Inspection Report

27 September 2022

Mullaghboy

Type of service: Nursing Home
Address: 86 Warren Road, Donaghadee, BT21 0PQ
Telephone number: 028 9188 3596

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: Mullaghboy Limited **Responsible Individual:** Mr Robert Maxwell Duncan	**Registered Manager:** Ms Anne Dugan **Date registered:** 1 April 2005
Person in charge at the time of inspection: Ms Anne Dugan	**Number of registered places:** 32
Categories of care: 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 TI – terminally ill	**Number of patients accommodated in the nursing home on the day of this inspection:** 25
Brief description of the accommodation/how the service operates: Mullaghboy is a nursing home which is registered to provide care for up to 32 patients.	

2.0 Inspection summary

An unannounced inspection took place on 27 September 2022 from 10.25 am to 3.00 pm. The inspection was completed by a pharmacist inspector.

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 and that records were well maintained. Arrangements were in place to ensure that staff were trained and competent in medicines management. However, areas for improvement were identified in relation to the cold storage of medicines, record keeping in

relation to thickening agents and distressed reactions, date checking and the auditing system. Areas for improvement are detailed in the Quality Improvement Plan.

RQIA would like to thank the patients and staff 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 was 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

The inspector met with the two nurses, the nursing sister and the manager. 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.

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. At the time of issuing this report, no questionnaires had been returned to 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 13 September 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 30 **Stated:** Second time	The registered person shall ensure that appropriate notifications are submitted to RQIA without delay. This relates specifically to falls within the home resulting in injury including head injury.	**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.	
Action required to ensure compliance with Care Standards for Nursing Homes, April 2015		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 37.5 **State** Second time	The registered person shall ensure that staff duty rotas are not altered using white adhesive paper in order that the previous records can be read in accordance with best practice in record keeping.	**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 2 **Ref:** Standard 39 **Stated:** First time	The registered person shall ensure there is a robust written training and development plan that is kept under review and is updated at least annually to reflect the training needs of individual staff.	**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 39 **Stated:** First time	The registered person shall ensure that all employed staff complete mandatory training in Mental Health Capacity – Deprivation of Liberty Safeguards (DoLS) and that a record of training is kept and closely monitored.	**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 4.9 **Stated:** First time	The registered person shall ensure that repositioning charts are consistently completed to evidence that patients are assisted in accordance with their care plan.	**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 12 **Stated:** First time	The registered person shall ensure that a daily menu is on display in a suitable format and in an appropriate location, showing patients what is available each mealtime.	**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 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 best practice, a second nurse had checked and signed the personal medication records when they were written and updated to confirm that they were accurate. Obsolete personal medication records had not been cancelled and archived. This is necessary to ensure that nurses do not refer to obsolete directions in error and administer medicines incorrectly to the patient. In addition, the allergy status had not been recorded on a number of the personal medication records. The manager and nursing sister advised that this would be addressed immediately after the inspection and monitored through the audit process.

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 staff on 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 staff 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' basis for distressed reactions was reviewed for four patients. Staff knew how to recognise a change in a patient's behaviour and, were aware that this change may be associated with pain, infection or constipation. Directions for use were recorded on the personal medication records. A review of the medication administration records showed that these medicines were used infrequently. However, audits could not be completed as stock balances had not been carried forward each month. Care plans were either not in place or did not contain sufficient detail to direct the required care. The reason for and outcome of administration was not recorded. An area for improvement was identified.

The management of pain was discussed. Staff advised that they were familiar with how each patient expressed their pain and that pain relief was administered when required. Care plans and pain assessments were in place and reviewed regularly. One care plan needed to be updated and it was agreed that this would be actioned following the inspection.

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 and nutritional supplements were reviewed for two patients. Speech and language assessment reports and care plans were in place. Records of prescribing and administration did not include the recommended consistency level and were incomplete. An area for improvement was identified.

Occasionally, patients may require their medicines to be crushed or added to food/drink to assist administration. To ensure the safe administration of these medicines, this should only occur following a review with a pharmacist or GP and should be detailed in the patient's care plans. Written consent and care plans were in place when this practice occurred.

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 number of out of date medicines were removed from the medicines trolley for disposal. These included medicines from the 'clinically urgent pack' and medicines prescribed to be administered 'when required'. An area for improvement was identified.

In order to maintain their effectiveness, medicines which require cold storage must be stored between $2^{o}C$ – $8^{o}C$. The maximum, minimum and current temperature of the medicines refrigerator was monitored each day. A review of the daily records showed that the maximum temperature was regularly above $8^{o}C$; corrective action had not been taken. An area for improvement was identified. It was agreed that the treatment room temperature would be monitored and recorded each day to ensure that it does not exceed $25^{o}C$.

Satisfactory arrangements were in place for the safe 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. Records were filed when completed and were readily available for audit/review.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The records of receipt, administration and disposal of controlled drugs were maintained to the required standard in a controlled drug record book.

Most medicines were supplied in the monitored dosage system. The audits completed on these medicines indicated that they had been administered as prescribed. The majority of audits completed on medicines not supplied in the monitored dosage system also showed that they had been administered as prescribed. However, some audits could not be completed as stock balances had not been carried forward each month. This included two supplies of diazepam and one supply of haloperidol. A review of the home's audits indicated that the issues raised at this inspection were not being identified. The audit process should be reviewed to include all

aspects of the management of medicines including those identified at this inspection. 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 admission process for patients new to the home or returning to the home after receiving hospital care was reviewed. Discharge letters were available for patients admitted from hospital. Nurses were made aware that when a patient is admitted from another home a copy of their currently prescribed medicines must be obtained from their GP. This was actioned at the inspection.

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. A robust audit system will help 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 the learning shared with staff in order to prevent a recurrence.

5.2.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that patients are well looked after and receive their medicines appropriately, staff who administer medicines to patients must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and that they are supported. Policies and procedures should be up to date and readily available for staff.

The manager advised that all nurses receive training on the management of medicines as part of their induction and every two years thereafter. Records were available to confirm that some nurses had attended training recently and that plans were in place for the remaining nurses to attend this training.

The manager confirmed that competency assessments were completed annually as part of staff appraisal.

It was agreed that the findings of this inspection would be discussed with all nurses for ongoing improvement.

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 the Care Standards for Nursing Homes, 2015.

	Regulations	Standards
Total number of Areas for Improvement	3*	8*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Anne Dugan, Registered 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 Home Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 30 **Stated:** Second time **To be completed by:** Immediate action required (13 September 2022)	The registered person shall ensure that appropriate notifications are submitted to RQIA without delay. This relates specifically to falls within the home resulting in injury including head injury. **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 (4) **Stated:** First time **To be completed by:** Immediate and ongoing	The registered person shall review the management of thickening agents to ensure that records of prescribing and administration are accurately maintained. The recommended consistency level should be recorded on all records. Ref: 5.2.1 **Response by registered person detailing the actions taken:** This is now recorded on medicine kardex and MAR sheet
Area for improvement 3 **Ref**: Regulation 13 (4) **Stated:** First time **To be completed by:** Immediate and ongoing	The registered person shall ensure that medicines requiring cold storage are stored between $2^{o}C$ – $8^{o}C$. Action must be taken if temperatures outside this range are observed. Ref: 5.2.2 **Response by registered person detailing the actions taken**: More frequent monitoring of fridge temperatures.Purchase of new medicines fridge is requested
Action required to ensure compliance with the Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref:** Standard 37.5 **State** Second time **To be completed by:** Immediate action required (13 September 2022)	The registered person shall ensure that staff duty rotas are not altered using white adhesive paper in order that the previous records can be read in accordance with best practice in record keeping. **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.** Ref: 5.1

Area for improvement 2 **Ref:** Standard 39 **Stated:** First time **To be completed by:** Immediate action required (13 September 2022)	The registered person shall ensure there is a robust written training and development plan that is kept under review and is updated at least annually to reflect the training needs of individual staff.
	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. Ref: 5.1
Area for improvement 3 **Ref:** Standard 39 **Stated:** First time **To be completed by:** 23 December 2022	The registered person shall ensure that all employed staff complete mandatory training in Mental Health Capacity – Deprivation of Liberty Safeguards (DoLS) and that a record of training is kept and closely monitored.
	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. Ref: 5.1
Area for improvement 4 **Ref:** Standard 4.9 **Stated:** First time **To be completed by:** Immediate action required (13 September 2022)	The registered person shall ensure that repositioning charts are consistently completed to evidence that patients are assisted in accordance with their care plan.
	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. Ref: 5.1
Area for improvement 5 **Ref:** Standard 12 **Stated:** First time **To be completed by:** Immediate action required (13 September 2022)	The registered person shall ensure that a daily menu is on display in a suitable format and in an appropriate location, showing patients what is available each mealtime.
	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. Ref: 5.1
Area for improvement 6 **Ref**: Standard 28 **Stated:** First time **To be completed by:** Immediate and ongoing	The registered person shall review the management of distressed reactions to ensure: • care plans are in place and contain sufficient detail • the reason for and outcome of administration are recorded • stock balances are maintained. Ref: 5.2.1 & 5.2.3

	Response by registered person detailing the actions taken: Ongoing.Nurse with responsibility for stock control have been informed to maintain regular checks.
Area for improvement 7 **Ref:** Standard 30 **Stated:** First time **To be completed by:** Immediate and ongoing	The registered person shall implement a date checking system. Out of date medicines must be disposed of in a timely manner so that they are not be available for administration. Ref: 5.2.2
	Response by registered person detailing the actions taken: Responsibility for this has been assigned to Sister following induction to post
Area for improvement 8 **Ref:** Standard 28 **Stated:** First time **To be completed by:** Immediate and ongoing	The registered person shall implement a robust audit system which covers all aspects of the management of medicines. Any shortfalls identified should be detailed in an action plan and addressed. Ref: 5.2.3
	Response by registered person detailing the actions taken: Shortfalls identified and actioned. Ongoing audit of medicines with day and night staff.

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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

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