Inspection Report
24 March 2021

Three Islands

Type of Service: Nursing Home
Address: 62-66 Main Street, Toomebridge, BT41 3NJ
Tel No: 028 7965 0650
Inspectors: Rachel Lloyd and Philip Lowry

This inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during this inspection and do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

Information relating to our inspection framework, the guidance and legislation that informs the inspections, the four domains which we assess services against as well as information about the methods we use to gather opinions from people who have experienced a service can be found at https://www.rqia.org.uk/guidance/legislation-and-standards/ and https://www.rqia.org.uk/guidance/guidance-for-service-providers/

1.0 Profile of service

This is a nursing home which is registered to provide care for up to 40 patients.

2.0 Service details

Organisation/Registered Providers: Mr Donal McAteer & Mrs Ann McAteer	**Registered Manager and date registered:** Mrs Philomena McIlwaine 29 June 2020
Person in charge at the time of inspection: Mrs Philomena McIlwaine	**Number of registered places:** 40 With associated physical disabilities
Categories of care: Nursing Home (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:** 40

3.0 Inspection focus

This unannounced inspection was undertaken by two pharmacist inspectors on 24 March 2021 from 09.30 to 15.00.

This inspection focused on medicines management within the home. The inspection also assessed progress with any areas for improvement identified at the last medicines management inspection.

The areas for improvement identified at the last care inspection were not examined and were carried forward to be followed up at the next care inspection.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspections findings, registration information, and any other written or verbal information received.

During our inspection we:

- spoke to staff and management about how they plan, deliver and monitor the care and support provided in the home
- observed practice and daily life
- reviewed documents to confirm that appropriate records were kept.

A sample of the following records was examined and/or discussed during the inspection:

- personal medication records
- medicine administration
- medicine receipt and disposal
- controlled drugs
- care plans related to medicines management
- governance and audit
- staff training and competency
- medicine storage temperatures
- management of medication incidents
- RQIA registration certificate.

4.0 Inspection Outcome

	Regulations	Standards
Total number of areas for improvement	2*	2*

*The total number of areas for improvement includes four that have been carried forward for review at a future care inspection.

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Philomena McIlwaine, Registered Manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

5.0 What has this home done to meet any areas for improvement identified at the last care inspection (13 August 2020) and last medicines management inspection (7 February 2018)?

Areas for improvement from the last medicines management inspection		
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 the relevant controlled drugs are denatured prior to disposal and this is clearly specified in the disposal records.	**Met**
	Action taken as confirmed during the inspection: There was evidence that the relevant controlled drugs were denatured prior to disposal, this was reflected in the disposal records.	
Action required to ensure compliance with The Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 30 **Stated:** First time	The registered person shall review medicine storage to ensure that any discontinued medicines or expired medicines are removed from stock in a timely manner.	**Met**
	Action taken as confirmed during the inspection: There were no discontinued or expired medicines observed to be on medicine trolleys or in use.	
Area for improvement 2 **Ref**: Standard 28 **Stated:** First time	The registered person shall develop a monitoring system for medicines prescribed on a “when required” basis.	**Met**
	Action taken as confirmed during the inspection: A monitoring system to record the use of medicines prescribed for use “when required” was in use. This included carrying forward and running stock balances. These medicines were also marked with the date of opening to facilitate audit.	

Area for improvement 3 **Ref**: Standard 29 **Stated:** First time	The registered person shall closely monitor personal medication records and corresponding medication administration records to ensure these correlate.	**No longer applicable**
	Action taken as confirmed during the inspection: Printed medication administration records were no longer in use since the system of medicines supply and recording had been changed. This area for improvement was no longer applicable and was therefore assessed as such.	
Area for improvement 4 **Ref**: Standard 28 **Stated:** First time	The registered person shall review the auditing process for medicines management to ensure that it is effective.	**Met**
	Action taken as confirmed during the inspection: Auditing procedures in place had been reviewed and were found to be robust.	

Areas for improvement from the last care inspection		
Action required to ensure compliance with Department of Health, Social Services and Public Safety (DHSSPS) The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref**: Regulation 13(1) (a) (b) **Stated:** Second time	The registered person shall ensure that patients at risk of developing pressure damage have a robust repositioning schedule in place. This should be appropriately care planned for, direct staff as to the frequency of repositioning/skin checks and reviewed as required in keeping with the patient's needs.	**Carried forward to the next inspection**
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and will be carried forward to the next care inspection.	

Area for improvement 2 **Ref:** Regulation 16(2) (b) **Stated:** Second time	The registered person shall ensure patient care plans are kept under review. This area for improvement is made in reference to management of falls.	**Carried forward to the next inspection**
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and will be carried forward to the next care inspection.	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes (2015)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 41 **Stated:** First time	The registered person shall ensure the staff rota reflects staff working over a 24 hour period and the capacity in which they were working.	**Carried forward to the next inspection**
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and will be carried forward to the next care inspection.	
Area for improvement 2 **Ref**: Standard 4.4 **Stated:** First time	The registered person shall ensure the care plans for the two identified individuals are reviewed and updated to ensure they accurately reflect their needs.	**Carried forward to the next inspection**
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and will be carried forward to the next care inspection.	

6.0 What people told us about this home?

Staff interactions with patients were warm and friendly and it was evident that they were familiar with their roles and responsibilities and that they knew the patients well.

A designated area to enable patients to receive visitors was in use and staff were on hand to facilitate this. We met briefly with one patient in this area following a visit, he was cheerful and advised that he would like to fill in a questionnaire and would do so following the inspection.

We met with the two registered nurses on duty, one care assistant and the manager. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

Staff expressed satisfaction with how the home was managed. They were complimentary about the staff team and communication in the home. They advised that they had the appropriate training to look after patients and meet their needs.

Feedback methods included a staff poster to facilitate feedback 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, seven questionnaires had been returned from patients/ their representatives (not always specified). No comments were provided, but all indicated they were very satisfied with the care received. No staff responses were received.

7.0 Inspection Findings

7.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Patients in care 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 local 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 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 e.g. at medication reviews, 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 provide a double check that they were accurate. Obsolete personal medication records had been cancelled and archived. This is necessary to ensure that staff do not refer to obsolete directions in error and administer medicines incorrectly to the patient.

Copies of 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.

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 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 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.

We reviewed the management of medicines prescribed on a "when required" basis for the management of distressed reactions. Staff knew how to recognise signs, symptoms and triggers which may cause a change in behaviour and were aware that this change may be associated with pain. Directions for use were clearly recorded on the personal medication records and care plans directing the use of these medicines were available. Records of administration were clearly recorded. The reason for and outcome of administration were recorded in the daily progress notes and on additional "when required" administration recording sheets.

The management of pain was examined. Staff advised that they were familiar with how each patient may express their pain and that pain relief was administered when required. Pain assessment tools were in use and care plans were in place.

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. We reviewed the management of thickening agents for two patients. A speech and language assessment report and care plan was in place.

Care plans were in place when patients required insulin to manage their diabetes and to manage epilepsy.

7.2 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, with the exception of one dose of a new medicine which had been addressed prior to the inspection, 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. This included the medicines refrigerator and controlled drugs cabinet. They were tidy and organised so that medicines belonging to each patient could be easily located. Satisfactory arrangements were in place to manage medicines which required cold storage.

We reviewed the disposal arrangements for medicines. Discontinued and expired medicines were returned to a clinical waste contractor for disposal and records maintained. Satisfactory systems were in place for the disposal of controlled drugs.

It was agreed that since medicine trolleys were stored in the office in each of the four units, that the room temperature would be monitored and recorded on a daily basis following the inspection. This is to assist in ensuring that the storage temperature remains at or below 25°C.

7.3 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.

A sample of medicine administration records was reviewed. These records were found to have been fully and accurately completed. Completed records were filed appropriately. In addition, separate administration records for "when required" medicines and topical medicines were used and these were mostly well maintained; the manager agreed to review those identified for topical medicines, to ensure that they were up to date.

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 appropriately in controlled drug record books.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out. The date of opening was recorded on all medicines so that they could be easily audited. This is good practice.

The audits completed during this inspection showed that patients had been given their medicines as prescribed.

7.4 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.

There had been no recent admissions to the home. However, we discussed the admission process for patients new to the home or returning to the home after receiving hospital care. Staff advised that robust arrangements were in place to ensure that they were provided with a list of the patient's current medicines from the hospital or GP and this was shared with the community pharmacist.

7.5 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.

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

7.6 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.

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 and competency assessments. Records of staff training in relation to medicines management and epilepsy awareness were available for inspection.

8.0 Evaluation of Inspection

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 the patients were being administered their medicines as prescribed. All areas for improvement identified at the last medicines management inspection had been addressed. No new areas for improvement were identified.

We would like to thank the patients and staff for their assistance throughout the inspection.

9.0 Quality Improvement Plan

There were no new areas for improvement identified during this inspection. The QIP includes areas for improvement which have been carried forward for review at the next care inspection only.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
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	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection. Ref: 5.0
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