

# Inspection Report

9 November 2022



## Leabank

Type of service: Nursing Home  
Address: 1 Beechwood Avenue,  
Ballycastle, BT54 6BL  
Tel no: 028 2076 3392

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation:</b> Leabank  <b>Responsible Individuals:</b> Mr Brian Macklin and Mrs Mary Macklin	<b>Registered Manager:</b> Mrs Lyndsay Boyd – not registered
<b>Person in charge at the time of inspection:</b> Mrs Lyndsay Boyd, Manager	<b>Number of registered places:</b> 53  This number includes a maximum of nine patients in category NH-DE.
<b>Categories of care:</b> Nursing Home (NH) I – old age not falling within any other category PH – physical disability other than sensory impairment DE – dementia	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 49
<b>Brief description of the accommodation/how the service operates:</b>  Leabank is a registered nursing home which provides both general nursing care and care for people living with dementia. The home is divided into three units over two floors. General nursing care is provided in the Fairhead unit upstairs and the Bonamargy unit downstairs. Also located downstairs is the Rathlin Suite which provides care for up to nine people living with dementia. Patients have access to communal lounges and dining rooms.	

## 2.0 Inspection summary

An unannounced inspection took place on 9 November 2022, from 10.45am to 2.30pm. This was completed by a pharmacist inspector and focused on the management of medicines.

At the last medicines management inspection on 25 March 2022 robust arrangements were not in place for the management of medicines. Areas for improvement were identified in relation to: the management of insulin; out of stock medicines; audit and governance; incident reporting; medicine related records including nutritional supplements and medicines administered via the enteral route; refrigerator temperatures and staff training and competency.

Following the inspection, the findings were discussed with the senior pharmacist inspector in RQIA. Feedback from the inspection was also provided to Mrs Christine Thompson, Regional Manager.

It was decided that the manager and nurses would be given a period of time to implement the necessary improvements and that this follow up inspection would be completed to ensure that improvements had been implemented and sustained.

The outcome of this inspection evidenced that management and staff within the home had taken appropriate action to ensure the necessary improvements with regards to medicines management. Safe systems were in place for the management of insulin and medicine related records were maintained to a satisfactory standard. There were processes in place to ensure staff involved in medicines management were trained and competent. A programme of regular medicine audits was in place to ensure patients were administered their medicines as prescribed.

The area for improvement identified at the last care inspection has been carried forward for review at the next care inspection.

RQIA would like to thank the staff for their assistance during the inspection.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. The inspection was completed by examining a sample of medicine related records, the storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines.

### **4.0 What people told us about the service**

The inspector met with nursing staff and the manager. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

Staff said they had worked hard to implement and sustain improvements identified at the last medicines management inspection and had received help and support from senior management in order to do so. They described the training that had been provided and the staff meetings that had been held since the last medicines inspection.

Feedback methods included a staff poster and questionnaires which were provided to the manager for any patient or their family representative to complete and return using pre-paid, self-addressed envelopes. At the time of issuing this report, no questionnaires had been received by RQIA.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

Areas for improvement from the last inspection on 13 September 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time	The registered person shall ensure safe systems for the management of insulin are in place.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Safe systems for the management of insulin were in place.  <b>See Section 5.2.1</b>	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time	The registered person shall ensure patients have a continuous supply of their prescribed medicines.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Audits completed by the inspector identified patients had a continuous supply of their prescribed medicines.  <b>See Section 5.2.2</b>	
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time	The registered person shall implement a robust audit system which covers all aspects of the management of medicines. Any shortfalls identified should be detailed in an action plan and addressed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A robust audit system covering all aspects of medicines management was in place.  <b>See Section 5.2.3</b>	

<b>Area for improvement 4</b> <b>Ref:</b> Regulation 30 <b>Stated:</b> First time	<p>The registered person shall ensure that RQIA are notified of any incident that adversely affects the health or wellbeing of any patient.</p> <p><b>Action taken as confirmed during the inspection:</b> Medicine related incidents identified had been reported to RQIA.</p> <p><b>See Section 5.2.3</b></p>	<b>Met</b>
<b>Action required to ensure compliance with Care Standards for Nursing Homes, April 2015</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 29 <b>Stated:</b> First time	<p>The registered person shall ensure that complete records of the administration of medicines and nutritional supplements administered via the enteral route are maintained.</p> <p><b>Action taken as confirmed during the inspection:</b> Records of the administration of medicines and nutritional supplements administered via the enteral route were maintained.</p> <p><b>See Section 5.2.4</b></p>	<b>Met</b>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time	<p>The registered person shall ensure that the minimum and maximum medicine refrigerator temperatures are recorded to demonstrate that medicines are stored in accordance with the manufacturers' instructions.</p> <p><b>Action taken as confirmed during the inspection:</b> The minimum and maximum medicine refrigerator temperatures were recorded daily.</p> <p><b>See Section 5.2.5</b></p>	<b>Met</b>
<b>Area for improvement 3</b> <b>Ref:</b> Standard 29 <b>Stated:</b> First time	<p>The registered person shall ensure that records of medicines received are accurately completed and signed and dated by a registered nurse.</p> <p><b>Action taken as confirmed during the inspection:</b> Records of medicines received were accurately maintained.</p> <p><b>See Section 5.2.4</b></p>	<b>Met</b>

<b>Area for improvement 4</b> <b>Ref:</b> Standard 29 <b>Stated:</b> First time	The registered person shall ensure a comprehensive review of training and competency of all staff that have responsibility for managing medicines is undertaken.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A comprehensive review of training and competency of staff with responsibility for medicines management had been undertaken.  <b>See Section 5.2.6</b>	
<b>Area for improvement 5</b> <b>Ref:</b> Standard 41 <b>Stated:</b> First time	The registered person shall ensure that the staff duty rota is maintained in keeping with legislation and best practice guidance; and does not evidence the use of correction fluid.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

## 5.2 Inspection findings

### 5.2.1 Management of insulin

Insulin is a high risk medicine and safe systems must be in place to ensure the correct dose is administered and records of administration are accurately maintained. The management of insulin was reviewed for three patients. In-use insulin pen devices were individually labelled to denote ownership and the date of opening was recorded. This is necessary to facilitate audit and disposal at expiry.

The latest prescribed insulin regimen was accurately recorded on the personal medication records. Review of the supplementary insulin administration records identified insulin had been administered as prescribed and records were accurately maintained.

### 5.2.2 Medicines stock

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the patient's medicines are available for administration as prescribed.

The records inspected showed that medicines were available for administration when patients required them. The manager advised that the ordering process had been reviewed and improved following the last inspection to ensure medicines were obtained in a timely manner and sufficient time is allowed to address any discrepancies. Staff said they had a good relationship with the community pharmacist.

### **5.2.3 Medicines audit & incident reporting**

The audit process had been reviewed and improved following the last inspection. Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out and records of the audits completed were available for review. Running stock balances of all medicines not supplied in monitored dosage systems were maintained and accurately reflected the actual stock. The date of opening was recorded on all medicines so that they could be easily audited. This is good practice.

Audits completed by the inspector identified the medicines had been administered as prescribed.

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident.

Management and staff were familiar with the type of incidents that should be reported. The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and the learning shared with staff in order to prevent a recurrence.

### **5.2.4 Medicine related records**

Some patients cannot take food and medicines orally; it may be necessary to administer food and medicines via an enteral feeding tube. The management of medicines and nutrition via the enteral route was examined. An up to date regimen detailing the prescribed nutritional supplement and recommended fluid intake was in place. Records of administration of the nutritional supplement and water were maintained and readily available for review. The personal medication record was accurately written to denote medicines were administered via the enteral route.

Records of medicines received into the home were accurately recorded on the medicines administration records. The records reviewed included the name, quantity and date the medicine was received and were also signed by the nurse receipting the medicines.

### **5.2.5 Medicines storage**

In order to maintain their effectiveness, medicines which require cold storage must be stored between 2°C – 8°C. The maximum, minimum and current temperature of the medicines refrigerator was monitored each day and records were readily available for review. A review of the daily records showed that the maximum temperature had been above 8°C on a small number of occasions. The manager was reminded to ensure staff reset the thermometer daily and corrective action should be taken if readings are outside the recommended temperature range.

### **5.2.6 Staff training and competency**

All staff with responsibility for medicines management had been provided with updated medicines management training and competency assessments. Records of the training and competency assessments completed were available for review. Medicines management specific nurse supervisions had also been completed since the last inspection.

Staff spoken with stated that the training provided had been beneficial and improved their practice. The findings of this inspection indicate the training provided has been embedded in practice.

## 6.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	1*

\* The total number of areas for improvement includes one which is carried forward for review at the next inspection.

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Mrs Lyndsay Boyd, Manger, as part of the inspection process and can be found in the main body of the report.

Quality Improvement Plan	
Action required to ensure compliance with the Care Standards for Nursing Homes, April 2015	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 41  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect (13 September 2022)	The registered person shall ensure that the staff duty rota is maintained in keeping with legislation and best practice guidance; and does not evidence the use of correction fluid.  <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>  Ref: 5.1





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