmed the correct use and disposal of PPE. In two sluice rooms, one on each floor to the rear of the home, we observed that commode pots were stored 'stacked' rather than singly in keeping with regional IPC guidelines. An area for improvement was made under the standards.

Fire exits and corridors were observed to be clear of clutter and obstruction with only one exception. We observed that the fire escape route outside a ground floor fire exit door was blocked by a chair. The chair was removed however it was evident that staff had placed the chair at the exit door therefore, an area for improvement was made under the regulations.

In one patient's bedroom a portable electric radiator was observed. When this was brought to the attention of the manager he agreed to find out why this was in place, if other patients had portable radiators and if the risks associated with portable electric radiators were being managed appropriately. We also observed in one unoccupied bedroom that the wardrobe was not secured to the wall. Other bedrooms reviewed evidenced that the wardrobes were secure. This was discussed with the manager who agreed to address this matter and confirm by email the action taken. RQIA received an email on 7 November 2017 that the maintenance person had secured the identified wardrobe and had checked that all other wardrobes in the home were secured to the wall. An area for improvement under the regulations was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff knowledge of adult safeguarding, safe moving and handling practices and the standard of hygiene and cleanliness of the home's environment.

Areas for improvement

An area for improvement was made in relation to record keeping, IPC practices, fire safety and risk management.

	Regulations	Standards
Total number of areas for improvement	2	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

We reviewed the management of urinary catheters, pressure area care and wounds for three patients. Good record keeping was evidenced regarding the assessment and care planning for one patient who had sustained a number of falls and for one patient who required specific wound care. However, as stated in section 6.4 in two of the patient records reviewed the risk assessments had not been reviewed since August 2017. In addition, care plans had not been developed to manage identified nursing needs; and in all three records care plans had not been reviewed consistently when the needs of the patient changed. Details were provided to the manager during feedback. Discussion with the manager and review of governance records evidenced that the manager and deputy manager had identified concerns regarding

the record keeping and had developed an action plan to make improvements. This was reassuring however, an area for improvement, under the regulations, was made.

Care records indicated that, where appropriate, referrals had been made to healthcare professionals such as TVN, SALT, dieticians, care managers and General Practitioners (GPs).

Care charts such as repositioning and food intake charts were reviewed for five patients. It was evident that not all sections of these charts were completed. For example, recording that skin checks had been undertaken on reposition charts. Details were discussed with the manager during feedback. An area for improvement made under the standards has been stated for a second time.

Nursing staff spoken with were aware of professional requirements to review and update care plans as the needs of patients' change. Staff also demonstrated awareness of the need to review and update care plans when recommendations were made or changed by other healthcare professionals such as, the district nurse, the speech and language therapist (SALT) or the tissue viability nurse (TVN).

There was evidence of regular communication with patients and/or their relatives within the care records.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff spoken with stated that there was effective teamwork and that each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their manager and/or the regional manager.

We also observed the delivery of care throughout the home and were assured that patients' needs were met and that systems and process were in place to assure and monitor effective communication with patients, relatives, staff and other healthcare professionals.

Patients spoken with expressed their confidence in raising concerns with the home's staff/management.

A record of patients including their name, address, date of birth, marital status, religion, date of admission and discharge (where applicable) to the home, next of kin and contact details and the name of the health and social care trust personnel responsible for arranging each patients admission was maintained.

Areas of good practice

There were examples of good practice found throughout the inspection in relation effective communication between patients, staff and other key stakeholders such as TVNs, dieticians, or GPs and the delivery of care observed during this inspection.

Areas for improvement

An area for improvement was identified in relation to care planning and contemporaneous record keeping.

	Regulations	Standards
Total number of areas for improvement	1	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 09:40 and were greeted by the manager who was helpful and facilitated the inspection process along with the staff on duty. Patients were either finishing their breakfast or having a morning cup of tea/coffee and snack in one of the sitting area/lounge areas or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice depending of which they preferred and staff were observed assisting patients to drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect in relation to how they spent their day and care delivery. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent. However, it was observed that some patient information was accessible to persons entering the home. For example, care charts contained within folders were stored on the handrails outside patient's bedrooms and a record book with patients names listed was available outside one of the nurses stations detailing which patient had had a shower or bath and when. An area for improvement was made under the standards.

Patients able to communicate their feelings indicated that they enjoyed living in Leabank. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Ten patient questionnaires were provided; none were returned within the timescale for inclusion in this report.

We spoke with one relative who was very complementary regarding the care provided to their loved one and the staff attitude toward them. Ten questionnaires for relatives were also provided; none were returned within the timescale for inclusion in this report.

Any comments from patient, relatives and staff received after the return date will be shared with the registered person for their information and action as required.

We reviewed a selection of cards and letters received from relatives. Comments included: "So happy with the care... receiving and wish to thank all staff who provide excellent care in the home."

Observation of the serving of the lunch time meal and discussion with patients evidenced that experience was a pleasure for them. Staff were observed to be discreet in offering assistance and when assistance was required this was appropriate and sensitively delivered. Staff demonstrated their knowledge of the SALT definitions of food textures and consistency of fluids.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, the provision of activities, the management of the meal times experience and the knowledge staff had of their patients' wishes and preferences.

Areas for improvement

An area for improvement was identified in relation to patient information.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA and a current certificate of public liability insurance were appropriately displayed in the foyer of the home.

Since the previous care inspection there has been a change in the management arrangements for the home. RQIA were notified of the changes as required and the manager has made application to register with RQIA.

Discussion with staff, a review of care records and observations confirmed that the home was operating within the categories of care registered. Staff were able to identify the person in charge of the home in the absence of the manager and felt reassured that new manager was in post and had identified areas for improvement.

A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and relatives evidenced that the manager's working patterns supported effective communication and engagement. Review of the governance arrangements regarding complaints, accidents/incidents, notification of events to RQIA, registration of staff with NMC and NISCC evidenced that the processes were robust and effective. Additional systems were in place to monitor the management of wounds, patients' weights and compliance with infection prevention and control practices.

As discussed in previous domains, RQIA were reassured that the manager and deputy manager were working together to improve compliance levels regarding mandatory training and the standard of record keeping.

We reviewed the reports from the unannounced visit undertaken on behalf of the registered provider. These visits were completed in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and trust representatives.

Discussions with staff confirmed that there were “good working relationships” and they were enthusiastic about the home and believed they were “making a difference.”

Discussion with staff evidenced that there was a clear organisational structure within the home. Staff were confident of raising patients’ care concerns and needs with the nurse in charge of the shift. In discussion patients and relatives spoken with were aware of the roles of the staff in the home and to whom they should speak to if they had a concern.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to team working, day to day management arrangements, governance systems and processes and the monitoring of the delivery of care to meet the assessed needs of patients.

Areas for improvement

No areas for improvement were identified during the inspection within this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with David Ross, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27(4) Stated: First time To be completed by: Immediate action required	The registered person shall ensure that fire exits and escape routes internally and externally are maintained free from obstruction. Ref: Section 6.4
	Response by registered person detailing the actions taken: All staff have been informed of this, signs in place, night inspection carried out to ensure compliance, routine daily checks, are being carried out by management.
Area for improvement 2 Ref: Regulation 14 (2) (a) (b) and (c) Stated: First time To be completed by: Immediate action required	The registered person shall ensure that the risks identified during inspection regarding the securing of wardrobes and the use of portable electric radiators are managed appropriately and that staff are aware of the need to report such issues to management. Ref: Section 6.4
	Response by registered person detailing the actions taken: All staff have been informed of this, and the consequences of using these in resident's rooms, all electrical radiators were removed on day of inspection, all wardrobes were checked, and the wardrobe in question was secured to the wall the next day of the inspection. the issue of the radiators in the resident's rooms was resolved the day of the inspection, the issue with the wardrobe was resolved day after the inspection.
Area for improvement 3 Ref: Regulation 16 Stated: First time To be completed by: 31 December 2017	The registered person shall ensure that care plans are in place to manage the nursing needs of patients and that these are regularly reviewed to ensure they accurately reflect the needs of the patient. Ref: Section 6.5
	Response by registered person detailing the actions taken: All trained staff have been informed of the importance of keeping care plans and records up to date, and a plan has been put in place reference this issue. All care plans will be updated, and amended as the plan of care changes, a new system for updating the care plans has been put in place and will be monitored by management for its effectiveness.

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)	
Area for improvement 1 Ref: Standard 4 Stated: Second time To be completed by: 31 December 2017	The registered provider shall ensure that risk assessments and care plans are updated when there is a change to the patient's condition. Ref: Section 6.2 and 6.5
	Response by registered person detailing the actions taken: All staff have been informed of this action and care plans and risk assessments are being continually up dated by staff, 2 care files are being checked each day and monitored by Deputy Manager/ Manager
Area for improvement 2 Ref: Standard 4.9 Stated: Second time To be completed by: 31 December 2017	The registered person shall ensure that record keeping is contemporaneous and reflective of the care delivered. Ref: Section 6.2 and 6.5
	Response by registered person detailing the actions taken: All staff have been informed of this action 2 care files will be checked every day, by the Deputy Manager/Manager
Area for improvement 3 Ref: Standard 46 Stated: First time To be completed by: 31 December 2017	The registered person shall ensure that clean commode pots are appropriately stored; in keeping with regional infection and prevention guidelines. Ref: Section 6.4
	Response by registered person detailing the actions taken: Commode racks have been put into each sluice to ensure that this standard is addressed.
Area for improvement 4 Ref: Standard 5 Stated: First time To be completed by: Immediate action required	The registered person shall ensure that patients' information is managed confidentially and is not readily accessible to anyone entering the nursing home. Ref: Section 6.6
	Response by registered person detailing the actions taken: All staff have been informed of this and are aware of the confidentiality policy. Management and nurses are monitoring this to ensure staff comply with policy.

****Please ensure this document is completed in full and returned via Web Portal****



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