

Inspection Report

1 March 2022



Beechill

Type of service: Nursing Home
Address: 12 Royal Lodge Road, Belfast, BT8 7UL
Telephone number: 028 9040 2871

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Mrs Natasha Southall	Registered Manager: Ms Gabrielle McDonald, registration pending
Person in charge at the time of inspection: Ms Gabrielle McDonald	Number of registered places: 34
Categories of care: Nursing Home (NH): DE – dementia	Number of patients accommodated in the patients nursing home on the day of this inspection: 28
Brief description of the accommodation/how the service operates: Beechill is a registered nursing home which provides nursing care for up to 34 patients who are living with dementia. The home is divided over two floors.	

2.0 Inspection summary

An unannounced inspection took place on 1 March 2022 between 10.40 am and 3.20 pm. The inspection was carried out by a pharmacist inspector and focused on medicines management within the home.

Following discussion with the aligned care inspector, it was agreed that four areas for improvement identified at the last inspection would be followed up at the next care inspection.

The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to the management of medicines.

The findings of the inspection indicated that medicines were available for administration and the majority of medicines were administered as prescribed. Medicines were stored securely, records were well maintained, staff received regular training and competency assessment and governance and auditing systems were in place. However, one area for improvement in relation to the administration of liquid medicines was identified.

RQIA would like to thank the patients and 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. To complete the inspection the following were reviewed: a sample of medicine related records, storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. The inspector spoke to nurses 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

To reduce footfall throughout the home, the inspector did not meet any patients. Patients were observed to be relaxing in lounges and bedrooms. Staff interactions with patients were warm, friendly and supportive. It was evident that they knew the patients well.

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

The nurses spoken with expressed satisfaction with how the home was managed and the training received. They said that the team communicated well and the manager was readily available to discuss any issues and concerns should they arise.

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 feedback 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 on 25 June 2021?

Areas for improvement from the last inspection on 25 June 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 12 (4) Stated: First time	The registered person shall ensure that the deficits identified in relation to provision of nutritional are addressed and that the agreed action plan is implemented.	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, April 2015		Validation of compliance
Area for improvement 1 Ref: Standard 23 Stated: First time	The registered person shall ensure that the documentation relating to pressure relieving mattresses is up to date and that the directions in the care plan are followed.	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.	
Area for improvement 2 Ref: Standard 46 Stated: First time	The registered person shall ensure that infection prevention and control deficits identified in this report are addressed.	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.	

Area for improvement 3 Ref: Standard 24 Criteria 1 Stated: First time	The registered person shall ensure that any orientation displays in the home are maintained with up to date and accurate information. 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.	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 a GP, a pharmacist or during a hospital admission.

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 nurse had verified and signed the personal medication records when they were written and updated to confirm that they were accurate. Nurses were reminded that obsolete personal medication records should be cancelled and archived to ensure they do not refer to obsolete directions in error and administer medicines incorrectly to the patient. It was agreed that this would be actioned immediately and monitored through the home's audit process.

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, modified diets etc.

Patients will sometimes get distressed and may require medicines to help them manage periods of distress. It is important that care plans are in place to direct nurses 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 nurses record the reason and outcome of giving the medicine, they may be able to identify triggers which 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 the management of distressed reactions was reviewed for four patients. Nurses knew how to recognise signs, symptoms and triggers which may cause a change in a patient's behaviour and were aware that this change may be associated with pain. Directions for use were recorded on the personal

medication records and in “when required” protocols. Records of administration, and the reason for and outcome of administration were recorded. Care plans were in place but two did not record the name of the prescribed medicine. It was agreed that this would be actioned immediately and followed up through the home’s audit process.

The management of pain was discussed. Nurses advised that they were familiar with how each patient expressed their pain and that pain relief was administered when required. Three patients’ records were reviewed; each patient had a pain management care plan and regular pain assessments were carried out by the nursing staff.

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 for three patients. Speech and language assessment reports and care plans were in place. Records of prescribing and administration which included the recommended consistency level were maintained.

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. One care plan required further detail and it was agreed that this would be updated following the inspection.

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.

Appropriate arrangements were in place for the 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.

Within the home, a record of the administration of medicines is completed on pre-printed medicine administration records (MARs) or occasionally handwritten MARs. A sample of these records was reviewed. The records had been completed in a satisfactory manner.

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 were recorded in controlled drug record books. The records reviewed had been maintained to the required standard.

Management and nurses audited the management and administration of medicines on a regular basis within the home. The majority of the audits completed at the inspection showed that medicines were being administered as prescribed. However, a number of audits on liquid medicines indicated that doses had been missed or measured incorrectly. The registered person should ensure that liquid medicines are accurately measured and administered in accordance with the prescribers' directions. An area for improvement was identified.

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 management of medicines for two patients who had been admitted/re-admitted to the home recently was reviewed. The medicines prescribed had been confirmed with the GP practice and/or hospital discharge letters had been received and a copy had been forwarded to the patient's GP. Personal medication records had been accurately written. Medicines had been accurately received into the home and the majority had been administered in accordance with the most recent directions. A discrepancy in the administration of one liquid medicine was observed. See Section 5.2.3.

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 helps staff to identify medicine related incidents.

There have been no medicine related incidents reported to RQIA since the last medicines management inspection. As detailed in Section 5.2.3 the management and administration of medicines was audited on a regular basis and findings discussed with staff to drive ongoing improvement. However, the registered person should ensure that liquid medicines are accurately measured and administered in accordance with the prescribers' directions. Any discrepancies should be referred to the prescriber for guidance and reported to the appropriate authorities, including RQIA.

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 staff are competent in managing medicines and that they are supported. Policies and procedures should be up to date and readily available for staff.

There were records in place to show that nurses had been trained and deemed competent to manage and administer medicines. Care assistants had received training on the administration of emollient preparations and thickening agents.

The manager advised that all nurses would receive supervision on the accurate measurement of liquid medicines.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes, 2015.

	Regulations	Standards
Total number of Areas for Improvement	2*	3*

* The total number of areas for improvement includes four that have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Gabrielle McDonald, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005

Area for improvement 1 Ref: Regulation 12 (4)	The registered person shall ensure that the deficits identified in relation to provision of nutritional are addressed and that the agreed action plan is implemented.
Stated: First time To be completed by: With immediate effect and going forward (25 June 2021)	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. Ref: 5.1

Area for improvement 2 Ref: Regulation 13 (4) Stated: First time	The registered person should ensure that liquid medicines are accurately measured and administered in accordance with the prescribers' directions. Ref: 5.2.3, 5.2.4 & 5.2.5
To be completed by: With immediate effect (1 March 2022)	Response by registered person detailing the actions taken: Liquid medication is to be audited at least once a month. If any discrepancies are found these are to be appropriately investigated. All nurses have had supervision on the dispensing and recording of liquid medications. Compliance will be monitored via the internal auditing system.

Action required to ensure compliance with Care Standards for Nursing Homes, April 2015

Area for improvement 1 Ref: Standard 23	The registered person shall ensure that the documentation relating to pressure relieving mattresses is up to date and that the directions in the care plan are followed.
Stated: First time To be completed by: With immediate effect (25 June 2021)	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 46 Stated: First time To be completed by: With immediate effect (25 June 2021)	<p>The registered person shall ensure that infection prevention and control deficits identified in this report are addressed.</p> <hr/> <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>
Area for improvement 3 Ref: Standard 24 Criteria 1 Stated: First time To be completed by: With immediate effect (25 June 2021)	<p>The registered person shall ensure that any orientation displays in the home are maintained with up to date and accurate information.</p> <hr/> <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>

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