

Inspection Report

13 May 2021



Springlawn Nursing Home

Type of service: Nursing Home
Address: 44 Old Dromore Road, Omagh, BT78 1RB
Telephone number: 028 8224 4550

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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: Springlawn House Limited Responsible Individual: Mrs Linda Florence Beckett	Registered Manager: Miss Clara Robinson Date registered: Registration pending
Person in charge at the time of inspection: Miss Clara Robinson	Number of registered places: 40
Categories of care: Nursing (NH): I – old age not falling within any other category PH – physical disability other than sensory impairment MP – mental disorder excluding learning disability or dementia 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: 37
Brief description of the accommodation/how the service operates: This is a nursing home which is registered to provide care for up to 40 patients.	

2.0 Inspection summary

An unannounced inspection took place on 13 May 2021, between 10.30am and 2.30pm by two pharmacist inspectors.

This inspection focused on medicines management and assessed progress with the areas for improvement identified at the last medicines management inspection.

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

The last medicines management inspection had been conducted on 28 January 2021. Concerns were identified during the inspection regarding governance arrangements and medicines management. A serious concerns meeting was held by video conference on 3 February 2021 with the manager and the registered person, Linda Beckett. At the meeting, an action plan was provided to RQIA which detailed the actions already taken and to be taken in

order to address the deficits identified during the inspection. The action plan was discussed in detail. RQIA was satisfied that the proposed actions which were outlined addressed the concerns. The action plan was further updated following the meeting and shared with RQIA.

Significant improvement was noted in the management of medicines since the last inspection. Audit processes have been enhanced to ensure that all aspects of the management of medicines are reviewed. Action plans to address deficits had been completed. Further training and competency assessment had been completed with all of the registered nurses. All areas for improvement identified at the last medicines management inspection had been addressed and no further areas for improvement were identified.

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 we reviewed information held by RQIA about this home. This included previous inspection findings, incidents and correspondence. To complete the inspection we reviewed: 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.

During our inspection we:

- spoke to staff and management about how they plan, deliver and monitor the care and support provided in the home
- observed practice and daily life
- reviewed documents to confirm that appropriate records were kept

A sample of the following records was examined and/or discussed during the inspection:

- personal medication records
- medicine administration records
- medicine receipt and disposal records
- care plans related to medicines management
- governance and audit
- staff training and competency records

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 patients well.

We 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.

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. One nurse told us that she enjoyed working in the home and that she felt well supported by colleagues. She said that she had received a comprehensive induction.

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

Areas for improvement from the last inspection on 28 January 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 19(1)(a) Schedule 3(3)(k) Stated: First time	The registered person shall ensure that progress records/daily evaluations are in sufficient detail of the patient's condition and well-being.	Carried forward to the next inspection
	Particular reference is made in respect of assessed needs with mental health.	
Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.		
Area for Improvement 2 Ref: Regulation 15 (2) (a)(b) and Regulation 16 (2) (b) Stated: First time	The registered person shall ensure that any patient who smokes has a risk assessment and care plan in place in accordance with current safety guidelines with subsequent appropriate action(s).	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

<p>Area for Improvement 3</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that records of the administration of thickeners to fluids are completed accurately and fully at all times.</p> <p>Action taken as confirmed during the inspection: Records of the administration of thickened fluids had been fully completed.</p>	<p>Met</p>
<p>Area for Improvement 4</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that robust arrangements are in place for the safe management of medicines when a patient is admitted to the home.</p> <p>Action taken as confirmed during the inspection: The admission process for two patients was reviewed. All records had been fully completed and medicines were available for administration.</p>	<p>Met</p>
<p>Area for Improvement 5</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that medicines are ordered in a timely manner and available for administration as prescribed.</p> <p>Action taken as confirmed during the inspection: The registered manager advised that meetings had been held with GP surgeries and the community pharmacy to discuss the process for obtaining medicines. This had helped to ease the process. All patients had a supply of their medicines and no medicines had been out of stock since the last inspection.</p>	<p>Met</p>
<p>Area for Improvement 6</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that full and accurate records of the receipt of medicines are made.</p> <p>Action taken as confirmed during the inspection: Receipt records had been completed for all medicines received into the home.</p>	<p>Met</p>

<p>Area for Improvement 7</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the auditing system for medicine management is reviewed to ensure that it is effective in identifying and addressing areas that require improvement.</p> <hr/> <p>Action taken as confirmed during the inspection: The audit process has been reviewed and was effective in identifying deficits. Areas that require improvement were effectively addressed.</p>	<p>Met</p>
<p>Area for Improvement 8</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that monthly monitoring visits are effective in reviewing the management of medicines.</p> <hr/> <p>Action taken as confirmed during the inspection: The monthly monitoring visits have reviewed the processes in place for the management of medicines. This has been effective in driving improvement in the service.</p>	<p>Met</p>
<p>Area for Improvement 9</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that further training in medicines management is provided for all registered nurses and that their competency in this aspect of care delivery is reviewed following the training.</p> <hr/> <p>Action taken as confirmed during the inspection: Training and competency assessment has been completed for all registered nurses since the last inspection.</p>	<p>Met</p>
<p>Action required to ensure compliance with Care Standards for Nursing Homes, April 2015</p>		<p>Validation of compliance summary</p>
<p>Area for Improvement 1</p> <p>Ref: Standard 41(2)</p> <p>Stated: First time</p>	<p>The registered person shall put in place a review of staffing on night duty, to take account of patients' dependencies, the size and layout of the home and fire safety requirements. Particular reference is made to the provision of trained staff.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	<p>Carried forward to the next inspection</p>

Area for improvement 2 Ref: Standard 29 Stated: First time	The registered person shall ensure that a photograph of each patient is available on their personal medication record.	Met
	Action taken as confirmed during the inspection: A photograph was attached to all personal medication records.	
Area for improvement 3 Ref: Standard 29 Stated: First time	The registered person shall ensure that completed medicine administration records are filed in a timely and organised manner once completed and are easily retrievable.	Met
	Action taken as confirmed during the inspection: All records were appropriately filed and easily retrievable.	

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 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.

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, 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 are 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.

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.

We reviewed the management of thickening agents prescribed for three patients. A speech and language assessment report and care plan was in place. Records of prescribing and administration which included the recommended consistency level were maintained.

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 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. A medicine refrigerator and controlled drugs cabinet were available for use as needed.

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 medicine administration records, when medicines are administered to a patient. A sample of these records was reviewed. The records were found to have been fully and accurately completed. The completed records were filed once completed.

A range of audits were carried out by the inspectors and showed that medicines had been administered as prescribed. 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.

The admission process for patients new to the home or returning to the home after receiving hospital care was reviewed. Hospital discharge letters or confirmation of the medicines regime had been received. The patients' personal medication records had been updated to reflect medication changes which had been initiated during the hospital stay. Medicines had been accurately received into the home and administered in accordance with the most recent directions. There was evidence that staff had followed up any discrepancies in a timely manner to ensure that the correct medicines were available for administration.

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 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 staff are supported.

Following the last inspection, nurses had been provided with further training in medicines management and competency had been reassessed. Records of training and competency assessment had been completed.

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 with respect to medicines management.

The outcome of this inspection concluded that all areas for improvement identified at the last medicines management inspection had been addressed. No new areas for improvement were identified. We can conclude that overall that the patients were being administered their medicines as prescribed by their GP.

Based on the inspection findings and discussions held we 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 manager/management team. Management must sustain the improvements made since the last inspection.

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

7.0 Quality Improvement Plan/Areas for Improvement

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

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

	Regulations	Standards
Total number of Areas for Improvement	2*	1*

*The total number of areas for improvement includes two under the regulations and one under the standards which have been carried forward for review at the next inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005	
Area for Improvement 1 Ref: Regulation 19(1)(a) Schedule 3(3)(k) Stated: First time To be completed by: 1 July 2020	<p>The registered person shall ensure that progress records/daily evaluations are in sufficient detail of the patient's condition and well-being.</p> <p>Particular reference is made in respect of assessed needs with mental health.</p> <p>Ref: 5.1</p>
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for Improvement 2 Ref: Regulation 15 (2) (a)(b) and Regulation 16 (2) (b) Stated: First time To be completed by: 1 July 2020	<p>The registered person shall ensure that any patient who smokes has a risk assessment and care plan in place in accordance with current safety guidelines with subsequent appropriate action(s).</p> <p>Ref: 5.1</p>
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Action required to ensure compliance with Care Standards for Nursing Homes, April 2015	
Area for Improvement 1 Ref: Standard 41(2) Stated: First time To be completed by: 24 July 2020	<p>The registered person shall put in place a review of staffing on night duty, to take account of patients' dependencies, the size and layout of the home and fire safety requirements. Particular reference is made to the provision of trained staff.</p> <p>Ref: 5.1</p>
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.



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

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

Assurance, Challenge and Improvement in Health and Social Care