

Inspection Report

9 April 2024



Shaftesbury Mews

Type of service: Nursing Home
Address: 646 Shore Road, Newtownabbey, BT37 0PR
Telephone number: 028 9085 2866

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Amore (Watton) Limited	Registered Manager: Ms Carina Douglas
Responsible Individual: Miss Sarah Elizabeth Perez	Date registered: 6 January 2023
Person in charge at the time of inspection: Ms Carina Douglas	Number of registered places: 18 This number includes a maximum of 12 patients in category NH-LD/LD(E) to be accommodated in bungalows 1 and 3 and a maximum of six patients in category NH-PH/PH(E) to be accommodated in bungalow 2.
Categories of care: Nursing (NH): PH – physical disability other than sensory impairment LD – learning disability LD(E) – learning disability – over 65 years PH(E) - physical disability other than sensory impairment – over 65 years	Number of patients accommodated in the nursing home on the day of this inspection: 16
Brief description of the accommodation/how the service operates: Shaftesbury Mews is a registered nursing home which provides nursing care for up to 18 patients. The home is comprised of three detached bungalows: Eden (Bungalow 1), Sleepy Hollow (Bungalow 2) and Sea Breeze (Bungalow 3).	

2.0 Inspection summary

An unannounced inspection took place on 9 April 2024, from 10.30am to 3.00pm. This was completed by a pharmacist inspector. The inspection focused on medicines management within the home. The purpose of the inspection was to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to medicines management.

The inspection also assessed progress with the areas for improvement identified at the last medicines management inspection on 4 November 2021. The areas for improvement identified at the last care inspection have been carried forward and will be followed up at the next care inspection.

Review of medicines management found that medicines were stored safely and securely and medicine records were well maintained. There were effective auditing processes in place to ensure that staff were trained and competent to manage medicines and patients were administered their medicines as prescribed. One new area for improvement was identified in relation to ensuring care plans are in place and contain sufficient detail to direct staff when patients are prescribed insulin, medicines for chronic pain and medicines to manage distressed reactions.

Based on the inspection findings and discussions held, RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the management team.

RQIA would like to thank the staff for their assistance throughout 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. Discussions took place with staff and management about how they plan, deliver and monitor the management of medicines in the home.

4.0 What people told us about the service

The inspector met with nursing staff, the manager and the responsible person.

Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after patients and meet their needs.

Staff interactions with patients were warm, friendly and supportive. It was evident that they knew the patients well.

Feedback methods included a staff poster and paper 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 20 April 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that patients have a continuous supply of their prescribed medicines.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met, see section 5.2.2.	
Area for Improvement 2 Ref: Regulation 13(4) Stated: Third time	The registered person shall ensure that the medicine refrigerators temperatures are accurately monitored and recorded daily to ensure no gaps in recording and to confirm medicines are stored at the manufacturer's recommended temperature.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met, see section 5.2.2.	
Area for improvement 3 Ref: Regulation 16 (1) Stated: First time	The registered person shall ensure for those patients who require their fluid intake to be monitored, fluid recording charts are accurately recorded at all times, reconciled daily and consistently and meaningfully evaluated by the registered nurses	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	

Area for improvement 4 Ref: Regulation 14 (2) (a) (c) Stated: First time	The registered person shall ensure all chemicals and activity equipment are securely stored to comply with Control of substances hazardous to health (COSHH) recommendations in order to ensure that patients are protected from hazards to their health.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 5 Ref: Regulation 27 (4) b) Stated: First time	The registered person shall take adequate precautions against the risk of fire to ensure the safety and wellbeing of patients in the home. This is stated in reference to the propping of the identified fire door and ensuring exit routes are clear.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Action required to ensure compliance with Care Standards for Nursing Homes, December 2022		Validation of compliance
Area for improvement 1 Ref: Standard 2 Stated: First time	The registered person shall ensure that patients' written agreements are updated to show the current weekly fee paid by, or on behalf of, patients. The agreements should reflect the items staff are authorised to purchase on behalf of patients. The agreements should be signed by the patients, or their representatives.	Carried forward to the next inspection
	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.	

<p>Area for improvement 2</p> <p>Ref: Standard 35.21</p> <p>Stated: First time</p>	<p>The registered person shall ensure that adequate controls for undertaking and recording transactions on behalf of patients are implemented within each of the bungalows.</p> <p>The practice of using patients' monies to subsidise other patients to make purchases should cease immediately.</p> <p>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.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 3</p> <p>Ref: Standard 14.26</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the patients' inventory of personal possessions is maintained up to date with adequate details of the items brought into the patients' rooms. The records will be reconciled at least quarterly and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>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.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered person shall review the current dining experience and ensure the following in regard to mealtimes;</p> <ul style="list-style-type: none"> • menus are displayed at mealtimes and in a suitable format • staff are aware of the daily food options • records are maintained of the choice of meals offered to patients and these records are retained in the home. This includes any alternatives offered. <p>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.</p>	<p>Carried forward to the next inspection</p>

Area for improvement 5 Ref: Standard 44 Stated: First time	The registered person shall ensure that the necessary environmental improvements are made to the home. A time bound action plan on how these are to be addressed is to be submitted to RQIA with the returned QIP.	Carried forward to the next inspection
	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.	

5.2 Inspection findings

5.2.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Patients in nursing homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times patients' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by the GP, the pharmacist or during a hospital admission.

Patients in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each patient. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to state that they were accurate.

Copies of patients' prescriptions/hospital discharge letters were retained in the home so that any entry on the personal medication record could be checked against the prescription. This is good practice.

All patients should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain and high risk medicines such as insulin.

Patients will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff on when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and

outcome of giving the medicine, then they can identify common triggers which may cause the patient's distress and if the prescribed medicine is effective for the patient.

The management of medicines prescribed on a "when required" basis for distressed reactions was reviewed. Directions for use were clearly recorded on the personal medication records. Staff knew how to recognise a change in a patient's behaviour and were aware that this change may be associated with pain or other factors. Records included the reason for and outcome of each administration. Care plans were in place however these lacked the required detail to direct staff on the use of these medicines.

The management of pain was discussed. Staff advised that they were familiar with how each patient expressed their pain and that pain relief was administered when required. However, care plans were not in place to direct staff.

Care plans were in place when patients required insulin to manage their diabetes. There was sufficient detail to direct staff if the patient's blood sugar was too low. However, the care plans needed updated to include the prescribed insulin regimen. Nurses were reminded that in use insulin pen devices must be individually labelled and the date of opening recorded to facilitate audit and disposal at expiry.

The manager gave an assurance that care plans for patient's prescribed medicines for the management of pain, distressed reactions and diabetes would be reviewed and updated to include the specific medicine prescribed and the parameters for administration. An area for improvement was identified.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the patient.

The management of thickening agents was reviewed. A speech and language assessment report and care plan was in place. Records of prescribing and administration were maintained. The recommended consistency level was not recorded on the record of prescribing and administration for one patient. This was highlighted to nurses for immediate remedial action and the manager agreed to closely monitor.

5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicine 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. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when patients required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each patient could be easily located. Temperatures of the medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately.

Medicines which require cold storage must be stored between 2°C and 8°C to maintain their stability and efficacy. In order to ensure that this temperature range is maintained it is necessary to monitor the current, maximum and minimum temperatures of the medicines refrigerator each day and to then reset the thermometer. The current, maximum and minimum temperatures were monitored and recorded daily for each medicine refrigerator and all temperatures recorded were within the recommended range.

Satisfactory arrangements were in place for the safe disposal of medicines.

5.2.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

It is important to have a clear record of which medicines have been administered to patients to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed. All of the records reviewed were found to have been fully and accurately completed. The records were filed once completed and were readily retrievable for audit/review.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs.

Occasionally, patients may require their medicines to be crushed or added to food/drink to assist administration. To ensure the safe administration of these medicines, this should only occur following a review with a pharmacist or GP and should be detailed in the patient's care plans. Written consent and care plans were in place when this practice occurred.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out. The date of opening was recorded on all medicines so that they could be easily audited. This is good practice.

5.2.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

There had been no recent admissions to the home. However, the admission process for patients new to the home or returning to the home after receiving hospital care was reviewed.

Staff advised that robust arrangements were in place to ensure that they were provided with a current list of the patient's medicines and this was shared with the community pharmacist.

5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

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. A robust audit system will help staff to identify medicine related incidents.

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.

The audits completed at the inspection indicated that medicines were being administered as prescribed.

5.2.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that patients are well looked after and receive their medicines appropriately, staff who administer medicines to patients must be appropriately trained. The registered person has a responsibility to check that they staff are competent in managing medicines and that they are supported.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Ongoing review was monitored through supervision sessions with staff and at annual appraisal.

6.0 Quality Improvement Plan/Areas for Improvement

One new area for improvement has been identified where action is required to ensure compliance with the Care Standards for Nursing Homes, December 2022.

	Regulations	Standards
Total number of Areas for Improvement	3*	6*

* The total number of areas for improvement includes eight which are carried forward for review at the next inspection.

The new area for improvement and details of the Quality Improvement Plan were discussed with Ms Carina Douglas, Registered Manager, as part of the inspection process. The timescale for completion commences from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 16 (1) Stated: First time To be completed by: 1 August 2012	<p>The registered person shall ensure for those patients who require their fluid intake to be monitored, fluid recording charts are accurately recorded at all times, reconciled daily and consistently and meaningfully evaluated by the registered nurses.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
Area for improvement 2 Ref: Regulation 14 (2) (a) (c) Stated: First time To be completed by: Immediately and ongoing (20 April 2023)	<p>The registered person shall ensure all chemicals and activity equipment are securely stored to comply with Control of substances hazardous to health (COSHH) recommendations in order to ensure that patients are protected from hazards to their health.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
Area for improvement 3 Ref: Regulation 27 (4) b) Stated: First time To be completed by: Immediately and ongoing (20 April 2023)	<p>The registered person shall take adequate precautions against the risk of fire to ensure the safety and wellbeing of patients in the home. This is stated in reference to the propping of the identified fire door and ensuring exit routes are clear.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 2 Stated: First time To be completed by: 31 May 2022	The registered person shall ensure that patients' written agreements are updated to show the current weekly fee paid by, or on behalf of, patients. The agreements should reflect the items staff are authorised to purchase on behalf of patients. The agreements should be signed by the patients, or their representatives.
	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. Ref: 5.1
Area for improvement 2 Ref: Standard 35.21 Stated: First time To be completed by: From the date of inspection onwards (20 April 2023)	The registered person shall ensure that adequate controls for undertaking and recording transactions on behalf of patients are implemented within each of the bungalows. The practice of using patients' monies to subsidise other patients to make purchases should cease immediately.
	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. Ref: 5.1
Area for improvement 3 Ref: Standard 14.26 Stated: First time To be completed by: 31 May 2022	The registered person shall ensure that the patients' inventory of personal possessions is maintained up to date with adequate details of the items brought into the patients' rooms. The records will be reconciled at least quarterly and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.
	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. Ref: 5.1

<p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing (20 April 2023)</p>	<p>The registered person shall review the current dining experience and ensure the following in regard to mealtimes;</p> <ul style="list-style-type: none"> • menus are displayed at mealtimes and in a suitable format • staff are aware of the daily food options • records are maintained of the choice of meals offered to patients and these records are retained in the home. This includes any alternatives offered. <p>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.</p> <p>Ref: 5.1</p>
<p>Area for improvement 5</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 1 September 2023</p>	<p>The registered person shall ensure that the necessary environmental improvements are made to the home. A time bound action plan on how these are to be addressed is to be submitted to RQIA with the returned QIP.</p> <p>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.</p> <p>Ref: 5.1</p>
<p>Area for improvement 6</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (9 April 2024)</p>	<p>The registered person shall ensure that care plans are in place with sufficient detail to direct staff when patients are prescribed:</p> <ul style="list-style-type: none"> • insulin • medicines to manage chronic pain • medicines to manage distressed reactions <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: information from the pharmacy inspection shared with the staff nursing team. An action plan shared for each nurse to ensure these specific care plans are completed detailing the person specific detail re the perscription plan for insulin, pain management and distressed reaction, within a set time frame.</p>

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The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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