Inspection Report

30 September 2021

Seaview House

Type of service: Nursing Home
Address: 276 Seacliff Road, Ballyholme, Bangor, BT20 5HS
Telephone number: 028 9146 0833

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: Kingsfield Enterprises Limited **Responsible Individual:** Mrs Valerie Elizabeth Atcheson	**Registered Manager:** Mrs Ruth Magowan **Date registered:** 25 October 2018
Person in charge at the time of inspection: Mrs Ruth Magowan	**Number of registered places:** 22
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:** 20
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 22 patients. Patients' bedrooms are located over three floors. Patients have access to communal lounges, a dining room and a garden.	

2.0 Inspection summary

An unannounced inspection took place on 30 September 2021 from 10:30am to 3:30pm. The inspection was conducted by a pharmacist inspector and focused on medicines management.

The inspection also assessed progress with any areas for improvement identified since the last care and medicines management inspections.

Concerns were identified during the inspection in relation to medicines management. Improvement was required in the administration of medicines, standard of maintenance of medicines records and the cold storage of medicines. There was a lack of robust oversight and governance in relation to medicines management. Following the inspection, the findings were discussed with the Senior Pharmacist Inspector. As a consequence of the inspection findings, RQIA invited the Responsible Individual, Mrs Valerie Atcheson, to attend a serious concerns meeting on 7 October 2021.

The meeting was attended virtually by Mrs Valerie Atcheson and Mrs Ruth Magowan, Registered Manager. At the meeting, an action plan which detailed an account of the actions that had been taken to date was provided and the arrangements that had been made to ensure the improvements necessary to achieve full compliance with the relevant regulations were discussed. RQIA accepted the action plan and assurances provided by the management team.

RQIA will continue to monitor and review the quality of service provided in Seaview House and will carry out a further inspection to assess compliance.

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 two nurses and the manager. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed. In order to reduce footfall through the home, patients' views were not sought during this inspection.

Staff were warm and friendly and it was evident from their interactions that they knew the patients well. Staff expressed satisfaction with how the home was managed and felt supported in their roles.

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 last inspection?

Areas for improvement from the last inspection on 29 July 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person shall ensure that all medication in the home is safely and securely stored.	**Partially met**
	Action taken as confirmed during the inspection: This area for improvement referred to medicines being left unattended and cupboards containing medicines being unlocked. During this inspection, medicine storage areas were securely locked to prevent unauthorised access. Storage cupboards containing overstock medicines, food supplements and wound care products were also securely locked. However, minimum and maximum medicine refrigerator temperatures had not been monitored and recorded appropriately.	
Area for improvement 2 **Ref:** Regulation 27 (4) (c) **Stated:** First time	The registered person shall ensure that all fire exits in the home are unobstructed 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 3 **Ref:** Regulation 10 (1) **Stated:** First time	The registered person shall ensure that there is a robust governance system in place to regularly monitor the care and services provided, including, but not limited to, care records, accidents/incidents and the environment. The audits completed should include an action plan, timescale and identify the person responsible for completing where required.	**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)		
Area for improvement 1 **Ref**: Standard 46.2 & 46.12 **Stated:** Second time	The registered person shall ensure that audits are completed to assure compliance with best practice regarding use of PPE.	**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 4.9 **Stated:** Second time	The registered person shall ensure that up to date wound care records are maintained and that these contain an evaluation of the care provided. Wound care audits should also be completed on a regular basis in order that any deficits in wound care recording can be identified and resolved in a timely manner.	**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 37 **Stated:** First time	The registered person shall ensure that accident/incident records are completed accurately and in full in line with legislative requirements and best practice guidance.	**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 **Stated:** First time	The registered person shall ensure that patients' care records are kept under regular review and updated as changes occur; evaluations of care records should be meaningful and individualised.	**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 28 **Stated:** First time	The registered person shall ensure that medications are administered in compliance with legislative requirements, professional standards and guidelines.	**Not Met**
	Action taken as confirmed during the inspection: Nurses administering medicines did not refer to personal medication records as part of the medicine administration process. Records of the administration of medicines were not completed contemporaneously and the time recorded for the administration of medicines did not correspond to the time stated on the personal medication records. This area for improvement has been stated for a second time and two areas for improvement under the Regulations have been stated in relation to personal medication records and the completion of medicine administration records.	

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.

Review of a sample of these records identified that they were not up to date with the most recent prescription and some were incomplete. An insulin dosage regime had been changed twice without the personal medication record being updated to reflect the changes. Subcutaneous morphine prescribed to be delivered via a syringe driver had not been referenced on the personal medication record. This could result in medicines being administered

incorrectly or the wrong information being provided to another healthcare professional. Obsolete personal medication records had not been cancelled and archived. This is necessary to ensure that staff do not refer to obsolete directions in error and therefore administer medicines incorrectly to the patient. It was evident that staff did not use these records as part of the administration of medicines process. An area for improvement was identified.

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.

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. A speech and language assessment report and care plan was in place for each patient. Records of prescribing and administration which included the recommended consistency level were maintained.

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. In relation to the cold storage of medicines, the minimum and maximum medicine refrigerator temperatures had not been monitored and recorded appropriately. To ensure that medicines are stored in accordance with the manufacturers' instructions, staff must ensure that refrigerators are maintained between 2°C and 8°C. The area for improvement in relation to the safe and secure storage of medicines has been stated for a second time.

The disposal arrangements for medicines were reviewed. A small number of sachets of medication which required disposal were observed in the medicines trolley. Staff were reminded to promptly dispose of any unused medicines to ensure they are not administered in error. Records of the disposal of medicines were maintained and available for inspection.

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. It was noted during the inspection that records of the administration of medicines were not completed contemporaneously and the time recorded for the administration of medicines did not correspond to the time stated on the personal medication records. Ensuring accurate recording of the time of administration of medicines is particularly important when specific time intervals must be observed. An area for improvement was identified.

A small number of missed signatures for the administration of medicines were brought to the attention of the manager for ongoing close monitoring. The records were filed once completed and were readily retrievable for audit and 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. One discrepancy in the stock balance of a Schedule 2 controlled drug was identified on the day of inspection. This was investigated and found to be a typographical error recorded in the controlled drug record book despite two nurses signing the record. Staff were reminded that twice daily controlled drug stock reconciliation checks should be consistently signed by two nurses to ensure accountability for controlled drugs. The responsible individual gave an assurance that this would be monitored as part of the routine audit process.

The audits completed during the inspection identified the majority of medicines had been administered as prescribed. However, an eye drop for an eye condition had been administered incorrectly for a period of 10 days. It could not be determined that a second eye preparation had been administered as there was no record of administration. The registered manager was requested to urgently investigate this incident, determine the impact of this on the patient and update RQIA with the outcome. An area for improvement was identified.

Discrepancies were noted in the audits completed for six other medicines indicating that they had not been administered as prescribed. Review of the medicines stored in the medicines trolley identified a number of out of date medicines. One eye drop preparation was in use for a period of 10 days past the expiry date, whilst an injectable medicine had expired in June 2021. This was highlighted to the manager on the day of inspection for immediate action. In-use insulin pens were stored at room temperature and individually labelled however the date of opening was not recorded. This is necessary to facilitate audit and to ensure the pen is disposed of at expiry.

The homes internal medication audit process had not been effective in identifying the deficits noted during the inspection. The date of opening was not consistently recorded on medicines meaning that they could not be audited. 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 a recent hospital stay and was discharged back to this home was reviewed. 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.

There have been no medicine related incidents reported to RQIA since November 2013. As discussed in section 5.2.3 the findings of this inspection indicate the current audit system is not robust and is not effective at identifying medicine related incidents. The need for a robust audit system which incorporates all aspects of medicines is necessary to ensure that safe systems are in place and any learning from errors/incidents can be actioned and shared with relevant staff. RQIA must be notified of any incident that adversely affects the health or wellbeing of any patient. An area for improvement was identified.

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. Given the findings of this inspection a comprehensive review of training and competency of all staff that have responsibility for managing medicines must be undertaken to ensure safe systems are in place. An area for improvement was identified.

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.

The outcome of this inspection concluded that robust arrangements were not in place for all aspects of medicines management and improvement is required to ensure that safe, effective

and well led care with respect to medicines management is delivered. Six new areas for improvement were identified.

Following the inspection the findings were discussed with the Senior Pharmacist Inspector and the management team in Seaview House. RQIA decided that a period of time would be given to implement the necessary improvements. A follow up inspection will be undertaken to determine if the necessary improvements have been implemented and sustained. Failure to implement and sustain the improvements may lead to enforcement.

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 were 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	8*	6*

* the total number of areas for improvement includes four that have been stated for a second time and six which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed in person with Mrs Ruth Magowan, Registered Manager and via telephone with Mrs Valerie Atcheson, Registered Person, 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 13 (4) **Stated:** Second time **To be completed by:** With immediate effect (29 July 2021)	The registered person shall ensure that all medication in the home is safely and securely stored. Ref: 5.1 & 5.2.2
	Response by registered person detailing the actions taken: All medication is safely and securely locked. Fridge temperatures are being recorded daily and have been drawn into the Home managers audit.
Area for improvement 2 **Ref:** Regulation 27 (4) (c) **Stated:** First time **To be completed by:**	The registered person shall ensure that all fire exits in the home are unobstructed at all times.
	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.

With immediate effect (29 July 2021)	Ref: 5.1
Area for improvement 3 **Ref:** Regulation 10 (1) **Stated:** First time **To be completed by:** Ongoing from the date of the inspection (29 July 2021)	The registered person shall ensure that there is a robust governance system in place to regularly monitor the care and services provided, including, but not limited to, care records, accidents/incidents and the environment. The audits completed should include an action plan, timescale and identify the person responsible for completing where required.
	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 4 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** With immediate effect (30 September 2021)	The registered person shall ensure that fully complete and accurate personal medication records are maintained and obsolete records are cancelled and archived. Ref: 5.2.1
	Response by registered person detailing the actions taken: This has been addressed and has been drawn into the medication audit for the Home manager to oversee.
Area for improvement 5 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** With immediate effect (30 September 2021)	The registered person shall ensure that complete and contemporaneous records of the administration of medicines are maintained. Ref: 5.2.3
	Response by registered person detailing the actions taken: In place and monitored via audit process.
Area for improvement 6 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** With immediate effect (30 September 2021)	The registered person shall investigate the findings regarding the identified medicines, report these to the prescriber and provide details of the findings and action taken. Ref: 5.2.3
	Response by registered person detailing the actions taken: All investigations have been completed and reported.

Area for improvement 7 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** Ongoing from the date of inspection (30 September 2021)	The registered person shall ensure that a robust system of audit which covers all aspects of medicines management is implemented to ensure safe systems are in place. Ref: 5.2.3 & 5.2.5 **Response by registered person detailing the actions taken**: Audits are being reviewed and will continue to be developed. New audits have been completed and all actions identified have been addressed.
Area for improvement 8 **Ref:** Regulation 30 **Stated:** First time **To be completed by:** Ongoing from the date of inspection (30 September 2021)	The registered person shall ensure that RQIA are notified of any incident that adversely affects the health or wellbeing of any patient. Ref: 5.2.5 **Response by registered person detailing the actions taken**: Home Manager will oversee and ensure compliance with notifications to the RQIA is achieved.
Action required to ensure compliance with Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 46.2 & 46.12 **Stated:** Second time **To be completed by:** Ongoing from the date of the inspection (29 July 2021)	The registered person shall ensure that audits are completed to assure compliance with best practice regarding use of PPE. **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 4.9 **Stated:** Second time **To be completed by:** Ongoing from the date of the inspection (29 July 2021)	The registered person shall ensure that up to date wound care records are maintained and that these contain an evaluation of the care provided. Wound care audits should also be completed on a regular basis in order that any deficits in wound care recording can be identified and resolved in a timely manner. **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 37 **Stated:** First time **To be completed by:** Ongoing from the date of the inspection (29 July 2021)	The registered person shall ensure that accident/incident records are completed accurately and in full in line with legislative requirements and best practice guidance.
	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 **Stated:** First time **To be completed by:** Ongoing from the date of the inspection (29 July 2021)	The registered person shall ensure that patients' care records are kept under regular review and updated as changes occur; evaluations of care records should be meaningful and individualised.
	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 28 **Stated:** Second time **To be completed by:** With immediate effect (29 July 2021)	The registered person shall ensure that medications are administered in compliance with legislative requirements, professional standards and guidelines. Ref: 5.1 & 5.2.3
	Response by registered person detailing the actions taken: This area of improvement has been addressed and will be monitored.
Area for improvement 6 **Ref:** Standard 28 **Stated:** First time **To be completed by:** Ongoing from the date of the inspection (30 September 2021)	The registered person shall ensure a comprehensive review of training and competency of all staff that have responsibility for managing medicines is undertaken. Ref: 5.2.6
	Response by registered person detailing the actions taken: This area of improvement has been reviewed and although training and competancy assessments were in place and up to date, it was evident the introduction of a new medication system by the HM had not allowed for processes to be reviewed and embedded. This has now been addressed.

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

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