

Inspection Report

14 February 2022



Saintfield Lodge

Type of Service: Nursing Home (NH)
Address: 4 Old Saintfield Road, Belfast, BT8 8EY
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Electus Healthcare 1 Limited Responsible Individual: Mrs Hazel McMullan (Acting)	Registered Manager: Ms Melanie Reyes Date registered: 28 July 2013
Person in charge at the time of inspection: Ms Melanie Reyes	Number of registered places: 51
Categories of care: Nursing Home (NH) MP – Mental disorder excluding learning disability or dementia.	Number of patients accommodated in the nursing home on the day of this inspection: 50
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides care for up to 51 persons who require support with mental health needs.	

2.0 Inspection summary

An unannounced inspection took place on 14 February 2022, from 9.40 am to 2.55 pm by a pharmacist inspector.

This inspection focused on medicines management within the home.

Following discussion with the aligned care inspector, it was agreed that the areas for improvement identified at the last care inspection would be followed up at the next care inspection.

Review of medicines management found that largely satisfactory arrangements were in place for the safe management of medicines. It was concluded that the patients were being administered their medicines as prescribed by their GP. Based on the inspection findings, three areas for improvement were identified. These were in relation to the management of insulin, the recording of stock balances of Schedule 4 (Part 1) controlled drugs and care planning.

RQIA would like to thank the 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 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. The inspection was completed by examining 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. Staff and patients views were also obtained.

4.0 What people told us about the service

The inspector met with the manager, the responsible individual and the nursing staff.

To reduce footfall throughout the home, the inspector did not meet any patients. Patients were observed to be relaxing in communal areas of the home. Some patients were enjoying a Valentine's Day party that had been organised by the staff.

Staff interactions with patients were warm, friendly and supportive. It was evident that they knew the patients well.

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

Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after patients and meet their needs.

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 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 3 June 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27(2)(d) Stated: Second time	The registered persons shall actively put in place a programme of redecoration and refurbishment.	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(2)(d) Stated: First time	The registered persons shall ensure that the cleanliness of the smoking rooms and seating provided is brought up to an acceptable standard and maintained clean.	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 the Care Standards for Nursing Homes (April 2015)		Validation of compliance summary
Area for improvement 1 Ref: Standard 21(6) Stated: Second time	The registered person shall analyse patients' individual smoking risk assessments in terms of actual risk such as high, medium or low and review these on a much more regular basis. The home should also seek advice from the aligned Health and Social Care Trust in relation to this risk and management of same.	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 45 Stated: First time	The registered persons shall ensure that wheelchairs are cleaned and maintained clean.	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 22.9 Stated: First time	The registered persons shall ensure that a post falls review is completed within 24 hours of a patient sustaining a fall to determine any reason for the fall and any preventative action to be taken.	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 medical 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 member of staff had checked and signed the personal medication records when they were written and updated to check that they were accurate.

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 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 the management of distressed reactions was reviewed for five patients. Directions for use were clearly recorded on the personal medication record. Nurses knew how to recognise a change in a patient’s behaviour and were aware that this change may be associated with pain. The reasons for and outcomes of administration were mostly recorded. However, for four of the five patients, care plans directing the use of these medicines were not in place. If medication is prescribed for the management of distressed reactions, there should be a care plan that identifies the parameters for its administration in the management of the distressed reactions; 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 were in place and reviewed regularly.

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 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.

A small number of patients have their medicines administered covertly. This had been agreed to be in the patient’s best interest by the multi-disciplinary team and authorised by the prescriber.

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 patients’ medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access 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. Temperatures of medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately. Medicine refrigerators and controlled drugs cabinets were available for use as needed.

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.

The audits completed at the inspection indicated that the medicines were being administered as prescribed.

Several audits that were attempted on insulin were inconclusive due to the non-recording of the doses administered and the non-recording of the dates of opening of the insulin pens. The management of insulin needs to be reviewed to ensure that the dose administered is always recorded and the dates of opening insulin pens are recorded. An area for improvement was identified

A sample of the medicines administration 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.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs were appropriately recorded in the controlled drug record books. The controlled drugs record books had been maintained to the required standard. With respect to Schedule 4 (Part 1) controlled drugs, several discrepancies were observed between the recorded stock and actual stock; this was as a result of gaps in recording. Accurate running stock balances of Schedule 4 (Part 1) controlled drugs need to be maintained; an area for improvement was identified. Stock balances of Schedule 4 (Part 1) controlled drugs were not reconciled at shift handovers. The reconciliation of the stock balances of Schedule 4 (Part 1) controlled drugs at shift handovers is considered good practice. The manager stated that this practice had lapsed and gave an assurance that it would be re-introduced without delay.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out. The date of opening was recorded on most medicines so that they could be easily audited. This is good practice.

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 for a patient who had a hospital stay and was discharged back to this home showed that a hospital discharge letter had been received and a copy had been forwarded to the patient's GP. The patient's personal medication record had been updated to reflect medication changes which had been initiated during the hospital stay. Medicines had

been accurately received into the home and administered in accordance with the most recent directions.

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 reference.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Ongoing review was monitored through supervision sessions with staff and at annual appraisal. Medicines management policies and procedures were in place.

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
Total number of Areas for Improvement	4*	4*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Melanie Reyes, Registered Manager and Mrs Hazel McMullan, Responsible Individual (Acting), 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 27(2)(d) Stated: Second time To be completed by: 1 October 2021	<p>The registered persons shall actively put in place a programme of redecoration and refurbishment.</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(2)(d) Stated: First time To be completed by: 3 June 2021	<p>The registered persons shall ensure that the cleanliness of the smoking rooms and seating provided is brought up to an acceptable standard and maintained clean.</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 13 (4) Stated: First time To be completed by: Immediate action needed	<p>The registered persons shall ensure that the management of insulin is reviewed to ensure that the dose administered is always recorded and the dates of opening insulin pens are recorded.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: A more detailed recording of insulin administration was put into place with the exact time of administration and the type of insulin prescribed. A more robust audit of stock and balance of insulin pens was commenced and maintained ensuring dates of opening is highlighted and the remaining balance is accurate. Insulin Competency Records for all trained staff was also carried out to ensure all nurses are competent in the management of insulin.</p>
Area for improvement 4 Ref: Regulation 13 (4) Stated: First time	<p>The registered persons shall ensure that accurate stock balances are maintained of Schedule 4 (Part 1) controlled drugs.</p> <p>Ref: 5.2.3</p>

To be completed by: Immediate action needed	Response by registered person detailing the actions taken: Units commenced the Drug Recording Book which records the count and running balance of all Schedule 4 drugs which is checked by the trained staff during the handover and shift change. This is also spot checked to identify shortfalls and discrepancies in the count.
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Action required to ensure compliance with Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 21(6) Stated: Second time To be completed by: 1 July 2021	The registered person shall analyse patients' individual smoking risk assessments in terms of actual risk such as high, medium or low and review these on a much more regular basis. The home should also seek advice from the aligned Health and Social Care Trust in relation to this risk and management of same.
	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 45 Stated: First time To be completed by: 1 July 2021	The registered persons shall ensure that wheelchairs are cleaned and maintained clean.
	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 22.9 Stated: First time To be completed by: 3 June 2021	The registered persons shall ensure that a post falls review is completed within 24 hours of a patient sustaining a fall to determine any reason for the fall and any preventative action to be taken.
	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 18 Stated: First time To be completed by: 28 February 2022	The registered persons shall ensure that If medication is prescribed for the management of distressed reactions, the care plan identifies the parameters for its administration in the management of the distressed reactions. Ref: 5.2.1
	Response by registered person detailing the actions taken: Care files and records were reviewed and audited to ensure that residents prescribed with medications to manage distressed reactions have a corresponding specific and person centered care plans detailing when and how often medication is to be administered as well as the expected outcome .The care plan is evaluated regularly to determine if prescribed medication remains effective in addressing behaviour.

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