

Inspection Report

16 March 2022



Prospect

Type of service: Nursing
Address: 3 Old Galgorm Road, Ballymena, BT42 1AL
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Prospect Private Nursing Home Ltd	Registered Manager: Mrs Elizabeth Jane Ross
Responsible Individual: Mr Thomas Mark McMullan	Date Registered: 1 April 2005
Person in charge at the time of inspection: Mrs Elizabeth Ross	Number of registered places: 50
Categories of care: Nursing (NH): I – old age not falling within any other category PH – physical disability other than sensory impairment	Number of patients accommodated in the nursing on the day of this inspection: 38
Brief description of the accommodation/how the service operates: This is a nursing home registered to provide nursing care for up to 50 patients.	

2.0 Inspection summary

An unannounced follow-up inspection took place on 16 March 2022 from 10.45am to 1.50pm by a pharmacist inspector.

This inspection was undertaken to assess progress made with the areas for improvement identified at the last medicines management inspection on 11 October 2021. The areas for improvement identified at the last care inspection in December 2021, will be reviewed by the care inspector at the next inspection.

The findings of this inspection indicated that management had reviewed and developed systems to ensure the safe management of medicines. Staff had received training and new auditing processes were in place. There was evidence of the actions taken and planned. Of the six areas for improvement identified at the last medicines management inspection, five had been addressed in a satisfactory manner. One area for improvement in relation to record keeping and administration of medicines is stated for a second time. The progress and improvements which had been made were acknowledged.

The following areas were examined during the inspection:

- medicines records including care plans
- auditing arrangements for medicines
- medicines storage
- medicine related incidents

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patient's experience.

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. Staff views were also obtained.

4.0 What people told us about the service

The inspector met with nursing staff and management. 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 said that they had the appropriate training to look after patients and meet their needs.

5.0 The inspection

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

Areas for improvement from the last medicines inspection on 11 October 2021		
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 medicines are stored at the correct temperature and are not administered after the expiry date has been reached.	Met
	Action taken as confirmed during the inspection: A review of the storage of medicines indicated that the necessary improvement had been made. See Section 5.2.3	
Area for Improvement 2 Ref: Regulation 13(4) Stated: First time	The registered person shall ensure that all medicines are administered as prescribed with accurate records of administration maintained.	Partially met
	Action taken as confirmed during the inspection: There was evidence that the majority of medicines had been administered as prescribed. Some further discrepancies were observed in liquid medicines. This area for improvement is stated for a second time. See Section 5.2.2	
Area for Improvement 3 Ref: Regulation 30 Stated: First time	The registered person shall ensure that medicine related incidents are identified and reported to management; and RQIA as necessary.	Met
	Action taken as confirmed during the inspection: Following discussion with staff and management, it was evident that staff had been updated regarding recognising medicine related incidents and reporting these. See Section 5.2.4	

Action required to ensure compliance with Care Standards for Nursing Homes, April 2015		Validation of compliance
Area for Improvement 1 Ref: Standard 4 Stated: First time	The registered person shall ensure that medicine related care plans are in place and up to date.	Met
	Action taken as confirmed during the inspection: The selection of care plans examined indicated that the relevant information was included. See Section 5.2.1	
Area for improvement 2 Ref: Standard 28 Stated: First time	The registered person shall develop the auditing process to ensure that it is effective at identifying shortfalls in medicines management and covers all aspects of medicines management.	Met
	Action taken as confirmed during the inspection: There was evidence that management had developed and implemented new audits and documentation to oversee medicines management. See Section 5.2.2	
Area for improvement 3 Ref: Standard 29 Stated: First time	The registered person shall review the management of topical preparations in relation to administration and record keeping.	Met
	Action taken as confirmed during the inspection: Personal medication records clearly indicated which topical medicines were prescribed for regular or "when required" use. Records of administration were maintained by care staff and nursing staff as applicable. See Section 5.2.1	

Areas for improvement from the last care inspection on 2 December 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13(1)(a)(b) Stated: Second time	<p>The registered person shall ensure that nursing staff carry out clinical/neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record.</p> <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>	Carried forward to the next inspection
Area for Improvement 2 Ref: Regulation 14(2)(a)(c) Stated: First time	<p>The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the patients have access are free from hazards to their safety, and unnecessary risks to the health and safety of patients are identified and so far as possible eliminated.</p> <p>This area for improvement is made with specific reference to the safe storage and supervision of cleaning chemicals and thickening agents and ensuring patient access to sharps.</p> <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>	
Area for Improvement 3 Ref: Regulation 13(7) Stated: First time	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene. 	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 4 Ref: Regulation 10(1) Stated: First time	The registered person shall ensure that robust governance arrangements are put in place to ensure that the deficits identified in the report are appropriately actioned. 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 Ref: Standard 39.9 Stated: First time	The registered person shall ensure that mandatory training requirements are met. 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 40.2 Stated: First time	The registered person shall ensure all staff have a recorded annual appraisal and supervision no less than every six months. A supervision and appraisal schedule shall be in place, showing completion dates and the name of the appraiser/supervisor. 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 Medicine records and medicine related care plans

The personal medication record folder had been updated and new documentation put in place. Personal medication records were up to date and were rewritten in a timely manner. The majority of the medicine administration records examined, were well maintained and indicated that medicines had been administered as prescribed. Reasons for any omissions were recorded.

The management of topical medicines had been reviewed. Management and staff advised of the arrangements put in place to ensure accurate record keeping. A sample of medicine administration records were viewed and indicated that records were completed by the staff member administering the topical medicine.

A review of a sample of patients' records showed that care plans for specific medicines and conditions such as diabetes, pain management, swallowing difficulty and injectable medicines were in place.

5.2.2 Governance and Audit

Following the last medicines management inspection, staff and management advised that all staff were made aware of the areas for improvement and the systems being implemented to ensure that they were addressed.

There was evidence that the audit process had been revised. Additional audits were put in place and focused on eye preparations, insulin and liquid medicines.

Running stock balance sheets had been implemented to monitor the administration of and due date of injectable medicines and medicines prescribed to manage distressed reactions.

Completed medicines audits were reviewed by the manager and review of these showed that staff had been identifying shortfalls and taking the necessary action when required.

The majority of audits completed at the inspection, indicated that medicines were being administered as prescribed. However, continued improvement is required in the recording and administration of liquid medicines. It was acknowledged that the monthly audit was overdue due to changes in staffing. Management provided assurances that this would be addressed and also that medicines management would form part of the external audits which were completed each month. The area for improvement is stated for a second time.

5.2.3 Medicines Storage

The storage of medicines had been reviewed with staff. Insulin pens in current use were stored at the correct temperature. The date of opening was recorded on all limited shelf life medicines such as insulin and eye preparations.

Expiry dates were being monitored to ensure that medicines were replaced as needed.

5.2.4 Medicine related incidents

Part of the training for nursing staff included the management and reporting of incidents to the relevant professionals, management and RQIA.

Medicine related incidents had been reported to RQIA since the last inspection and had been managed appropriately.

6.0 Quality Improvement Plan/Areas for Improvement

No new areas for improvement were identified at the inspection. One area has been stated for a second time to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005.

	Regulations	Standards
Total number of Areas for Improvement	5*	2*

* The total number of areas for improvement includes one that has been stated for a second time and six which are carried forward for review at the next inspection.

Findings of the inspection were discussed with Ms Elizabeth Ross, Registered Manager and the deputy manager, as part of the inspection process and can be found in the main body of the report.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13(4) Stated: Second time To be completed by: Immediate action required	The registered person shall ensure that all medicines are administered as prescribed with accurate records of administration maintained. Ref: 5.1 & 5.2.2 Response by registered person detailing the actions taken: Audits focused on the areas identified, specifically with liquid medications, medicines management will also form part of external audits within the home.
Area for Improvement 2 Ref: Regulation 13(1)(a)(b) Stated: Second time To be completed by: Immediate action required (2 December 2021)	The registered person shall ensure that nursing staff carry out clinical/neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record. 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 14(2)(a)(c) Stated: First time To be completed by: Immediate action required (2 December 2021)	The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the patients have access are free from hazards to their safety, and unnecessary risks to the health and safety of patients are identified and so far as possible eliminated. This area for improvement is made with specific reference to the safe storage and supervision of cleaning chemicals and thickening agents and ensuring patient access to sharps. 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

<p>Area for Improvement 4</p> <p>Ref: Regulation 13(7)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required (2 December 2021)</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene. <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>
<p>Area for Improvement 5</p> <p>Ref: Regulation 10(1)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required (2 December 2021)</p>	<p>The registered person shall ensure that robust governance arrangements are put in place to ensure that the deficits identified in the report are appropriately actioned.</p> <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>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes, 2015</p>	
<p>Area for Improvement 1</p> <p>Ref: Standard 39.9</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2022</p>	<p>The registered person shall ensure that mandatory training requirements are met.</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 2</p> <p>Ref: Standard 40.2</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2022</p>	<p>The registered person shall ensure all staff have a recorded annual appraisal and supervision no less than every six months. A supervision and appraisal schedule shall be in place, showing completion dates and the name of the appraiser/supervisor.</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>

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