

Inspection Report

25 November 2021



Parkside

Type of service: Nursing (NH)
Address: 4 North Circular Road, Lisburn, BT28 3AH
Telephone number: 028 9267 4943

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: Amstecos Ltd Registered Persons: Mrs Emer Bevan & Mrs Shauna Anne Stanford	Registered Manager: Sister Marilyn Brown – Acting Manager
Person in charge at the time of inspection: Sister Marilyn Brown	Number of registered places: 29 The home is also approved to provide care on a day basis for three persons.
Categories of care: Nursing Home (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 TI – terminally ill	Number of patients accommodated in the nursing home on the day of this inspection: 17
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 29 patients.	

2.0 Inspection summary

An unannounced inspection took place on 25 November 2021 from 10.15am to 1.15pm. The inspection was conducted by a pharmacist inspector and 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.

Review of medicines management identified there were arrangements in place to ensure medicines were stored safely and securely. Medicine related records were maintained to a satisfactory standard and nurses were trained and competent in medicines management. One area for improvement in relation to medicines audit was 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 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, the 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

The inspector met with a care assistant and the manager during the inspection. Staff were warm and friendly and it was evident from their interactions that they knew the patients well. Staff acknowledged the challenges of working through the COVID – 19 pandemic but agreed that Parkside was a good place to work.

All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

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 the last inspection?

Areas for improvement from the last inspection on 21 July 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (3) Stated: First time	The registered person shall ensure competency and capability assessments are completed for all staff who take charge of the nursing home in the absence of the manager.	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 2 Ref: Regulation 27 (4) (a) Stated: First time	The registered person shall ensure recommendations made in the fire risk assessment are consistently adhered to.	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 3 Ref: Regulation 27 (4) (c) Stated: First time	The registered person shall ensure adequate means of escape are available at all times.	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 unnecessary risks to the health, welfare and safety of patients are identified and so far as possible eliminated. This area for improvement relates to the following:	Carried forward to the next inspection
	<ul style="list-style-type: none"> domestic trolleys are not left unsupervised the treatment room should be locked at all times food and fluid thickening agent and cleaning chemicals should be securely 	

	stored.	
	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 13 (7) Stated: First time	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene. <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>	Carried forward to the next inspection
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance summary
Area for improvement 1 Ref: Standard 39.4 Stated: First time	<p>The registered person shall ensure all staff complete training in relation to Deprivation of Liberty Safeguards.</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>	Carried forward to the next inspection
Area for improvement 2 Ref: Standard 43 Stated: First time	<p>The registered person shall ensure that all patients have effective access to the nurse call system or nurse supervision as required.</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>	Carried forward to the next inspection

Area for improvement 3 Ref: Standard 4.9 Stated: First time	The registered person shall ensure repositioning, personal care and food and fluid intake charts are completed in full. These should be signed by staff with the accurate time of care delivery recorded.	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 4 Ref: Standard 4.1 Stated: First time	The registered person shall ensure risk assessments are completed and care plans developed within five days of the patient's admission to the home. These should be reviewed and updated in response to the changing needs of the patient.	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 5 Ref: Standard 11 Stated: First time	The registered person shall ensure that the provision of activities in the home is reviewed to make sure that meaningful activities are provided to patients on a regular and consistent basis. Activities must be integral part of the care process and care planned for with daily progress notes reflecting activity provision.	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 6 Ref: Standard 6.7 Stated: First time	The registered person shall ensure patient's right to respect for a private and family life are upheld at all times.	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 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, 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 provide a check 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 safe 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, modified diets, self-administration etc.

The management of pain was discussed. The manager advised she was familiar with how each patient expressed their pain and that pain relief was administered when required. Care plans to direct nurses were in place and there was evidence of regular pain assessments.

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 for two patients was reviewed. A speech and language assessment report and care plan were in place for each patient. 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 in the care plan to direct nurses if the patient's blood sugar was too low.

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.

Satisfactory arrangements for the disposal of medicines were in place and records were maintained.

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. Most of the records were found to have been fully and accurately completed. A small number of missed signatures were brought to the attention of the manager for ongoing close monitoring. The records were filed once completed and were readily retrievable for 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. Robust arrangements for the management of controlled drugs were in place.

The audits completed during the inspection indicated that the majority of medicines had been administered as prescribed. However, a discrepancy in the administration of an anticoagulant medicine was identified. This was discussed with the manager on the day of inspection for investigation and review. An incident report detailing the outcome of the investigation and action taken to prevent a recurrence was submitted to RQIA on 30 November 2021. Minor discrepancies were also noted in four other medicines indicating they had not been administered as prescribed.

Although management and nurses audited medicine administration on a regular basis within the home, the audits had not been effective in identifying the discrepancies noted during the inspection indicating the audit system is not robust. 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 one patient who had recently been admitted to the home was reviewed. An accurate list of the most recent prescribed medicines had been obtained from the patient's GP. Medicines had been accurately received into the home and administered in accordance with the most recent directions. The manager was reminded that two members of staff should be involved when the personal medication record is written and updated to ensure accuracy of transcribing.

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.

As detailed in Section 5.2.3, the findings of this inspection indicated the auditing system is not robust and therefore incidents were not identified. The need for a robust audit system which encompasses all aspects of medicines management is necessary to ensure safe systems are in place and any learning from errors/incidents can be actioned and shared with the relevant staff.

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. Policies and procedures should be up to date and readily available for staff.

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.

Records of staff training in relation to medicines management were available for inspection. The manager informed the inspector that updated medicines management training was scheduled for the near future.

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 in relation to medicines management.

One area for improvement in relation to medicines audit was identified during this inspection. Areas for improvement are detailed in the below quality improvement plan.

Whilst an area for improvement was identified, we can conclude that overall, with the exception of a small number of medicines, the patients were being administered their medicines as prescribed by their GP.

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

7.0 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 (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	5*	7*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Sister Marilyn Brown, 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 Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 20 (3) Stated: First time To be completed by: From the date of the inspection onwards (21 July 2021)	<p>The registered person shall ensure competency and capability assessments are completed for all staff who take charge of the nursing home in the absence of the manager.</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 27 (4) (a) Stated: First time To be completed by: From the date of the inspection onwards (21 July 2021)	<p>The registered person shall ensure recommendations made in the fire risk assessment are consistently adhered to.</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) (c) Stated: First time To be completed by: From the date of the inspection onwards (21 July 2021)	<p>The registered person shall ensure adequate means of escape are available at all times.</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 4 Ref: Regulation 14 (2) (a) (c) Stated: First time To be completed by: From the date of the inspection onwards	<p>The registered person shall ensure unnecessary risks to the health, welfare and safety of patients are identified and so far as possible eliminated. This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • domestic trolleys are not left unsupervised • the treatment room should be locked at all times • food and fluid thickening agent and cleaning chemicals should be securely stored.

(21 July 2021)	<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>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards (21 July 2021)</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene. <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>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 39.4</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards (21 July 2021)</p>	<p>The registered person shall ensure all staff complete training in relation to Deprivation of Liberty Safeguards.</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 2</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards (21 July 2021)</p>	<p>The registered person shall ensure that all patients have effective access to the nurse call system or nurse supervision as required.</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 3</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards (21 July 2021)</p>	<p>The registered person shall ensure repositioning, personal care and food and fluid intake charts are completed in full. These should be signed by staff with the accurate time of care delivery recorded.</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 4</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards (21 July 2021)</p>	<p>The registered person shall ensure risk assessments are completed and care plans developed within five days of the patient's admission to the home. These should be reviewed and updated in response to the changing needs of the patient.</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 5</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards (21 July 2021)</p>	<p>The registered person shall ensure that the provision of activities in the home is reviewed to make sure that meaningful activities are provided to patients on a regular and consistent basis.</p> <p>Activities must be integral part of the care process and care planned for with daily progress notes reflecting activity provision.</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 6.7</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards (21 July 2021)</p>	<p>The registered person shall ensure patient's right to respect for a private and family life are upheld at all times.</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>

Area for improvement 7 Ref: Standard 28 Stated: First time To be completed by: From the date of the inspection onwards (25 November 2021)	The registered person shall implement a robust audit system which covers all aspects of medicines management. Ref: 5.2.3 & 5.2.5
	Response by registered person detailing the actions taken: Auditing system adjusted to include all medications, including eye drops. Any discrepancies noted within the auditing system are then to be investigated and a daily audit introduced for that specific medication.

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



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](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care