

Inspection Report

26 April 2022



Mount Lens

Type of service: Nursing Home
Address: Mount Lens, 166 Kings Road, Belfast, BT5 7EL
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

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| Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Mrs Carol Cousins - Applicant | Registered Manager: Ms Annie Joy Kamlian, registration pending |
| Person in charge at the time of inspection: Ms Annie Joy Kamlian | Number of registered places: 31 Category NH-I is for four identified persons only with no further admissions to take place in this category. |
| Categories of care: Nursing (NH): I – old age not falling within any other category DE – dementia | Number of patients accommodated in the nursing home on the day of this inspection: 25 |
| Brief description of the accommodation/how the service operates: This is a nursing home registered to provide nursing care for up to 31 persons. | |

2.0 Inspection summary

An unannounced inspection took place on 26 April 2022 from 10.15am to 2.50pm. The inspection was completed by a pharmacist inspector and focused on medicines management within the home. The purpose of the inspection was to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to medicines management.

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 found that patients were being administered their medicines as prescribed. There were arrangements for auditing medicines and medicine records were well maintained. Arrangements were in place to ensure that nurses were trained and competent in medicines management. One area for improvement in relation to the management of distressed reactions was identified.

RQIA would like to thank the patients, staff and management for their assistance throughout the inspection.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. To complete the inspection the following were reviewed: a sample of medicine related records, storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. The inspector spoke with staff and management about how they plan, deliver and monitor the management of medicines in the home.

4.0 What people told us about the service

To reduce footfall throughout the home, the inspector did not meet any patients. The inspector met with one nurse, the deputy manager and the manager.

Patients were observed to be relaxing in their bedrooms and in the lounge areas. Staff were warm and friendly and it was evident from discussions that they knew the patients well. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

The staff members spoken with expressed satisfaction with how the home was managed and the training received. They said that the team communicated well and the manager was readily available to discuss any issues and concerns should they arise. However, they did say that they often felt under pressure due to staffing levels but that staffing levels had improved a little recently. This was discussed with the manager for review. It will be reviewed further at the next care inspection.

Feedback methods included a staff poster and paper questionnaires which were provided to the manager for any patient or their family representative to complete and return using pre-paid, self-addressed envelopes. A questionnaire was received from one relative. Their response indicated that they were satisfied with all aspects of the care provided apart from the level of group activities to engage and stimulate patients. This was discussed with the manager via telephone call and with the aligned care inspector. It will be reviewed further at the next care inspection.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last care inspection on 14 May 2021?

| Areas for improvement from the last inspection on 14 May 2021 | | |
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| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 14 (2) (a) (c) Stated: First time | The registered person shall ensure that patient areas are free from hazards to their safety. | Carried forward to the next inspection |
| | Action taken as confirmed during the inspection: No hazards were observed during the inspection. However, as all areas of the home were not reviewed this area for improvement is carried forward for review at the next inspection. | |
| Area for improvement 2 Ref: Regulation 13 (5) (a) Stated: First time | The registered person shall ensure that prescribed topical medicines are stored securely. | Carried forward to the next inspection |
| | Action taken as confirmed during the inspection: The manager advised of the secure storage arrangements for topical medicines. However, as the inspector did not go into patient bedrooms this area for improvement is carried forward for review at the next inspection. | |
| Area for improvement 3 Ref: Regulation 13 (7) Stated: First time | The registered person shall ensure that robust systems are in place to monitor the environment for potential or actual IPC issues, and that action is taken to address deficits in a timely manner. This is with specific reference to the cleanliness of equipment such as nurse pull cords and the positioning of hand hygiene equipment. | Carried forward to the next inspection |

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| | Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. | |
| Action required to ensure compliance with Care Standards for Nursing Homes, April 2015 | | Validation of compliance |
| Area for improvement 1 Ref: Standard 6 Criteria 1 Stated: First time | The registered person shall ensure that patients are treated with respect at all times and that staff understand and demonstrate the importance of upholding patients' dignity and privacy in the course of their duties. | Carried forward to the next inspection |
| | Action taken as confirmed during the inspection: The inspector observed patients being treated with kindness and respect. However, as the inspector did not spend a lengthy time throughout the home, this area for improvement is carried forward for review at the next inspection. | |
| Area for improvement 2 Ref: Standard 45 Stated: First time | The registered person shall ensure that systems are in place for the correct use of pressure relieving mattress motors and that staff know how to use and care for this equipment correctly. | Carried forward to the next inspection |
| | Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. | |
| Area for improvement 3 Ref: Standard 12 Stated: First time | The registered person shall review the arrangements for transportation of meals to patients' bedrooms and ensure all staff adhere to food handling standards and keep food covered until the meal is delivered to 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. | |

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| <p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> | <p>The registered person shall ensure that where indicated; care records accurately reflect the expected daily intake fluid target and give clear instruction to staff of what action to take when a patient does not meet their target.</p> | <p>Carried forward to the next inspection</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> | | |

5.2 Inspection findings

5.2.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Patients in nursing homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times patients' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by a GP, a pharmacist or during a hospital admission.

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 safe practice, a second nurse had checked and signed the personal medication records when they were written and updated to ensure 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 good 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 etc.

Patients will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct nurses when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If nurses record the reason and

outcome of giving the medicine, then they can identify common triggers which may cause the patient's distress and if the prescribed medicine is effective for the patient.

The management of medicines prescribed on a "when required" (PRN) basis for distressed reactions was reviewed for several patients. It was acknowledged that nurses knew how to recognise signs, symptoms and triggers which may cause a change in a patient's behaviour and were aware that this change may be associated with pain/infection. Directions for use were recorded on the personal medication records and care plans directing the use of these medicines were available. However, some care plans were not up to date. In addition, when more than one PRN medicine was prescribed, the personal medication record and care plan did not state which should be used first and second line. For some patients the PRN medicines were needed regularly; the regular use of PRN medicines should be referred to the prescriber for review. Records of administration were clearly recorded. However, the reason for and outcome of administration were not always recorded. An area for improvement was identified.

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

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake should be in place to direct staff. All nurses and care staff should have the necessary training to ensure that they can meet the needs of the patient.

The management of thickening agents was reviewed for two patients. Speech and language assessment reports and care plans were in place. Records of prescribing and administration which included the recommended consistency level were maintained.

Care plans were in place when patients required insulin to manage their diabetes. There was sufficient detail to direct staff if the patient's blood sugar was too low.

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. Nurses 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. The medicine refrigerators and controlled drugs cabinets were being used appropriately.

Appropriate arrangements were in place for the disposal of medicines.

5.2.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

It is important to have a clear record of which medicines have been administered to patients to ensure that they are receiving the correct prescribed treatment.

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

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs were recorded in controlled drug record books. The records reviewed had been maintained to the required standard. Nurses were reminded that the date of transfer and signature of the transcribing nurses should be recorded when stock balances are transferred from one controlled drug record book to another. In addition, nurses should record that they have denatured controlled drugs prior to disposal. These findings were discussed and agreed.

In addition to the daily running balances, the management and administration of medicines was audited each month by the manager and deputy manager. The audit findings were discussed with staff and there was evidence that action plans had been addressed. The community pharmacist had carried out an audit in February 2022. The resultant action plan had been addressed.

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.

Review of medicines management for patients who were recently admitted to the home showed that hospital discharge letters had been received and a copy had been forwarded to their GPs. The personal medication records had been verified and signed by two nurses to ensure accuracy. Medicines had been accurately received into the home and administered in accordance with the most recent directions. There was evidence that nurses 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.

The medicine related incidents which had been reported to RQIA since the last inspection were discussed. 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. Some trends were discussed with the manager who agreed to review the medication administration system further to determine if any further improvements could be put in place to reduce the likelihood of errors occurring.

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

There was evidence that nurses had received a structured induction which included medicines management. Update training on the management of medicines and competency assessments were completed annually.

Policies and procedures were available for staff reference.

6.0 Quality Improvement Plan/Areas for Improvement

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

| | Regulations | Standards |
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| Total number of Areas for Improvement | 3* | 5* |

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

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

| Quality Improvement Plan | |
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| Action required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 | |
| Area for improvement 1 Ref: Regulation 14 (2) (a) (c) Stated: First time To be completed by: With immediate effect (14 May 2021) | The registered person shall ensure that patient areas are free from hazards to their safety. Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1 |
| Area for improvement 2 Ref: Regulation 13 (5) (a) Stated: First time To be completed by: With immediate effect (14 May 2021) | The registered person shall ensure that prescribed topical medicines are stored securely. Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1 |
| Area for improvement 3 Ref: Regulation 13 (7) Stated: First time To be completed by: With immediate effect (14 May 2021) | The registered person shall ensure that robust systems are in place to monitor the environment for potential or actual IPC issues, and that action is taken to address deficits in a timely manner. This is with specific reference to the cleanliness of equipment such as nurse pull cords and the positioning of hand hygiene equipment. Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1 |
| Action required to ensure compliance with Care Standards for Nursing Homes, April 2015 | |
| Area for improvement 1 Ref: Standard 6 Criteria 1 Stated: First time To be completed by: With immediate effect and going forward | The registered person shall ensure that patients are treated with respect at all times and that staff understand and demonstrate the importance of upholding patients' dignity and privacy in the course of their duties. 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. |

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| (14 May 2021) | Ref: 5.1 |
| Area for improvement 2 | The registered person shall ensure that systems are in place for the correct use of pressure relieving mattress motors and that staff know how to use and care for this equipment correctly. |
| Ref: Standard 45 | |
| Stated: First time | 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. |
| To be completed by: With immediate effect (14 May 2021) | Ref: 5.1 |
| Area for improvement 3 | The registered person shall review the arrangements for transportation of meals to patients' bedrooms and ensure all staff adhere to food handling standards and keep food covered until the meal is delivered to the patient. |
| Ref: Standard 12 | |
| Stated: First time | 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. |
| To be completed by: 21 May 2021 | Ref: 5.1 |
| Area for improvement 4 | The registered person shall ensure that where indicated; care records accurately reflect the expected daily intake fluid target and give clear instruction to staff of what action to take when a patient does not meet their target. |
| Ref: Standard 4 | |
| Stated: First time | 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. |
| To be completed by: 18 June 2021 | Ref: 5.1 |
| Area for improvement 5 | The registered person shall review the management of distressed reactions to ensure that: |
| Ref: Standard 18 | <ul style="list-style-type: none"> • care plans are up to date • where more than one medicine is prescribed, the care plan and personal medication record state which should be used first/second line • the regular use of "when required" medicines is referred to the prescriber for review • the reason for and outcome of administration are recorded |
| Stated: First time | |
| To be completed by: From the date of the inspection (26 April 2022) | Ref. 5.2.1 |

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| | <p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager has discussed through supervision process with the Nurses to update distressed reactions care plans of all residents prescribed "when required"(PRN) medications and identify the first and second line of medication to be administered. PRN administration record is completed with the purpose and outcome of administration documented. This will be monitored by the Registered Manager through the auditing process .</p> <p>The regular use of "when required" medication has been referred and reviewed by the prescriber, some were changed to regular administration and some remained to be administered when required. Registered Manager will continue to keep this under review.</p> |
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