



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No: IN016944
Establishment ID No: 1396
Name of Establishment: Leabank Nursing Home
Date of Inspection: 9 December 2014
Inspector's Name: P Cunningham

1.0 GENERAL INFORMATION

Name of Home:	Leabank Nursing Home
Address:	1 Beechwood Avenue Ballycastle BT54 6BL
Telephone number:	(028) 2076 3392
Registered organisation/provider:	Mary Mackin Brian Mackin
Registered manager:	Clare Burke
Person in charge of the home at the time of Inspection:	Clare Burke
Other persons consulted during the Inspection:	John Kane, Maintenance Man, Leabank Nursing Home
Type of establishment:	Nursing Home
Number of registered places:	52
Date and time of inspection:	9 December 2014 from 10am - 1:30pm
Date of previous estates inspection:	19 April 2012
Name of inspector:	P Cunningham

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes.

This is a report of an announced inspection to assess the quality of the premises and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. The report details the extent to which the standards measured during inspection were met.

3.0 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the premises and grounds were safe, well maintained and remain suitable for their stated purpose in compliance with legislative requirements and current minimum standards. This was achieved through a process of evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards.

The aims of the inspection were to examine the estates related policies, practices and monitoring arrangements for the provision of Nursing Homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- Nursing Homes Minimum Standards (DHSSPS, 2008)

Other published standards which guide best practice may also be referenced during the Inspection process.

4.0 METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with the person in charge
- Examination of records
- Inspection of the home internally and externally. Patients' private bedrooms were only inspected when unoccupied and permission was granted.
- Evaluation and feedback

Any other information received by RQIA about this regulated establishment has also been considered by the Inspector in preparing for this inspection.

5.0 CONSULTATION PROCESS

During the course of the inspection, the Inspector spoke to Clare Burke.

6.0 INSPECTION FOCUS

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Nursing Homes Minimum Standards and to assess progress with the issues raised during and since the previous inspection:

Standards inspected:

- Standard 32 - Premises and grounds
- Standard 35 - Safe and healthy working practices
- Standard 36 - Fire Safety

7.0 PROFILE OF SERVICE

Leabank is a two-storey, purpose built Nursing Home situated in a residential area in Ballycastle. The home accommodates 52 people requiring a range of nursing care as well as including ten residential care beds. There is adequate car parking space although outdoor space for use by patients is limited.

8.0 SUMMARY

Following the Estates Inspection of Leabank on 9 December 2014 improvements are required to comply with the Nursing Homes Regulations (Northern Ireland) 2005 and the criterion outlined in the following standards:

- Standard 32 - Premises and grounds
- Standard 35 - Safe and healthy working practices
- Standard 36 - Fire Safety

This resulted in 6 requirements and two recommendations. These are outlined in the Quality Improvement Plan appended to this report.

The Estates Inspector would like to acknowledge the assistance of Clare Burke during the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from previous inspection

A number of issues raised in the report of the previous estates inspection on **19 April 2012**. These are detailed below.

Item	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
9.1.1	Regulation 27 (2)(c)	Item 1 on previous QIP Provide secure anchor point to the structural masonry for securing the medicines trolley.	Completed	N/A
9.1.2	Regulation 27.(4)(a)	Item 2 on previous QIP Ensure that the fire risk assessment has been signed off by the manager and the fire risk assessor confirming that the issues contained in the report have been suitably addressed.	The fire risk assessment has been reviewed since the previous inspection (latest review date 28 March 2014). The issue of self-closing devices to bedroom doors is included in the report and requires attention.	See 9.4.4 below and item 5 in attached Quality Improvement Plan
9.1.3	Regulation 27.(4)(e)	Item 3 on previous QIP Ensure that all staff have received fire safety training from a competent person	Records indicate that staff fire safety training is largely up to date and further training is due to be held during the current month (December)	N/A
9.1.4	Regulation 27.(4)(c)	Item 4 on previous QIP Provide easy opening device to the fire exit door at the kitchen/utility area.	Completed .	N/A
9.1.5	Regulation 27.(4)(b)	Item 5 on previous QIP Clear stairwell of all items stored there.	Completed	N/A

9.2 Standard 32 - Premises and grounds - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

9.2.1 The home appeared in relatively good decorative order and free from odours. Documentation in relation to the upkeep of the building was available for inspection.

9.2.2 The outdoor space for use by residents is limited to a central courtyard area. Consideration should be given to improving the quality of this area to provide as pleasant a space as possible.
See item 1 on the attached Quality Improvement Plan.

9.3 Standard 35 - Safe and healthy working practices - *The home is maintained in a safe manner*

9.3.1 By in large, safe and healthy working practices appear evident in the home in accordance with this standard although some issues (including those mentioned in section 9.1 above) have been identified for attention by the user. These are detailed in the section of the attached quality improvement plan titled '**Standard 35 - Safe and healthy working practices**'.

9.3.2 The home's hoists have been serviced and the manager believes that the equipment has been subjected to thorough examination in line with LOLER Documentation supporting this was forwarded to RQIA by e-mail following the inspection.

9.3.3 The servicing of the home's thermostatic mixing valves does not appear to include for cleaning of the strainers. This should be carried out at least annually.
See item 2 on the attached Quality Improvement Plan.

9.3.4 The home's windows are fitted with a number of different types of restrictors. The manager should insure that the equipment alert **EFA-2014-003** published on the Northern Ireland Adverse Incident Centre (NIAIC) website is addressed and where appropriate suitable remedial measures undertaken.
See item 3 on the attached Quality Improvement Plan.

9.4 Standard 36: Fire safety - *Fire safety precautions are in place that reduce the risk of fire and protect patients, staff and visitors in the event of fire.*

9.4.1 Fire Safety procedures in the home are, in the main, generally in line with this standard. There are however a number of issues (including 9.1.2 above) which need to be addressed. These are detailed in the section of the attached quality improvement plan titled '**Standard 36: Fire safety**'.

- 9.4.2 Records available indicated that the recent frequency of servicing of the home's fire alarm and detection system has been approximately five month intervals. Further documentation was forwarded to RQIA by e-mail following the inspection confirming quarterly visits by the specialist contractor.
- 9.4.3 The front door is fitted with a key operated lock with the key attached to the door on a chain. An easy opening device should be provided to this door.
See item 4 on the attached Quality Improvement Plan.
- 9.4.4 Bedroom doors throughout the home are not fitted with self-closing devices.
See 9.1.2 above and item 5 on the attached Quality Improvement Plan.
- 9.4.5 The door leading from the front right hand side sitting room to the entrance lobby has been fitted with a magnetic locking device. The emergency over-ride point is on the outside of the door
See item 6 on the attached Quality Improvement Plan.
- 9.4.6 The doors to the kitchen and adjacent dining room were held open at the time of inspection. The doors are fitted with hold open fittings which will not release automatically in the event of a fire alarm activation.
See item 7 on the attached Quality Improvement Plan.

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement plan appended to this report were discussed with Clare Burke as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the quality improvement plan.

11.0 Enquiries

Enquiries relating to this report should be addressed to:

**Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT**

Quality Improvement Plan

Announced Estates Inspection

Leabank Nursing Home

9 December 2014

QIP Position Based on Comments from Registered Persons (for RQIA use only)			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.					
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.					
C.	Clarification or follow up required on some items.	X		X	P Cunningham	23/1/15

NOTES:

The details of the quality improvement plan were discussed with Clare Burke, Registered Manager/ Registered Provider as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by patients.

The registered provider is required to record comments on the quality improvement plan.

The quality improvement plan is to be completed by the registered provider and registered manager and returned to estates@rqia.org.uk.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Clare Burke
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Brian Macklin

Standard 32 - Premises and grounds

The following requirements and recommendations should be noted for action in relation to Standard 32 - Premises and grounds

Item	Standard Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
1	32.5	Carry out upgrading measures to enhance the external courtyard area for use by patients. Issues for consideration might include the provision of suitable and comfortable outdoor seating, planters, external decoration and screening of the waste bin area. See 9.2.2 in report.	4 months	This work is planned for the spring and all action will be addressed before the patients start to use the area.

Standard 35 - Safe and healthy working practices

The following requirements and recommendations should be noted for action in relation to Standard 35 - Safe and healthy working practices

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
2	13 (7)	Carry out cleaning of the strainers in the thermostatic mixing valves See 9.3.3 in report	4 weeks	This has been included in the contractors contract it has been carried out for this year and will be done annually by contractor
3	14 (2)(c)	Carry out checks to the home's window restrictors and undertake any remedial measures found necessary. Reference should be made to the equipment alert EFA-2014-003 published on the Northern Ireland Adverse Incident Centre (NIAIC) website and the guidance issued by RQIA ref http://www.rqia.org.uk/cms_resources/window%20restrictors.pdf See 9.3.4 in report.	8 weeks	Following investigation there are 21 restrictors that can be easily over ridden and a plan is in place to replace them with restrictors that are not easily over ridden to reduce the risk to patients

Standard 36 - Fire Safety

The following requirements and recommendations should be noted for action in relation to Standard 36 - Fire Safety

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
4	27.(4)(c)	Provide easy opening device to the front entrance door See 9.4.3 in report.	8 weeks	This has been completed
5	27.(4)(b)	Develop a time-scaled programme/plan of works for the installation of self-closing devices to bedroom doors throughout the home in line with correspondence from RQIA/NIFRS in June 2013. Forward a copy of the plan to RQIA. http://www.rqia.org.uk/cms_resources/Audit%20Inspections%20of%20Registered%20Residential%20Care%20Premises%20by%20NIFRS.pdf http://www.rqia.org.uk/cms_resources/door%20closers%20April%202013.pdf See 9.4.4 in report.	8 weeks	Self closures are now installed in all bedroom doors in line with correspondence from RQIA/NIFRS
6	27.(4)(c)	Provide emergency release facility (green break glass point) to the inside of the front right hand side sitting room for the magnetic lock on the door. See 9.4.5 in report.	8 weeks	KCC have carried out a site visit and will install green breakglass as per report

7	27.(4)(d)(i)	Provide hold open devices linked to the fire alarm and detection system on the doors leading to the kitchen and adjacent dining room if these doors are required to remain open when not in use. Otherwise care should be taken to ensure that the doors are kept closed including removal of the retaining 'hook'. See 9.4.6 in report.	In line with 7 above	These doors are now kept closed and the the retaining hook has been removed
Item	Regulation Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
8	36.1	Ensure that when the fire risk assessment is next reviewed, the person carrying out the review holds professional body registration or third party certification for fire risk assessment and is registered accordingly with the relevant body. Reference should be made to correspondence issued by RQIA to all registered homes on 13 January 2013 and the guidance contained therein: http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf	On review of the fire risk assessment	This has now been actioned and will be in place at the next fire risk assessment