The Regulation and Quality Improvement Authority

# Inspection Report

## 14 December 2022

# Clonlee

Type of service: Nursing Home
Address: 132 Belfast Road, Muckamore, Antrim, BT41 2ET
Telephone number: 028 9446 1166

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

## 1.0 Service information

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|---|---|
| **Organisation/Registered Provider:**<br>Hutchinson Homes Limited<br><br>**Responsible Individual:**<br>Ms Naomi Carey<br>Mrs Janet Montgomery | **Registered Manager:**<br>Mrs Perpetua Latta<br><br>**Date registered:**<br>1 April 2005 |
| **Person in charge at the time of inspection:**<br>Mrs Perpetua Latta, Manager | **Number of registered places:**<br>52<br><br>This number includes a maximum of eight patients in category NH-PH and a maximum of one named resident receiving residential care in category RC-I.<br><br>The home is approved to provide care on a day basis for four persons. |
| **Categories of care:**<br>Nursing (NH):<br>I – old age not falling within any other category<br>PH – physical disability other than sensory impairment | **Number of patients accommodated in the nursing home on the day of this inspection:**<br>49 |
| **Brief description of the accommodation/how the service operates:**<br><br>Clonlee is a nursing home which is registered to provide nursing care for up to 52 patients. | |

## 2.0 Inspection summary

An unannounced inspection took place on 14 December 2022, from 10.30am to 2.30pm. The inspection was completed by a pharmacist inspector. The inspection 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.

The areas for improvement identified at the last care inspection will be followed up at the next care inspection.

Review of medicines management found that patients were administered their medicines as prescribed. Medicine records were well maintained and there were arrangements for auditing medicines. Some medicine related care plans needed more detail and this was discussed and agreed at the inspection. The majority of medicines were stored securely. However, cupboards containing nutritional supplements, thickening agents and external medicines were observed to be unlocked. An area for improvement was identified.

Based on the inspection findings and discussions held, RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the management team in relation to medicines management.

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 three nurses, the deputy manager 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 nurses 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. RQIA had not received any responses at the time of issuing this report.

## 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 26 November 2021 | | |
|---|---|---|
| **Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005** | | **Validation of compliance** |
| **Area for Improvement 1**<br><br>**Ref:** Regulation 27 (2) (t)<br><br>**Stated:** First time | The registered person must risk assess all individual hot surfaces in accordance with current safety guidelines with subsequent appropriate action.<br><br>**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.** | **Carried forward to the next inspection** |
| **Action required to ensure compliance with the Care Standards for Nursing Homes, April 2015** | | **Validation of compliance** |
| **Area for Improvement 1**<br><br>**Ref:** Standard 39 (1)<br><br>**Stated:** First time | The registered person shall ensure a record of induction is completed for any agency staff working in the home.<br><br>**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**<br><br>**Ref:** Standard 41 (2)<br><br>**Stated:** First time | The registered person shall put in place a review of the night duty nursing cover.<br><br>**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 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 electronic personal medication records reviewed at the inspection were accurate and up to date. In line with safe practice, a second nurse had checked and signed the personal medication records when they were written and updated to confirm that they were accurate.

All patients should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets etc.

Patients will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff 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 three patients. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a patient's behaviour and were aware that this change may be associated with pain, infection or constipation. Directions for use were clearly recorded on the personal medication records. Care plans directing the use of these medicines were available. Records of administration included the reason for and outcome of administration.

The management of pain was reviewed for three patients. Care plans included details of prescribed pain relief medicines. Nurses advised that they were familiar with how each patient expressed their pain and that additional pain relief was administered when required.

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.

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. Up to date regimens detailing the prescribed nutritional supplement and recommended fluid intake were in place. Records of administration of the nutritional supplement and water were maintained. Nurses on duty advised that they had received training and felt confident to manage medicines and nutrition via the enteral route.

It was agreed that care plans for patients who required insulin to manage their diabetes would be updated to include their target blood sugar level and the action to be taken if the patient's blood sugar levels were outside their target range.

Care plans were also in place for patients who were prescribed warfarin. It was agreed that obsolete warfarin dosage directions would be cancelled and archived to ensure that they were not referred to in error.

### 5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the patient's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when patients required them. Nurses advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

Storage was tidy and organised so that medicines belonging to each patient could be easily located. The majority of medicines were stored securely. However, cupboards containing nutritional supplements, thickening agents and external medicines were observed to be unlocked. Medicines must be stored securely under the direct supervision of nursing staff to ensure there is no unauthorised access. An area for improvement was identified.

Appropriate arrangements were in place for the disposal of medicines.

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

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

Records of the administration of medicines were completed electronically. The sample of these records reviewed had been completed in a satisfactory manner.

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

Management and staff audited medicine administration on a regular basis within the home. In addition, running stock balances were maintained for medicines which were not supplied in the monitored dosage system. The audits completed at the inspection indicated that medicines were administered as prescribed.

### 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.

A review of records indicated that satisfactory arrangements were in place to manage medicines for patients new to the home or returning from hospital. Written confirmation of the patient's medicine regime was obtained at or prior to admission and details shared with the GP and community pharmacy. The medicine records had been accurately completed and medicines were administered as prescribed.

### 5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident.

The audit system in place helps staff to identify medicine related incidents. Management and staff were familiar with the type of incidents that should be reported.

The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and learning had been shared with staff.

### 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 they are supported. Policies and procedures should be up to date and readily available for staff.

Nurses in the home had received a structured induction which included medicines management. Competency had been assessed following induction. Records were available for inspection.

The manager advised that update training on medicines management is planned for January 2023.

## 6.0 Quality Improvement Plan/Areas for Improvement

One area for improvement has been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005.

| | Regulations | Standards |
|---|---|---|
| **Total number of Areas for Improvement** | 2* | 2* |

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

The area for improvement and details of the Quality Improvement Plan were discussed with Mrs Perpetua Latta, Registered Manager, as part of the inspection process. The timescale for completion commences from the date of inspection.

# Quality Improvement Plan

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| **Action required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005** | |
| **Area for improvement 1**<br><br>**Ref:** Regulation 27(2)(t)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>27 December 2021 | The registered person must risk assess all individual hot surfaces in accordance with current safety guidelines with subsequent appropriate action.<br><br>**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.**<br><br>Ref: 5.1 |
| **Area for improvement 2**<br><br>**Ref:** Regulation 13 (4)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>14 December 2022 | The registered person shall ensure that all medicines including nutritional supplements, thickening agents and external medicines are stored securely under the direct supervision of nursing staff.<br><br>Ref: 5.2.2<br><br>**Response by registered person detailing the actions taken:**<br>Both stores had been fitted with locks, now more keys available for the nurses to ensure that the stores are locked at all times. |
| **Action required to ensure compliance with the Care Standards for Nursing Homes, April 2015** | |
| **Area for improvement 1**<br><br>**Ref:** Standard 39(1)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>3 December 2021 | The registered person shall ensure a record of induction is completed for any agency staff working in the home.<br><br>**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.**<br><br>Ref: 5.1 |
| **Area for improvement 2**<br><br>**Ref:** Standard 41(2)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>27 December 2021 | The registered person shall put in place a review of the night duty nursing cover.<br><br>**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.**<br><br>Ref: 5.1 |

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