

Unannounced Care Inspection Report

31 July 2020



Leabank

Type of Service: Nursing Home

Address: 1 Beechwood Avenue, Ballycastle, BT54 6BL

Tel No: 028 2076 3392

Inspector: Gillian Dowds

www.rqia.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.

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.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 53 persons.

3.0 Service details

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| Organisation/Registered Provider: Leabank Responsible Individual(s): Brian Macklin Mary Macklin | Registered Manager and date registered: Tracey O'Neill – awaiting application |
| Person in charge at the time of inspection: Tracy O'Neill | Number of registered places: 53 A maximum of 9 patients in category NH-DE. There shall be a maximum of 1 named resident receiving residential care in category RC-I. |
| Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. | Number of patients accommodated in the nursing home on the day of this inspection: 51 |

4.0 Inspection summary

An unannounced inspection took place on 31 July 2020 from 10.00 to 16.00 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- Staffing
- Personal protective equipment (PPE)
- Care delivery
- Governance and management.

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.

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

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | *5 |

*The total number of areas for improvement includes one which has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Tracy O'Neill, manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this 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
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with six patients, one patient's relatives and six staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

The inspector provided the registered manager with 'Tell us' cards which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rotas from 9 August to 27 August
- staff training records
- records confirming the registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- a selection of governance audits
- complaints and compliments records
- incident accident records
- four patients' care records
- a sample of monthly monitoring reports.

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 previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 13 February 2020

| Areas for improvement from the last care inspection | | |
|--|--|--------------------------|
| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 27 (4) (d) (iii) Stated: Second time | The registered person shall ensure that corridors in the home are maintained free from any clutter or obstruction that would impede in the event of an evacuation of the home. | Met |
| | Action taken as confirmed during the inspection: Observation of the environment evidenced corridors was free from any clutter or obstruction. | |
| Area for improvement 2 Ref: Regulation 13 (7) Stated: First time | The registered person shall ensure the infection prevention and control measures in the home are in accordance with regional procedures at all times. | Met |
| | Action taken as confirmed during the inspection: A review of the environment confirmed infection prevention and control issues identified at the last inspection were addressed. | |
| Area for improvement 3 Ref: Regulation 13 (1) (a) Stated: First time | The registered person shall review the fluid management arrangements in the home to ensure daily fluid targets are reflective of individual assessed needs. The registered nurses review and evaluate anyone requiring a daily fluid target to assess the effectiveness of care. | Met |

| | | |
|--|---|---------------------------------|
| | Action taken as confirmed during the inspection: Care records reviewed were reflective of fluid targets and evidence of the assessment of this care was documented. | |
| 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 person shall ensure that the wound care records are accurately maintained and reflect the prescribed wound care and treatment The registered nurse should record a meaningful evaluation of the delivery of wound care. Action taken as confirmed during the inspection: Records reviewed indicated that the ongoing assessment and evaluation of wound care was maintained and a wound care tracker was in place. However, the wound care plan had not been sufficiently updated to contain detail of the current wound care regime. This area for improvement has been partially met and has been stated for the second time. | Partially met |

6.2 Inspection findings

6.2.1 The internal environment and infection prevention and control (IPC)

We observed a sample of patients' bedrooms, bathrooms, sluices and communal lounges. We observed that they were generally well presented and personalised effectively. We observed that personal protective equipment (PPE) was available throughout the home and that PPE donning (putting on) and doffing (taking off) stations had been identified; we also noted that written PPE guidance was available to staff to assist them, as needed. Staff confirmed that they had received training in the donning and doffing of PPE. However, we did observe that some staff were not adhering to the 'bare below the elbow' rule for effective handwashing, with some wearing wrist watches and nail varnish. We discussed this with the manager who agreed to address this.

We observed that fire exits were clear and free from obstruction and that manual handling equipment had been appropriately stored.

6.2.2 Care Delivery

We observed staff attending to patients' needs in a caring manner. Patients looked well cared for and were observed to be content and settled in their surroundings and in their interactions with staff. It was obvious that staff knew the patients well; staff were observed to display a warm and friendly attitude towards the patients and treat them with kindness and respect.

We observed that the patients in their rooms had their call bells within reach; some patients were seated in the lounges. Staff were seen to be attentive and answered call bells promptly.

The food on offer at lunchtime smelled appetising and was well presented. Patients were offered assistance and staff demonstrated their knowledge of their likes and dislikes. Staff were observed wearing PPE appropriately. Staff were aware of the patients' dietary needs. We observed that there was a choice of meal for patients who require a modified diet. Patients spoken with commented positively about their experience of living in Leabank, they told us:

- "It's good, there is plenty of food, and I like it."
- "I am very content, they are very friendly."
- "Good, I'm doing well."
- "I'm not long here; it is ok."
- "They are good in here."
- "I'm happy here."

Ten completed patient questionnaires were returned; these indicated satisfaction with the care provided. Feedback from one patient's relative was also positive.

6.2.3 Care records

We reviewed the care records for two patients in regard to falls and in relation to their mobility needs; we found that the care plan and relevant risk assessments were updated as required. We reviewed one record for a patient who may have a distressed reaction; we found that this care plan was descriptive of the patient's needs.

We reviewed the care records for the management a wound. We identified that relevant documentation was in place for ongoing assessment and care provided, however, on review we evidenced that the care plan in place did not contain the specific detail of the dressing required and frequency of the dressing change. We discussed this with the nurse who addressed agreed to address this. An area for improvement in this regard was partially met and has been stated for a second time.

We reviewed supplementary care records pertaining to food and fluid intake and repositioning of patients. The records reviewed were completed in a timely manner. We observed that nurses evaluated the fluid intake of those who require a daily fluid target. An area for improvement which was stated at the previous inspection in this regard has now been met.

We reviewed the management of patient weights in the home. We identified one patient who, following a recorded weight loss, did not have any further weight monitoring for two months. The Malnutrition Universal Screening Tool (MUST) had not been completed. We did, however, observe that relevant referrals had been made to the dietician. An area for improvement in relation to weight monitoring was identified.

We reviewed the care plans for one patient with a diagnosis of dementia who may present with distressed reactions, we found the care plan in place did not contain the specific details required to direct the care for this patient. We discussed this with the manager and an area for improvement was identified.

We reviewed the care records for a patient with a gastrostomy tube. We observed that the patient's care plan had not been updated to reflect the current gastrostomy management regime and there was conflicting information pertaining to the care of the gastrostomy tube within the care plan. The evaluation of care did not reflect the detail of the care given and the fluid target had not been updated to reflect this change. This was discussed with the nurse and also with the manager as part of the feedback at the end of the inspection and area for improvement was identified.

6.2.4 Governance

A new manager had been appointed since the previous care inspection; RQIA had been appropriately notified of this change and an application is pending.

We reviewed a sample of governance audits, including those focused on infection prevention and control and hand hygiene. These audits were in place to monitor the quality of the service provided. However, in some audits where a deficit was identified, a corresponding action plan was not in place to address this. An area for improvement was identified.

Areas of good practice

Areas of good practice were identified in relation to staff interaction with patients and the personalisation of patients' bedrooms. Further areas of good practice were also observed in regard to the availability and use of PPE.

Areas for improvement

Areas for improvement were identified in relation to the records for those who require a gastrostomy tube, management of weights, care plan for distressed reactions and the auditing process.

| | Regulations | Standards |
|---------------------------------------|-------------|-----------|
| Total number of areas for improvement | 0 | 4 |

6.3 Conclusion

Patients appeared to be content in their surroundings. Staff were friendly, kind and attentive to patients and were aware of their patients' needs.

The home was clean, tidy and well maintained.

Good practice was observed in the use of PPE and staff were aware of these procedures.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Tracy O'Neill, manager, Christine Thompson, regional manager and members of the management team 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015 | |
| Area for improvement 1 Ref: Standard 4 Stated: Second time To be completed by: Immediately from the day of inspection. | The registered person shall ensure that the wound care records are accurately maintained and reflect the prescribed wound care and treatment. The registered nurse should record a meaningful evaluation of the delivery of wound care. Ref: 6.1 and 6.2.3 |
| | Response by registered person detailing the actions taken: All wound care plans clearly state the prescribed wound care and treatment plan. Nurses instructed to ensure continued compliance with same and to record a meaningful evaluation their delivery of wound care. Wound Care Audits are completed to ensure that this practice is embedded and maintained. |
| Area for improvement 2 Ref: Standard 12 Stated: First time To be completed by: Immediately from the day of inspection. | The registered person shall ensure that patient care records in respect to the care of gastrostomy tubes are: <ul style="list-style-type: none"> • reflective of the current advice from other health professionals • reflective of the current total fluid intake requirement • evaluated to reflect all care given. Ref: 6.2.3 |
| | Response by registered person detailing the actions taken: The patients regime had just changed and had not been followed through all the documentation at the time of the inspection however all care records relating to gastrostomy tubes have been updated with the new feeding regime and include total fluid volume target and current dietetic advice. Documentation and care plan have been updated to reflect this more clearly. |
| Area for improvement 3 Ref: Standard 12 Stated: First time To be completed by: Immediately from the day of inspection. | The registered person shall ensure weights are monitored at least monthly and MUST assessments calculated accordingly. Ref: 6.2.3 |
| | Response by registered person detailing the actions taken: All weights have been recorded monthly and MUST scores calculated and recorded. Nursing staff advised to continue with rigorous weekly checks to ensure weights are being monitored using the patient of the day system. Residents weight monitoring matrix has been devised and implemented to ensure close monitoring and observation. Head cook has also implemented a new regime to provide extra calories where possible. |

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| <p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2020</p> | <p>The registered person shall ensure that the care plans in place for the management of distressed reactions contain sufficient detail to direct the required care.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: Nurses have completed distressed reaction care plans for all residents prescribed PRN diazepam or lorazepam. These care plans include individual resident's possible triggers for agitated behaviours.</p> |
| <p>Area for improvement 5</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2020</p> | <p>The registered person shall ensure that when a deficit is identified through the auditing process, an action plan is developed and any corresponding actions taken clearly documented.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: Management team have devised and implemented a monthly management checklist to ensure all audits are completed in a timely fashion. Any required actions are entered into the audit action book which is actioned by nurses and overseen weekly by the nursing sister and checked by the manager on the next monthly audit.</p> |

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



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