



# Inspection Report 12 February 2021



## Railway Lodge Care Home

**Type of Home: Nursing Home**

**Address: 299 Kingsway, Dunmurry, Belfast, BT17 9EP**

**Tel No: 028 9060 9930**

**Inspector: Judith Taylor**

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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 80 patients.

## 2.0 Service details

<p><b>Organisation/Registered Provider:</b> Healthcare Ireland (Belfast) Limited</p> <p><b>Responsible Individual:</b> Ms Amanda Celine Mitchell</p>	<p><b>Registered Manager and date registered:</b> Mrs Gail Chambers from 7 February 2021 (registration pending)</p>
<p><b>Person in charge at the time of inspection:</b> Mrs Gail Chambers</p>	<p><b>Number of registered places:</b> 80</p> <p>There shall be no more than 16 service users in category NH-DE.</p>
<p><b>Categories of care:</b> Nursing (NH): I - old age not falling within any other category DE - dementia MP- mental disorder excluding learning disability or dementia PH - physical disability other than sensory impairment PH(E) - physical disability other than sensory impairment - over 65 years TI - terminally ill</p>	<p><b>Total number of patients in the nursing home on the day of this inspection:</b> 78</p>

### 3.0 Inspection focus

Following a risk assessment and to reduce the risk to patients during the pandemic outbreak, this inspection was carried out remotely.

This inspection was completed following a review of information requested by and submitted to RQIA on 29 January 2021. This information included the completion of a self-assessment specific to medicines management in the home. Feedback was discussed with the manager on 12 February 2021.

This inspection focused on medicines management within the home and also assessed the progress made regarding 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.

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

During our inspection we:

- spoke to patients' relatives by telephone
- spoke to staff and 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
- care plans related to medicines management
- governance and audit
- staff training and competency records
- completed medicines related self-assessment
- medicine related incidents

### 4.0 Inspection Outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1*	2*

\*The total number of areas for improvement includes three that have been carried forward to the next inspection.

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Mrs Gail Chambers, Manager and a regional manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

**5.0 What has this home done to meet any areas for improvement identified at the last medicines management inspection (3 July 2018) and last care inspection (10 November 2020)?**

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> First time	The registered person shall review the management of lidocaine plasters to ensure that these are administered as prescribed and staff are knowledgeable about this medicine.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that these plasters were being administered as prescribed. Records indicated that each plaster was removed after 12 hours in accordance with the manufacturer's instructions.	

Areas for improvement from the last care inspection		
Action required to ensure compliance with Department of Health, Social Services and Public Safety (DHSSPS) The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 21 (5) (d) (i)  <b>Stated:</b> First time	The registered person shall ensure a robust system is in place to monitor staff registration with NISCC within the required time frame.	<b>Carried forward to the next 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 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 4  <b>Stated:</b> Second time	The registered person shall ensure the following in regard to those patients who are assessed as requiring assistance with being repositioned: <ul style="list-style-type: none"> <li>• Patients' repositioning needs must be consistently met in keeping with their prescribed care and best practice standards.</li> <li>• Supplementary repositioning records must be completed in an accurate, comprehensive and contemporaneous manner at all times.</li> </ul>	<b>Carried forward to the next 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 inspection.</b>	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> Second time	The registered person shall ensure that all audit processes are managed effectively in order to ensure that the home delivers services effectively in accordance with legislative requirements, minimum standards and current best practice. This relates specifically to the completion of care record audits.	<b>Carried forward to the next 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 inspection.</b>	

## 6.0 What people told us about this home?

We were advised that there had been changes in management and that the new manager had commenced her role last week. Arrangements were in place to support the new manager.

As part of the remote inspection process, we were provided with contact details of five patients' relatives. We were able to make contact with three relatives. The comments were very positive and complimentary regarding the care provision and the staff team.

Comments made included:

- "xxx is looked after well, she is very happy."
- "manager keeps us updated; we don't have any concerns."
- "happy enough, very satisfied with everything."
- "good communication and email system"
- "xxx been there for a while, they know what xxx likes."

Feedback methods included a poster and links to online questionnaires which were provided to the manager for staff and any patient or their family representative to complete. 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 a GP, a pharmacist or during a hospital admission. We confirmed that patients were registered with a local GP and medicines were dispensed by the community pharmacist.

Five patients' personal medication records were reviewed. 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, at hospital appointments. We noted that the majority of medicine entries and other information were accurately recorded. In line with best practice, a second member of staff had checked and signed these records when they were written and updated, to ensure that they were accurate. However, a few recording issues were noted and discussed. It was agreed that these records would be included in the audit process.

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.

All patients should have care plans which detail their specific care needs and how the care is to be delivered. We reviewed a sample of medicine related care plans e.g. management of pain, warfarin, diabetes, infection, swallowing difficulty and distressed reactions. The majority contained the necessary information. A few required some more details and this was discussed. The manager confirmed after the inspection that this had been addressed and was also shared with staff.

### 7.2 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. This is assisted by accurately maintaining records of incoming and outgoing medicines.



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.

As this was a remote inspection, we did not view the storage and disposal arrangements for medicines. These were discussed with the manager, who assured us that all medicines were stored safely and securely in the treatment rooms, medicines were clearly segregated to indicate each patient's supply and that all discontinued medicines were safely disposed of, including controlled drugs.

### **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.

We reviewed a sample of the administration of medicines records. Most of these had been fully and accurately completed. Reminder systems were in place to assist staff in administering medications outside of the usual medicine round times or medicines which were prescribed on a weekly or three monthly basis. We also noted that two staff were involved in the administration of warfarin and insulin. Separate administration charts were in use. These are examples of good practice.

In the instances where care staff were responsible for the administration of topical medicines, the manager advised that separate records were maintained and checked for accuracy on a weekly basis. The manager also advised that these records would form part of her monthly audit.

The governance arrangements for medicines management were examined. These are processes that monitor medicine systems to ensure they are working well and that patients are being administered their medicines. They also enable identification of any deficits that may need to be addressed. Management and staff audited medicine administration on a regular basis within the home and details of these and the planned improvements were provided in the submitted documents. It was evident that audits included various medicine formulations and records. Any issues identified were addressed through an action plan and followed up at the next audit.

### **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 the pathway, and at each step. Problems with the supply of medicines and how information, including prescribed medicines is transferred, put people at increased risk of harm when they change from one healthcare setting to another.

We reviewed the management of medicines processes for patients new to the home. There was evidence that robust procedures were in place to obtain written confirmation of the patient's medicine regime and the accurate completion of the relevant medicines records.

### **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 recurrence and that staff can learn from the incident. An effective auditing system will assist staff in the identification of any medicine related incidents.

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

### **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.

Information about staff medicines management training was provided in the documents submitted to RQIA. They indicated that training and competency assessments had been completed. In relation to care staff responsible for delegated tasks, we were advised that training and competency assessment had been completed regarding topical medicines and thickening agents.

## **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 good systems were in place to safely manage medicines and ensure that patients were being administered their medicines as prescribed. No new areas for improvement were identified.

In relation to the last medicines management QIP, the area for improvement had been addressed. The three areas for improvement identified at the last care inspection are carried forward for review at the next care inspection.

We would like to thank management and patients' relatives for their assistance in contributing to this remote inspection.



## 9.0 Quality Improvement Plan

There were no new areas for improvement identified during this medicines management inspection. The QIP states areas for improvement which have been carried forward for review at the next inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 21 (5) (d) (i)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure a robust system is in place to monitor staff registration with NISCC within the required time frame.</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 inspection.</b></p> <p>Ref: 5.0</p>
<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 4  <b>Stated:</b> Second time  <b>To be completed by:</b> 14 February 2020	<p>The registered person shall ensure the following in regard to those patients who are assessed as requiring assistance with being repositioned:</p> <ul style="list-style-type: none"> <li>• Patients' repositioning needs must be consistently met in keeping with their prescribed care and best practice standards.</li> <li>• Supplementary repositioning records must be completed in an accurate, comprehensive and contemporaneous manner at all times.</li> </ul> <p><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 inspection.</b></p> <p>Ref: 5.0</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> Second time  <b>To be completed by:</b> 14 February 2020	<p>The registered person shall ensure that all audit processes are managed effectively in order to ensure that the home delivers services effectively in accordance with legislative requirements, minimum standards and current best practice. This relates specifically to the completion of care record audits.</p> <p><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 inspection.</b></p> <p>Ref: 5.0</p>



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