

Inspection Report

11 October 2022



Ladyhill Private Nursing Home

Type of service: Nursing Home
Address: 40 Creevery Road, Antrim, BT41 2LQ
Telephone number: 028 9446 6905

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Town & Country Care Homes Limited Responsible Individual: Dr Marina Lupari	Registered Manager: Dr Marina Lupari, Acting Manager
Person in charge at the time of inspection: Dr Marina Lupari, Acting Manager	Number of registered places: 31
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: Ladyhill Private Nursing Home is a registered nursing home which provides nursing care for up to 31 patients who have a learning disability. Patients have access to communal lounges, dining and garden areas.	

2.0 Inspection summary

An unannounced inspection took place on 11 October 2022, from 10.20am to 3.20pm. The inspection was completed by a pharmacist inspector.

The inspection focused on medicines management within the home and also assessed progress with two of the areas for improvement identified at the last inspection. Following discussion with the aligned care inspector, it was agreed that the remaining three areas for improvement identified at the last inspection, would be followed up at the next care inspection.

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.

Review of medicines management found that the majority of medicines were being administered as prescribed and records were maintained to a mostly satisfactory standard. Staff had received training and been deemed competent to administer medicines. However, improvements were necessary in governance and audit, and the storage of medicines. Three areas for improvement were identified.

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 one nurse, the managing director and the registered person.

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 the registered person 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. At the time of issuing this report, one patient had completed and returned a questionnaire. Their responses indicated that they were satisfied/very satisfied with all aspects of the care provided.

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 5 May 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 21 (1) (b) Stated: First time	The registered person shall ensure that all pre-employment checks are completed and verified prior to the staff member commencing in post.	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 13 (7) Stated: First time	The registered person shall ensure that training provided on infection prevention and control is embedded into practice.	Met
	This is in direct reference to staff remaining bare below the elbow in areas where care is delivered to allow for effective hand hygiene.	
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.	
Action required to ensure compliance with Care Standards for Nursing Homes, April 2015		Validation of compliance
Area for Improvement 1 Ref: Standard 28.1 Stated: Second time	The registered person shall ensure records are fully completed to reflect the administration of food supplements as prescribed.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.	

<p>Area for improvement 2</p> <p>Ref: Standard 6 Criteria (8)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that bedrooms accommodating two patients have a privacy curtain in place and separate call buttons for each patient.</p>	<p>Carried forward to the next inspection</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>Area for Improvement 3</p> <p>Ref: Standard 11</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the provision of activities in the home is reviewed to ensure that patients are in receipt of regular meaningful activities.</p>	<p>Carried forward to the next inspection</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>		

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.

In line with best practice, a second nurse had checked and signed the personal medication records when they were written and updated to confirm that they were accurate. However, a number of the personal medication records were incomplete as a small number of inhaled medicines and external preparations had not been recorded. In addition, 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 administer medicines incorrectly to the patient. The registered person and nurse advised that this would be actioned immediately following the inspection and closely monitored through the audit process (See Section 5.2.3). Due to these assurances an area for improvement was not identified.

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 on most occasions. It was agreed that record keeping in relation to distressed reactions would be monitored as part of the audit process (See Section 5.2.3).

The management of pain was reviewed for three patients. Staff advised that they were familiar with how each patient expressed their pain and that pain relief was administered when required. Each patient had a pain management care plan and regular pain assessments were completed.

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 three 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.

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 the majority of medicines were available for administration when patients required them. However, three medicines had been unavailable for administration within the last month. Staff were reminded that missed doses of medication have the potential to affect the health and well-being of patients. The registered person provided an explanation for two of these out of stocks. An incident report regarding the third out of stock was forwarded to RQIA immediately following the inspection. It provided details of the action taken to prevent a recurrence. (See Section 5.2.5)

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. Storage was organised so that medicines belonging to each patient could be easily located. However, in order to meet infection prevention and control standards the following improvements are necessary:

- the treatment room should be decluttered and cleaned
- inhaler mouth covers must be replaced after each use
- inhaler spacer devices must be cleaned regularly according to the manufacturer's instructions and labelled to denote ownership

An area for improvement was identified.

Medicines which require cold storage must be stored between 2°C and 8°C to maintain their stability and efficacy. In order to ensure that this temperature range is maintained it is necessary to monitor the maximum and minimum temperatures of the medicines refrigerator each day and to then reset the thermometer. Only the current temperature of the medicine refrigerator was monitored each day; this does not provide evidence that the temperature is maintained within the required range at all times. 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.

The sample of medication administration records reviewed at the inspection 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. There were satisfactory arrangements in place for the management of controlled drugs.

The majority of medicines were supplied in a monitored dosage system. The audits completed on these medicines showed that they were administered as prescribed. However, audits could not be completed for several medicines which were supplied in their original containers, including liquid medicines, because dates of opening had not been recorded and more than one supply of some medicines were in use. The registered person should implement a robust audit system which covers all aspects of the management and administration of medicines. 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.

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

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 medicine related incident which had been reported to RQIA since the last inspection was discussed. There was evidence that the incident had been reported to the prescriber for guidance, investigated and learning shared with staff in order to prevent a recurrence.

As detailed in Section 5.2.3 the findings of this inspection indicate that the auditing system is not robust and hence incidents may not be identified. A robust audit system, which covers 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.

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 they staff are competent in managing medicines and that they are supported. Policies and procedures should be up to date and readily available.

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 and at annual appraisal. Medicines management policies and procedures were in place.

It was agreed that the findings of this inspection would be discussed with all nurses for ongoing 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.

	Regulations	Standards
Total number of Areas for Improvement	4*	2*

* 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 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 21 (1) (b) Stated: First time To be completed by: With immediate effect (5 May 2022)	<p>The registered person shall ensure that all pre-employment checks are completed and verified prior to the staff member commencing in post.</p> <hr/> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: With immediate effect (11 October 2022)	<p>The registered person shall review the storage arrangements for medicines as detailed in the report.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: All medications are now stored in the correct manner and staff have had further medication training and are aware of the correct storage of medication. All medication is now stored in the correct way and is monitored by the manager. The treatment room has been and remains decluttered and cleansed, inhalers, mouth covers are replaced after each use, inhaler spacer devices are cleaned and labelled.</p>
Area for improvement 3 Ref: Regulation 13 (4) Stated: First time To be completed by: With immediate effect (11 October 2022)	<p>The registered person shall ensure that the maximum and minimum refrigerator temperature is monitored and recorded each day. Corrective action must be taken if temperatures outside the accepted range are observed.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: Edel the pharmacist was contacted regarding staff training which was arranged for staff and has been delivered. A new thermometer was also provided by pharmacy for the fridge which shows minimum and maximum temperatures and is being recorded. This is monitored by manager on a weekly basis.</p>
Area for improvement 4 Ref: Regulation 13 (4) Stated: First time	<p>The registered person should implement a robust audit system which covers all aspects of the management and administration of medicines.</p> <p>Ref: 5.2.1, 5.2.3 & 5.2.5</p>

To be completed by: With immediate effect (11 October 2022)	Response by registered person detailing the actions taken: Audit system is in place for administration of medication and this is monitored monthly by home manager. Daily medication counts continue for boxed medication
Action required to ensure compliance with Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 6 Criteria (8) Stated: First time To be completed by: 5 June 2022	The registered person shall ensure that bedrooms accommodating two patients have a privacy curtain in place and separate call buttons for each patient. 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 11 Stated: First time To be completed by: 5 June 2022	The registered person shall ensure that the provision of activities in the home is reviewed to ensure that patients are in receipt of regular meaningful activities. 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

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