Inspection Report

29 November 2022

Strathearn Court Care Home

Type of service: Nursing Home
Address: 229 Belmont Road,
Belfast, BT4 2AH
Telephone number: 028 9065 6665

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Beaumont Care Homes Limited **Responsible Individual:** Mrs Ruth Burrows (Applicant)	**Registered Manager:** Mr John Cherian **Date registered:** 16 October 2020
Person in charge at the time of inspection: Mr John Cherian	**Number of registered places:** 55
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:** 44
Brief description of the accommodation/how the service operates: Strathearn Court Care Home is a registered nursing home which provides nursing care for up to 55 patients. Patients' bedrooms, communal lounges and dining rooms are located over two floors in the home. Patients have access to an enclosed courtyard garden.	

2.0 Inspection summary

An unannounced inspection took place on 28 November 2022, from 10.15am to 2.45pm. This 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 effective auditing processes were in place to ensure that staff were trained and competent to manage medicines. Patients had supplies of their prescribed medicines and medicine related records were maintained to a largely satisfactory standard. However, the outcome of this inspection concluded that improvements in some areas for the management of medicines were necessary.

Areas for improvement are detailed in the quality improvement plan and include; the management of warfarin, the management of new admissions and the safe and secure storage of medicines.

Whilst areas for improvement were identified, it was concluded that overall, with the exception of a small number of medicines, the patients were being administered their medicines as prescribed.

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. The inspector spoke to staff and management about how they plan, deliver and monitor the management of medicines.

4.0 What people told us about the service

The inspector met with care staff, nursing staff, the deputy manager and the manager. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

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

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 21 April 2022		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 44 **Stated:** First time	The registered person shall ensure that an improvement plan is developed regarding door frames and radiator covers. Required actions should be undertaken taken to ensure that door frames and radiator covers are kept in a good state of repair and repainted or replaced as necessary. **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.**	**Carried forward to the next inspection**
Area for improvement 2 **Ref:** Standard 9 **Stated:** First time	The registered person shall ensure that an audit is carried out to identify those patients' bedrooms which require personalisation in order to be more 'homely'. Agreed actions should then be taken to personalise identified rooms. Where possible, patients and their relatives should be involved in this process. **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.**	**Carried forward to the next inspection**
Area for improvement 3 **Ref:** Standard 44 **Stated:** First time	The registered person shall ensure that the identified ground floor bathroom cupboard and first floor bathroom flooring are repaired and/or replaced. **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.**	**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 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 state 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.

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 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" basis for distressed reactions was reviewed for two patients. Nurses 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. Nurses advised that these medicines were seldom required and this was evidenced during the inspection. Directions for use were clearly recorded on the personal medication records; and care plans directing the use of these medicines were in place. The reason for and outcome of each administration had been recorded when these medicines were administered.

The management of pain was discussed. Nurses 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.

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 three 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.

Some patients cannot take food and medicines orally; it may be necessary to administer food and medicines via an enteral feeding tube. The management of medicines and nutrition via the enteral route was examined. An up to date regimen detailing the prescribed nutritional supplement and recommended fluid intake was in place. Records of administration of the nutritional supplement and water 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. One identified care plan required updating to reflect the latest prescribed insulin regime; this was actioned by the nurse on duty during the inspection.

The management of warfarin, a high risk medicine, was reviewed. Robust systems must be in place to ensure that blood monitoring is carried out on the specified date and dosage directions are accurately received. This ensures that nurses refer to the current dosage directions and warfarin is administered correctly. Review of the supplementary warfarin administration records indicated that the latest blood result and date of the next scheduled blood test had not been recorded for one identified patient. Warfarin dosage directions received via telephone from the GP surgery had not been checked and verified by a second member of staff when transcribed to ensure accuracy. An area for improvement was identified.

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 storage of medicines was reviewed. Medicines were stored in both the downstairs and upstairs treatment rooms; both were observed to be securely locked to prevent any unauthorised access. However, it was observed that the locks on medicine overstock cupboards inside both treatment rooms were broken and required repairing/replacing. Review of the temperature logs identified the temperature of the downstairs treatment room had been recorded as above 25^{o}C on a number of occasions. Medicines must be stored below 25^{o}C to maintain their efficacy and stability. An area for improvement was identified.

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 reviewed were found to have been fully and accurately completed. The records were filed once completed and readily retrievable for 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 were recorded in the controlled drug record books. There were satisfactory arrangements in place for the management of controlled drugs.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out including running balances of all boxed medicines. The date of opening was recorded on all 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.

The management of medicines for one patient recently admitted to the home from their usual residence was reviewed. An accurate list of medicines had not been obtained from the GP on admission and it could therefore not be evidenced that the patient was receiving all of their prescribed medicines. Records of the medicines receipted on admission were not maintained and it was therefore not possible to accurately audit the administration of the medicines. The personal medication record and handwritten medicine administration records had not been checked and signed by a second member of staff to ensure accuracy. An area for improvement was identified.

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.

The audits completed at the inspection indicated that the majority of medicines were being administered as prescribed. A small number of discrepancies were highlighted to the manager for ongoing close monitoring.

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. The manager stated the findings of this inspection would be shared with staff in order to drive 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	2	4*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr John Cherian, 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 13(4) **Stated:** First time **To be completed by:** Ongoing from the date of inspection (29 November 2022)	The registered person shall ensure safe systems for the management of warfarin are in place. Ref: 5.2.1
	Response by registered person detailing the actions taken: All nursing staff have had supervision completed outlining the process for safely transcribing new or changed warfarin dosage for residents. All staff are aware that the process involves two nurses to witness the phone call and sign against the transcribed prescription. Due date of next INR test to be evidenced on current sheet. If there is a printed result received this should be evidenced on file. Warfarin management on the First Floor unit is in line with current regulation and was evidenced on the day of inspection. Compliance will be monitored by the Registered Manager through the in house auditing process
Area for improvement 2 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** Ongoing from the date of inspection (29 November 2022)	The registered person shall review the management of medicines on admission to the home. Medicine regimens must be confirmed in writing from the prescriber. Records of the receipt of medicines brought into the home by newly admitted patients must be fully and accurately maintained. Ref: 5.2.4
	Response by registered person detailing the actions taken: Medicines are received in line with current policy with a full and updated list from own GP when a service user is admitted from the community. The list of medication for identified resident which was not evidenced at the time of inspection is now completed. All nursing staff are aware that an updated list of medication should be sought from own GP prior to or on admission. The Registered Manager will continue to monitor through the internal audit process.
Action required to ensure compliance with Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref:** Standard 44 **Stated:** First time	The registered person shall ensure that an improvement plan is developed regarding door frames and radiator covers. Required actions should be undertaken taken to ensure that door frames and radiator covers are kept in a good state of repair and repainted or replaced as necessary.

To be completed by: Ongoing from the date of the 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. Ref: 5.1

Area for improvement 2 **Ref:** Standard 9 **Stated:** First time **To be completed by:** 31 July 2022	The registered person shall ensure that an audit is carried out to identify those patients' bedrooms which require personalisation in order to be more 'homely'. Agreed actions should then be taken to personalise identified rooms. Where possible, patients and their relatives should be involved in this process.
	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 44 **Stated:** First time **To be completed by:** 31 July 2022	The registered person shall ensure that the identified ground floor bathroom cupboard and first floor bathroom flooring are repaired and/or replaced.
	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 30 **Stated:** First time **To be completed by:** 31 March 2023	The registered person shall review the storage arrangements for medicines to ensure: - the identified medicine overstock cupboard locks are suitably repaired/replaced to ensure medicines are stored securely - medicines are stored below 25^{o}C to maintain their efficacy and stability. Ref: 5.2.2
	Response by registered person detailing the actions taken: The identified issue has been raised with the Property Manager and a meeting is planned to include the Health and Safety Manager and Opserations Manager to agree a plan of action to repair / replace cupboards in both treatment rooms. Portable fans have been placed in both treatment rooms, to be used when the temperature rises above the stipulated 24 degrees celcius. The Registered Manager will liaise with Property Manager and Operations Manager to ensure that the necessary works are completed in a timely manner.

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

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