

Inspection Report

30 September 2021



Daisyhill Private Nursing Home

Type of service: Nursing Home
Address: 50a Ahoghill Road, Randalstown, BT41 3DG
Telephone number: 028 9447 9955

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1.0 Service information

Organisation/Registered Provider: Town & Country Care Homes Ltd Responsible Individual: Dr Marina Lupari	Registered Manager: Ms Fiona Gray – manager applicant
Person in charge at the time of inspection: Ms Fiona Gray, Nurse in charge	Number of registered places: 25
Categories of care: Nursing (NH): LD – learning disability LD(E) – learning disability – over 65 years	Number of patients accommodated in the nursing home on the day of this inspection: 24
Brief description of the accommodation/how the service operates: This is a registered nursing home which provides care for up to 25 persons. Patient bedrooms are located over two floors. Patients have access to communal lounges, a dining room and an enclosed court yard garden.	

2.0 Inspection summary

An unannounced inspection took place on 30 September 2021 from 10.15am to 4.05pm. The inspection was completed by a pharmacist inspector and 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 inspection would be followed up at the next care inspection.

Review of medicines management found that patients were administered their medicines as prescribed. There were arrangements for auditing medicines and to ensure that staff were trained and competent in medicines management. However, areas for improvement were identified in relation to record keeping, the management of medicines via the enteral route, thickening agents and distressed reactions.

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 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. We also spoke to 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 two care assistants and three nurses. The registered person attended the inspection feedback via telephone call.

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 management were 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 nurse in charge for any patient or their family representative to complete and return using pre-paid, self-addressed envelopes. Eight questionnaires were returned. The responses indicated that patients were "very satisfied" with all aspects of the care.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The report from the last inspection had not been issued at the time of this inspection. Therefore, the areas for improvement identified will be followed up by the care inspector at the next inspection.

Areas for improvement from the last inspection on 9 and 10 June 2021		
Action required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 12(1) (a) Stated: Second time	The registered person shall ensure that record keeping in relation to wound management is maintained in accordance with legislative requirements, minimum standards and professional guidance.	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 20(1) (a) Stated: First time	The registered person shall ensure staffing levels are fully and comprehensively reviewed to ensure there are adequate staffing levels on at all times. The review should take account of but not be limited to dependencies of patients, the layout of the building, fire safety and evacuation procedures.	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 13(1) (a) (b) Stated: First time	The registered person shall ensure the nursing home is conducted so as to promote and make proper provision for the nursing, health and welfare of patients; and to make proper provision for the nursing and where appropriate, treatment and supervision of patients. Reference to this includes undertaking a comprehensive review of the meal time experience for patients to ensure there are adequate arrangements in place regarding supervision, seating, and food serving arrangements.	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
Area for improvement 1 Ref: Standard 39.9 Stated: Second time	The registered person shall ensure all relevant staff complete training in relation to epilepsy awareness/management.	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 14.20 Stated: First time	The registered person shall ensure that the name of the appointee, the date they were approved to act in that capacity by the social security agency and the records to be held in respect of the appointment are clearly detailed within the identified patient's individual written agreement.	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 14.26 Stated: First time	The registered person shall ensure that records of patients' furniture and personal possessions which they have brought to their rooms are reconciled and signed and dated by a staff member and countersigned by a senior member of staff at least quarterly.	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 22.6 Stated: First time	The registered person shall ensure that the falls risk assessment for the identified patient is reviewed and updated to reflect the level of identified risk correctly.	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 44 Stated: First time	The registered person shall ensure that <ul style="list-style-type: none"> • the protective bumpers on the identified beds are replaced and improved upon • the lock on the laundry door is in proper working order 	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 will 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 and 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 verified and signed the personal medication records when they were written and updated to check that they were accurate. Nurses were reminded that if a medicine is self-administered this should be recorded on the personal medication record. Several 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 therefore administer medicines incorrectly to the patient. This was discussed during the feedback and assurances were provided that corrective action would be taken.

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 and modified diets.

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 the management of distressed reactions was reviewed for four 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. Directions for use were clearly recorded on the personal medication records. Care plans directing the use of these medicines were available and records of administration were clearly recorded. However, the reason for and outcome of administration were not routinely 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. The management of pain was reviewed for two patients. Each patient had a pain management care plan and regular pain assessments were carried out by the nursing staff.

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 patients.

The management of thickening agents was reviewed for four patients. Detailed care plans were available for all staff. Records of prescribing which included the recommended consistency level were maintained. Thickening agents were administered by both nurses and care assistants. However, care assistants did not record each administration. Accurate records for the administration of thickening agents should be maintained. An area for improvement was identified.

Some patients cannot take food and medicines orally; it may be necessary to administer food and medicines via an enteral tube. The management of medicines and nutrition via the enteral route was reviewed. An up to date regimen detailing the prescribed nutritional supplement and recommended daily fluid intake was not available. This is necessary to ensure medicines and nutritional supplements are administered according to the prescribers' instructions. An area for improvement was identified. Records of administration of the nutritional supplement and water were maintained. Staff on duty advised that they had received training and felt confident to manage medicines and nutrition via the enteral route. Records of the training were available for inspection.

Care plans were in place when patients required insulin to manage their diabetes. There was sufficient detail in the care plan to direct staff if the patient's blood sugar was too low.

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.

Satisfactory systems were in place for monitoring the refrigerator temperature to ensure that medicines requiring cold storage were stored appropriately.

Temazepam tablets (a Schedule 3 controlled drug) were supplied in the monitored dosage system and stored on the medicines trolley. The nurse in charge advised that the pharmacist would be requested to supply temazepam tablets in their original pack to facilitate storage in the controlled drug cabinet. It was agreed that this would be addressed immediately following the inspection.

Appropriate arrangements were in place for the disposal of medicines. Nurses were reminded that controlled drugs in Schedule 4, Part (1) must be denatured and rendered irretrievable prior to disposal.

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.

In order to provide a clear audit trail records of medicines received into the home, medicines administered to patients and medicines transferred out of the home must be accurately maintained. A review of the records for medicines received into the home indicated that they had not been accurately maintained. In addition they had not been filed appropriately to facilitate retrieval for audit and review. The sample of the medication administration records reviewed were found to have been fully and accurately maintained, however, they too had not been filed appropriately when completed and therefore were not readily retrievable for audit or review. An area for improvement was identified.

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. Records for the receipt, administration and disposal of controlled drugs had been maintained to a satisfactory standard in the controlled drug record book.

Management and staff audited the management and administration of medicines on a regular basis within the home. The registered person advised that the audit process would be further developed to include the areas for improvement identified at this inspection.

The audits completed at the inspection indicated that the majority of medicines were administered as prescribed. A small number of minor discrepancies were discussed for close monitoring.

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 discussed. Staff advised that robust arrangements were in place to ensure that they were provided with a list of medicines from the hospital and this was shared with the patient's GP and the community pharmacist. Staff confirmed that the patients' personal medication records would be updated to reflect medication changes which had been initiated during the hospital stay. A review of the management of medicines for patients admitted for periods of respite care indicated that they had been managed safely. However, for one recent admission the medication regimen had not been confirmed in writing with the prescriber. Staff advised that this had been an oversight and would be addressed.

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.

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.

Nurses and staff in the home had received a structured induction which included medicines management when this forms part of their role. Competency had been assessed following induction and annually thereafter. A written record was completed for induction, ongoing training and competency assessments.

Records of staff training in relation to medicines management were available for inspection.

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 in relation to medicines management.

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 record keeping, the management of medicines via the enteral route, thickening agents and distressed reactions.

Although areas for improvement were identified, we can conclude that with the exception of a small number of medicines, patients were administered their medicines as prescribed.

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 where action is required to ensure compliance with the Nursing Home Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes, April 2015.

	Regulations	Standards
Total number of Areas for Improvement	*6	*6

* the total number of areas for improvement includes three under the Regulations and five under the Standards 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 Fiona Gray, Nurse in charge, and Dr Marina Lupari, 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 12(1) (a) Stated: Second time To be completed by: 11 June 2021	The registered person shall ensure that record keeping in relation to wound management is maintained in accordance with legislative requirements, minimum standards and professional guidance.
	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 20(1) (a) Stated: First time To be completed by: 18 June 2021	The registered person shall ensure staffing levels are fully and comprehensively reviewed to ensure there are adequate staffing levels on at all times. The review should take account of but not be limited to dependencies of patients, the layout of the building, fire safety and evacuation procedures.
	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 3 Ref: Regulation 13(1) (a) (b) Stated: First time To be completed by: 18 June 2021	The registered person shall ensure the nursing home is conducted so as to promote and make proper provision for the nursing, health and welfare of patients; and to make proper provision for the nursing and where appropriate, treatment and supervision of patients. Reference to this includes undertaking a comprehensive review of the meal time experience for patients to ensure there are adequate arrangements in place regarding supervision, seating, and food serving arrangements.
	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	The registered person shall ensure that accurate records for the administration of thickening agents are maintained. Ref: 5.2.1

<p>To be completed by: Immediate and ongoing (from 30 September 2021)</p>	<p>Response by registered person detailing the actions taken: A review of documentation was undertaken and updated documentation has been implemented with the aim of adding more rigor to this process for Care Staff. This will be audited as part of the audit review cycle for 2022.</p>
<p>Area for improvement 5 Ref: Regulation 13 (4) Stated: First time</p>	<p>The registered person shall ensure that an up to date regimen is available for all patients who are prescribed medicine and nutrition via the enteral route. Ref: 5.2.1</p>
<p>To be completed by: Immediate and ongoing (from 30 September 2021)</p>	<p>Response by registered person detailing the actions taken: Registered Nurses have been reminded of the need to ensure that all people requiring enteral feeding have an up-to-date regimen in place. This will be highlighted at RN supervision and will be audited as part of the audit review cycle for 2022.</p>
<p>Area for improvement 6 Ref: Regulation 13 (4) Stated: First time</p>	<p>The registered person shall ensure that records for medicines received into the home are accurately maintained. Records of the receipt and administration of medicines should be readily retrievable to facilitate audit and review. Ref: 5.2.3</p>
<p>To be completed by: Immediate and ongoing (from 30 September 2021)</p>	<p>Response by registered person detailing the actions taken: Registered Nurses have been reminded of the need to ensure that records for medicines being received into the home are accurately maintained and that they should be readily retrievable. This will be highlighted at RN supervision and will be audited as part of the audit review cycle for 2022.</p>
<p>Action required to ensure compliance with Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1 Ref: Standard 39.9 Stated: Second time To be completed by: 30 June 2021</p>	<p>The registered person shall ensure all relevant staff complete training in relation to epilepsy awareness/management. 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</p>
<p>Area for improvement 2 Ref: Standard 14.20 Stated: First time To be completed by: 1 May 2019</p>	<p>The registered person shall ensure that the name of the appointee, the date they were approved to act in that capacity by the social security agency and the records to be held in respect of the appointment are clearly detailed within the identified patient's individual written agreement.</p>

	<p>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.</p> <p>Ref 5.1</p>
<p>Area for improvement 3</p> <p>Ref: Standard 14.26</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2019</p>	<p>The registered person shall ensure that records of patients' furniture and personal possessions which they have brought to their rooms are reconciled and signed and dated by a staff member and countersigned by a senior member of staff at least quarterly.</p>
	<p>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.</p> <p>Ref 5.1</p>
<p>Area for improvement 4</p> <p>Ref: Standard 22.6</p> <p>Stated: First time</p> <p>To be completed by: 11 June 2021</p>	<p>The registered person shall ensure that the falls risk assessment for the identified patient is reviewed and updated to reflect the level of identified risk correctly.</p>
	<p>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.</p> <p>Ref 5.1</p>
<p>Area for improvement 5</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 24 June 2021</p>	<p>The registered person shall ensure that</p> <ul style="list-style-type: none"> • the protective bumpers on the identified beds are replaced and improved upon • the lock on the laundry door is in proper working order.
	<p>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.</p> <p>Ref 5.1</p>
<p>Area for improvement 6</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (from 30 September 2021)</p>	<p>The registered person shall review the management of distressed reactions as detailed in the report i.e. the reason for and outcome of administration should be recorded on all occasions.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken: Registered Nurses have been reminded of the processes in place for the management of distressed reactions and the importance of the recording of the reason for and outcome observed when these are administered.</p>

	This will be highlighted at RN supervision and will be audited as part of the audit review cycle for 2022.
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