

# **Unannounced Follow Up Medicines Management Inspection Report 12 March 2020**



## **Queenscourt**

**Type of Service: Nursing Home**

**Address: Queenscourt, 36 Doagh Road, Ballyclare,  
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**Tel No: 028 9334 1472**

**Inspector: Rachel Lloyd**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that 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 the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes, 2015.

## 1.0 What we look for



## 2.0 Profile of service

This is a nursing home which is registered to provide care for up to 43 patients who are living with a learning disability.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Manor Healthcare Ltd  <b>Responsible Individual:</b> Mr Eoghain King	<b>Registered Manager:</b> Mrs Diana Mos
<b>Person in charge at the time of inspection:</b> Mrs Diana Mos	<b>Date manager registered:</b> 6 March 2020
<b>Categories of care:</b> Nursing Home (NH) LD – Learning disability LD(E) – Learning disability – over 65 years	<b>Number of registered places:</b> 43

### 4.0 Inspection summary

An unannounced inspection took place on 12 March 2020 from 10.20 to 14.50 hours.

The inspection sought to assess progress with issues raised during the medicines management and care inspection on 28 November and 2 December 2019.

The following areas were examined during the inspection:

- medicines management
- audit and governance arrangements
- staffing
- care records
- provision of activities

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

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2*

\*The total number of areas for improvement includes two which have been carried forward for review at the next care inspection.

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Mrs Diana Mos, 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

## **4.2 Action/enforcement taken following the most recent care and medicines management inspection**

The most recent inspection of the home was an unannounced medicines management and care inspection undertaken on 28 November and 2 December 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

## **5.0 How we inspect**

Prior to the inspection a range of information relevant to the service was reviewed. This included the following:

- information provided by the Trust
- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of incidents

During the inspection we met with three registered nurses and the manager and briefly with some of the patients.

A sample of the following records was examined during the inspection:

- medicines requested and received
- personal medication records
- medicine administration records
- controlled drug record book
- medicine and care plan audits
- care plans
- training records
- staff duty roster from 1 March to 14 March 2020
- quality improvement action plan

Areas for improvements identified at the last medicines management and care inspections were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last medicines management and care inspection dated 28 November 2019 and 2 December 2019

Areas for improvement from the last medicines management and care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13(4)  <b>Stated:</b> First time	The registered person shall ensure that medicines are available for administration as prescribed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Medicine administration records dated 13 January 2020 onwards were examined. All medicines were observed to have been available for administration as prescribed. The manager and nurses confirmed that the audit systems implemented have been effective.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13(4)  <b>Stated:</b> First time	The registered person shall ensure that medication administration records are accurately maintained. The reason for any non-administration must be recorded.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Medicine administration records dated 13 January 2020 onwards were examined and found to have been accurately maintained. The manager and nurses confirmed that the audit systems implemented have been effective.	
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13(4)  <b>Stated:</b> First time	The registered person shall ensure that an effective medicines audit is implemented to ensure that patients are receiving their medicines as prescribed.	<b>Met</b>

	<b>Action taken as confirmed during the inspection:</b> Audit systems had been reviewed and revised. Daily and monthly audits were in place, to ensure that the medicines for each patient are audited each month. These were reviewed regularly by the manager.	
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> First time	The registered person shall ensure that medicines incidents and discrepancies are appropriately notified to RQIA.  <b>Action taken as confirmed during the inspection:</b> Medicine incidents identified following the last inspection were notified to RQIA. The manager and nurses were aware of what should be notified.	<b>Met</b>
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 41.10  <b>Stated:</b> Second time	The registered person shall ensure that the provision of domestic staff is reviewed and consideration given to increasing the number of staff rostered to ensure that standards of cleanliness are maintained.  More detailed cleaning schedules must be put in place to evidence what actual cleaning duties are completed and identify any shortfalls in the daily routine.  <b>Action taken as confirmed during the inspection:</b> An additional 17.5 hours of domestic staff has been added to weekly staffing. This commenced on 2 March 2020. Schedules were examined and hours were spread across the week and identify the cleaning duties completed.	<b>Met</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4.1  <b>Stated:</b> Second time	The registered person shall ensure that: <ul style="list-style-type: none"> <li>the assessment of patient need is commenced on the day of admission and completed within five days of admission to the home</li> <li>initial plans of care based on the pre admission assessment and referral information are in place within 24 hours of admission.</li> </ul>	<b>Carried forward to the next care inspection</b>



	<p><b>Action taken as confirmed during the inspection:</b></p> <p>There had been no admissions since the last inspection. Action required to ensure compliance with this standard was therefore not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that patients' assessments and care plans are fully completed and are regularly reviewed to ensure they reflect the needs of the patient.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Care plans were in place and were in the process of being reviewed. Each nurse had been allocated 12 supernumerary hours per month for these activities. All but seven of the patients care reviews had been completed in conjunction with the relevant trusts and dates were arranged in March 2020 for those outstanding. A care profile audit had been introduced and an action plan produced where appropriate.</p>	
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 39</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that additional training to enhance staff current knowledge and understanding of supporting people with a learning disability is provided.</p>	<b>Carried forward to next care inspection</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The date for completion for this area for improvement was 23 March 2020. Action required to ensure compliance with this standard was therefore not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 11.1</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that structured activities are provided daily for all patients who wish to participate.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Activity provision had been reviewed and increased, including art and crafts, music and PE. A new minibus was also in place to facilitate outings and a new TV was in place in</p>	

	the shared area upstairs. The activity co-ordinator hours had been increased by three hours weekly and some one to one hours had been arranged to be provided by the trust for specific patients.	
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## 6.2 Inspection Findings

### Staffing arrangements/staff training

On arrival to the home we were greeted by the manager Diana Mos and the staff on duty. Diana provided an orientation of the home.

Staff were observed to be deployed in sufficient numbers during the inspection to ensure that patient needs were met in an appropriate time and manner. A system was in place to identify appropriate staffing levels to meet the patients' needs. Discussion with nurses on duty further validated that improvements have been made since the previous inspection. Comments included:

- "Management very approachable."
- "Staff morale is good."
- "The new systems implemented have been very effective."
- Good teamwork."

Discussion with nurses evidenced that they were knowledgeable regarding their roles and responsibilities and confirmed that a review of medicines management and audit systems and supernumerary hours to complete care reviews and update care plans had been effective.

### Patient health and welfare

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. We observed staff attending to patients needs in a caring manner and as promptly as possible.

During the inspection there was clear evidence of a relaxed, pleasant and friendly atmosphere between patients and staff with music, films, and art and craft activities observed in addition to patients going for outings on the minibus.

Staff demonstrated a detailed knowledge of patients' preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely.

### General Environment

A review of the home's environment downstairs was undertaken. The areas examined were clean, tidy, fresh smelling and warm and no hazards were identified.



## **Management and governance arrangements**

Since the last inspection Diana Mos has been registered with RQIA as manager for the home.

We reviewed the homes action plan which had been implemented following the most recent inspection on 28 November and 2 December 2019. During the inspection the manager provided a detailed account of each action to be addressed and the significant progress achieved to date.

Staff confirmed that there were good working relationships in the home and that management were supportive and responsive to any suggestions or concerns raised.

## **Medicines management**

A sample of personal medication records and medication administration records was reviewed and these had been appropriately maintained. A couple of minor discrepancies were identified and addressed immediately.

A range of audits on the administration of medicines was completed. There was evidence that medicines were being administered as prescribed.

Staff were reminded to record the date of opening on all medicines to facilitate audit as is the expected practice within the home.

## **Care records**

We observed that assessments to identify patient need and a range of care plans to direct the care required were in place. The manager explained that work was ongoing to review and improve the quality of care plans.

Care records confirmed that staff arranged visits from healthcare professionals, for example their GP, podiatry, opticians and dentists when they needed them.

## **Audit and governance**

A number of audit and governance arrangements had been implemented with regard to the management of medicines, care records and incidents and improvements were observed as outlined in section 6.1.

## **Areas of good practice**

It was encouraging to observe the progress made with the areas for improvement identified at the last inspection and the ongoing efforts to address the action plan in place. Evidence of good practice was observed in relation to the provision of staff and their attentiveness to patients. Staff were well informed of the needs of the patients and worked well as a team to deliver the care patients' required.

## **Areas for improvement**

No new areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

## 7.0 Quality improvement plan

There were no new areas for improvement identified during this inspection. Details of the QIP from the previous inspection as outlined below were not reviewed and have been carried forward for review at a future inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4.1  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate from the day of inspection	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> <li>the assessment of patient need is commenced on the day of admission and completed within five days of admission to the home</li> <li>initial plans of care based on the pre admission assessment and referral information are in place within 24 hours of admission</li> </ul> <p>Ref: 6.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 39  <b>Stated:</b> First time  <b>To be completed by:</b> 23 March 2020	<p>The registered person shall ensure that additional training to enhance staff current knowledge and understanding of supporting people with a learning disability is provided.</p> <p>Ref: 6.3</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>



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