The Regulation and Quality Improvement Authority

Inspection Report

3 August 2021

Nightingale Care Home

Type of service: Residential Care Home
Address: 34 Old Eglish Road, Dungannon, BT71 7PA
Telephone number: 028 8775 2666

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Healthcare Ireland (Belfast) Limited **Responsible Individual:** Ms Amanda Celine Mitchell	**Registered Manager:** Ms Jennifer Willis **Date registered:** 22 January 2021
Person in charge at the time of inspection: Ms Margot Donnelly, Senior Care Assistant	**Number of registered places:** 10
Categories of care: Residential Care (RC): I – old age not falling within any other category PH – physical disability other than sensory impairment	**Number of residents accommodated in the residential care home on the day of this inspection:** 9
Brief description of the accommodation/how the service operates: This is a residential care home which is registered to provide care for up to 10 residents. The residential care home is situated in the same building as Nightingale Care Home nursing home.	

2.0 Inspection summary

An unannounced inspection took place on 3 August 2021, between 10.30am and 12.30pm. The inspection was completed by a pharmacist inspector.

This inspection focused on medicines management within the home and also assessed progress with any areas for improvement identified since the last care inspection.

Good systems for the management of medicines were in place. Medicines were stored safely and securely and audits showed that residents were administered their medicines as prescribed. Medicine records had been fully and accurately completed. Audit and governance systems within the home were effective at identifying and rectifying any medicine related issues.

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. To complete the inspection a sample of medicine related records, storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines were reviewed.

4.0 What people told us about the service

Staff were warm and friendly and it was evident from their interactions that they knew the residents well. Residents' needs were met in a timely and caring manner.

We met with the senior care assistant, activities co-ordinator and the regional manager. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

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

Feedback methods included a staff poster and paper questionnaires which were provided to the registered manager for any resident 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 last inspection?

Areas for improvement from the last inspection on 12 January 2021		
Action required to ensure compliance with Residential Care Homes Minimum Standards (2011)		**Validation of compliance summary**
Area for Improvement 1 **Ref:** Standard 23.1	The registered person shall ensure that the programme of staff induction is completed in full.	**Met**

Stated: First time	Action taken as confirmed during the inspection: The most recent staff induction was in May 2020. The induction booklet had been fully completed by the staff member and verified by the manager.	

No areas for improvement were identified at the last medicines management inspection on 11 March 2019.

5.2 Inspection findings

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

Residents in care homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times the residents' needs will 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.

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

Personal medication records were in place for each resident. 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, during 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 are written and updated to provide a double check that they were accurate.

All residents 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, modified diets, self-administration etc.

The management of pain was discussed. Staff advised that they were familiar with how each resident expressed their pain and that pain relief was administered when required.

The management of warfarin was reviewed. Written confirmation of the warfarin regime had been obtained and a running stock balance of warfarin tablets was completed following administration. This is good practice.

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

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident'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 residents 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 resident could be easily located.

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 residents to ensure that they are receiving the correct prescribed treatment.

When medicines are administered to a patient, a record of the administration of medicines is completed on pre-printed medicine administration records (MARs) or occasionally handwritten MARs. The sample of these records reviewed had 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 are recorded in a controlled drug record book. These records had been fully and accurately completed.

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. The audits completed during the inspection showed that residents were administered their medicines as prescribed.

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.

The admission process for residents new to the home was reviewed. Robust arrangements were in place to ensure that staff were provided with an accurate list of medicines on admission. If the resident was admitted from hospital, the list of currently prescribed medicines was shared with the patient's GP and the community pharmacist to ensure that all medicine records were up to date. The residents' personal medication records had been verified and signed by two staff to ensure accuracy. Medicines had been accurately received into the home and administered in accordance with the most recent directions.

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.

The audit system in place helps staff to identify medicine related incidents. Management and staff were familiar with the type of incidents that should be reported.

One medicine related incident had been reported to RQIA since the last inspection. There was evidence that the incident had been reported to the prescriber for guidance, investigated and learning shared with staff in order to prevent a recurrence.

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

Staff in the home had received a structured induction which included medicines management when this forms part of their role. Competency had been assessed following induction and annually thereafter. A written record was completed for induction and competency assessments.

6.0 Conclusion

The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the home was well led.

The outcome of this inspection concluded that the area for improvement identified at the last care inspection had been addressed. No new areas for improvement were identified. RQIA is assured that medicines were administered to residents as prescribed.

Based on the inspection findings and discussions held, RQIA is 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 manager/management team.

We would like to thank the residents and staff for their assistance throughout the inspection.

7.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Margot Donnelly, Senior Care Assistant, as part of the inspection process and can be found in the main body of the report.

The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk

@RQIANews

Assurance, Challenge and Improvement in Health and Social Care