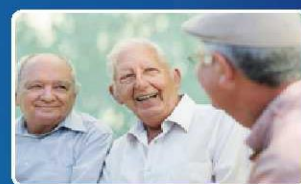




The Regulation and  
Quality Improvement  
Authority

## Inspection Report 28 January 2021



### Springlawn Nursing Home

**Type of Home: Nursing Home**

**Address: 44 Old Dromore Road, Omagh, BT78 1RB**

**Tel No: 028 8224 4550**

**Inspector: Catherine Glover**

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Assurance, Challenge and Improvement in Health and Social Care

This inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during this inspection and do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

**Information relating to our inspection framework, the guidance and legislation that informs the inspections, the four domains which we assess services against as well as information about the methods we use to gather opinions from people who have experienced a service can be found at <https://www.rqia.org.uk/guidance/legislation-and-standards/> and <https://www.rqia.org.uk/guidance/guidance-for-service-providers/>**

## 1.0 Profile of service

This is a nursing home which is registered to provide care for up to 40 patients; however the manager advised that at present it can accommodate 36 patients.

## 2.0 Service details

<p><b>Organisation/Registered Provider:</b> Springlawn House Limited</p> <p><b>Responsible Individual:</b> Mrs Linda Florence Beckett</p>	<p><b>Registered Manager and date registered:</b> Miss Clara Robinson (Acting) – no application required.</p>
<p><b>Person in charge at the time of inspection:</b> Miss Clara Robinson</p>	<p><b>Number of registered places:</b> 40</p>
<p><b>Categories of care:</b> Nursing (NH): I – old age not falling within any other category PH – physical disability other than sensory impairment PH(E) – physical disability other than sensory impairment – over 65 years MP – mental disorder excluding learning disability or dementia LD(E) – learning disability – over 65 years</p>	<p><b>Total number of patients in the nursing home on the day of this inspection:</b> 35</p>

### 3.0 Inspection focus

This inspection was undertaken by a pharmacist inspector on 28 January 2021 from 10.30 to 15.30.

Short notice of the inspection was provided to the manager on the morning of the inspection in order to ensure that arrangements could be made to safely facilitate the inspection in the home.

This inspection focused on medicines management within the home.

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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous medicines management inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- spoke to management about how they plan, deliver and monitor the care and support provided in the home
- 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
- controlled drug records
- care plans related to medicines management
- governance and audit
- medicine storage temperatures.

### 4.0 Inspection Outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	9*	3*

\*The total number of areas for improvement includes three which have been carried forward for review at the next care inspection.

Enforcement action resulted from the findings of this inspection.

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 actions which were outlined addressed the concerns. The action plan was further updated following the meeting and shared with RQIA.

RQIA will continue to monitor and review the quality of service provided in Springlawn Nursing Home and will carry out a further inspection to assess compliance.

**5.0 What has this home done to meet any areas for improvement identified at the last care inspection (24 June 2020) and last medicines management inspection (4 June 2019)**

<b>Areas for improvement from the last inspection</b>		
<b>Action required to ensure compliance with Department of Health, Social Services and Public Safety (DHSSPS) The Nursing Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 19(1)(a) Schedule 3(3)(k)  <b>Stated:</b> First time	The registered person shall ensure that progress records/daily evaluations are in sufficient detail of the patient's condition and well-being.  Particular reference is made in respect of assessed needs with mental health.	<b>Carried forward to the next care inspection</b>
	<b>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.</b>	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 15 (2) (a)(b) and Regulation 16 (2) (b)  <b>Stated:</b> 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).	<b>Carried forward to the next care inspection</b>
	<b>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.</b>	

<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 28 <b>Stated:</b> Second time	The registered person shall closely monitor the administration of inhaled medicines through the audit process.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A small number of inhaled medicines were prescribed at the time of this inspection. There was evidence that the administration was monitored. The audit completed during the inspection indicated that they had been administered as prescribed.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 28 <b>Stated:</b> Second time	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.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Robust arrangements were not in place for two patients. This is detailed in Section 7.4.  This area for improvement has been subsumed into a new area for improvement under regulation.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 41(2) <b>Stated:</b> First time	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.	<b>Carried forward to the next care inspection</b>
	<b>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.</b>	

## 6.0 What people told us about this home?

Patients were observed relaxing in various areas of the home.

Staff were compassionate 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.

Feedback methods to RQIA included a staff poster and paper questionnaires which were provided to the manager for any patient and/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.

## 7.0 Inspection Findings

### 7.1 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. The manager advised that there could be difficulty in obtaining medicines in a timely manner if the patient had to register with a new GP practice. Advice on managing this process was given to the manager by the inspector.

Personal medication records were in place for each patient. These are records used to list all 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. These records may also 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 were written and also when they had been updated; the purpose of this is to provide a double check that they are accurate. A photograph of the patient should be attached to these records; the manager advised that she was in the process of doing this, however patients' photographs were not in place at the time of the inspection. An area for improvement was identified.

Some patients may 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 about when it is appropriate to administer these medicines. Care records should also be kept which record when the medicine was given, the reason it was given and what the outcome was. By maintaining such records, staff can more easily identify common triggers which may cause the patient's distress and if the prescribed medicine is effective for the patient.

We reviewed the management of medicines prescribed on a "when required" basis for the management of distressed reactions. Staff 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 clearly recorded on the personal medication records and care plans directing the use of these medicines were available in the medicines file. Records of administration were also clearly recorded. The reasons for and

outcomes of administration were recorded in the daily progress notes and on incident report forms.

We reviewed the management of thickening agents. A speech and language therapy (SALT) assessment report and care plan was in place. Records of administration which included the recommended consistency level had not been completed. An area for improvement was identified.

## **7.2 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 patients' medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access. Medicines must also be disposed of promptly to ensure that a discontinued medicine is not administered in error.

A review of the medicine administration records showed that 12 patients had missed doses of their prescribed medicines in the last two months. This was due to the medicines not being in stock. These medicines were unavailable for between two to 10 days. One patient admitted to the home did not have a supply of medicines until five days after admission. These shortfalls have the potential to adversely affect the health and well-being of patients. The evidence from the inspection showed that medicines were not being ordered in a timely manner by staff in the home. An area for improvement was identified.

The manager was asked to investigate the instances of medicines being out of stock and the impact that this may have had on patients. This was discussed during the inspection and at the serious concerns meeting on 3 February 2021. The manager advised that there was no evidence of any adverse effects on the patients from the identified non-administration of these medicines and that the patients' next of kin and care managers had been notified of the omission of medicines.

Full and accurate records of the receipt of medicines must be made when medicines are received into the home. This had not been completed for all medicines. An area for improvement was identified.

The medicines trolleys 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. It was noted that the key for the controlled drugs cabinet was not held separately from the main medicines keys in contravention of good practice. This was rectified during the inspection.

The temperature of the medicines refrigerator was monitored daily and records showed that it was within the required range of 2°C and 8°C. However, during the inspection, it was noted that the maximum temperature was outside of this range. The manager was asked to review the management of the refrigerator with the staff. It was confirmed during the serious concerns meeting on 3 February 2021 that this had been done and a new refrigerator had been ordered.

### **7.3 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 record of the administration of medicines is completed when medicines are administered to a patient. A sample of these records was reviewed. Most of the records were found to have been fully and accurately completed. The completed records were filed once completed, however they had not always been filed in a timely manner or in an easily retrievable fashion which made auditing difficult. An area for improvement was identified.

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 appropriately recorded in a controlled drug record book.

Management and staff audited medicine administration on a regular basis within the home. The date of opening was recorded on all medicines so that they could be easily audited. The medicine administration audits completed during this inspection showed that medicines had been given as prescribed. However, in light of the finding of this inspection, the audit programme needs to be reviewed. This is discussed further in Section 7.5.

### **7.4 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 that pathway. Problems relating to the supply of medicines or sharing of information may occur at times when patients transfer from one healthcare setting to another, placing them at an increased risk of harm.

The management of medicines for three patients who had been admitted to the home were reviewed. Confirmation of the medicine regime had been obtained from their GP. As discussed in Section 7.2, the records evidenced that one patient was without a supply of their prescribed medicines for five days. The action taken by the staff to resolve this issue was insufficient. For another patient, doses of medicines had been missed once the initial supply that they had brought with them was finished. The registered nurses had not been proactive in reordering these medicines in a timely manner. An area for improvement regarding medicines supplies was identified.

Registered nurses must be aware of their professional responsibility to ensure that patients have a supply of their prescribed medicines available for administration.



### **7.5 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 reoccurrence and that staff can learn from the incident.

We discussed the medicine related incidents which had been reported to RQIA since the last inspection. The findings of this inspection indicate that the auditing system is not robust and incidents had not been identified. The need for a robust audit system which addresses all aspects of medicines management is necessary to ensure that safe systems are in place and that any learning from errors/incidents can be actioned and shared with relevant staff. An area for improvement was identified.

A review of monthly management reports which are conducted on behalf of the registered person indicated that medicines management was not being reviewed. The registered person must ensure that there are systems in place to provide assurance that medicines management processes are robust. An area for improvement was identified.

It was agreed at the meeting on 3 February 2021 that all instances where a patient has missed a dose of medicine due to it being unavailable would be reported through the RQIA web portal and the next two monthly monitoring reports would be submitted to RQIA.

### **7.6 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 in maintaining this competency.

The outcome of this inspection indicates that nurses within the home require further training in the management of medicines. This training should include those areas identified for improvement during this inspection.

In addition to the completion of this training, a robust governance system should be in place to ensure that such training is embedded into practice and kept under regular review. An area for improvement was identified.

### **8.0 Evaluation of Inspection**

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 robust arrangements were not in place for all aspects of medicines management. A significant improvement is required to ensure that patients are receiving all of their medicines as prescribed. New areas for improvement have been identified as detailed in the body of the report and Quality Improvement Plan (QIP). This was discussed with the manager and registered person in detail during the serious concerns meeting on 3 February 2021. RQIA received assurance during this meeting that actions had been taken during and immediately following the inspection regarding the deficits highlighted.

RQIA decided that a period of time would be given to the manager and responsible individual to implement the necessary improvements in a sustained manner. A follow up inspection will be undertaken to determine if the necessary improvements have been implemented and sustained. Failure to implement and sustain the improvements may lead to further enforcement.

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

## **9.0 Quality Improvement Plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Clara Robinson, manager, as part of the inspection process and with the manager and responsible person following the inspection. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## **9.1 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

## **9.2 Actions to be taken by the home**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via the Web Portal for assessment by the inspector.

## Quality Improvement Plan

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

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 19(1)(a) Schedule 3(3)(k)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 July 2020</p>	<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: 5.0</p>
	<p><b>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.</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 15 (2) (a)(b) and Regulation 16 (2) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 July 2020</p>	<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: 5.0</p>
	<p><b>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.</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13(4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection onwards</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>Ref: 7.1</p>
	<p><b>Response by registered person detailing the actions taken:</b> Administration of thickeners to fluid documentation implemented with immediate effect</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13(4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection onwards</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>Ref: 5.0, 7.2 and 7.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Home policy for management of medicines reviewed and updated</p> <p>Previous arrangements reviewed and altered to ensure robustness and in line with updated home policy</p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13(4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection onwards</p>	<p>The registered person shall ensure that medicines are ordered in a timely manner and available for administration as prescribed.</p> <p>Ref: 7.2 and 7.4</p> <p><b>Response by registered person detailing the actions taken:</b> full review of monthly ordering carried out to ensure all orders are submitted within a timely manner.</p> <p>New pharmacy folder implemented for medication low on stock to ensure it is followed up and received promptly.</p> <p>Ongoing input from community pharmacy to review stock levels.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 13(4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection onwards</p>	<p>The registered person shall ensure that full and accurate records of the receipt of medicines are made.</p> <p>Ref: 7.2</p> <p><b>Response by registered person detailing the actions taken:</b> receipt of medication folder implemented ensuring all received medication from pharmacy, hospital and community settings are easily accessible and in line with up dated home policy.</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 13(4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 5 February 2021</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> <p>Ref: 7.5</p> <p><b>Response by registered person detailing the actions taken:</b> New audit of medicine management implemented. This is completed by acting manager and has been commenced with immediate effect following pharmacy inspection.</p>
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Regulation 13(4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 5 February 2021</p>	<p>The registered person shall ensure that monthly monitoring visits are effective in reviewing the management of medicines.</p> <p>Ref: 7.5</p> <p><b>Response by registered person detailing the actions taken:</b> meeting held with regulation officer with immediate affect following pharmacy inspection to include management of medication within reports and ensure oversight of new implemented audit for medicine management</p> <p>February and March reports forward to RQIA as requested</p>

<b>Area for improvement 9</b> <b>Ref:</b> Regulation 13(4) <b>Stated:</b> First time <b>To be completed by:</b> 28 February 2021	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.  Ref: 7.6
	<b>Response by registered person detailing the actions taken:</b> All registered Nurses within Home have since undertaken the National Pharmacy Association training course- Medicines in care homes.

<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 41(2) <b>Stated:</b> First time <b>To be completed by:</b> 24 July 2020	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.  Ref: 5.0
	<b>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.</b>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 29 <b>Stated:</b> First time <b>To be completed by:</b> 28 February 2021	The registered person shall ensure that a photograph of each patient is available on their personal medication record.  Ref: 7.1
	<b>Response by registered person detailing the actions taken:</b> All personal medication records now have photograph of each individual client
<b>Area for improvement 3</b> <b>Ref:</b> Standard 29 <b>Stated:</b> First time <b>To be completed by:</b> 28 February 2021	The registered person shall ensure that completed medicine administration records are filed in a timely and organised manner once completed and are easily retrievable.  Ref: 7.3
	<b>Response by registered person detailing the actions taken:</b> New Filing system implemented

***Please ensure this document is completed in full and returned via the Web Portal***



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