

Inspection Report

16 February 2022



Victoria Court

Type of service: Nursing Home
Address: 34 Larne Road, Carrickfergus, BT38 7DY
Telephone number: 028 9336 6194

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Tamlaght Private Nursing Home Limited	Registered Manager: Mrs Perla Balmes
Responsible Individual: Mrs Sharon Duffy	Date registered: 22 October 2021
Person in charge at the time of inspection: Mrs Perla Balmes	Number of registered places: 43 The home is also approved to provide care on a day basis only to four persons.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category.	Number of patients accommodated in the nursing home on the day of this inspection: 35
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 43 patients.	

2.0 Inspection summary

An unannounced inspection took place on 16 February 2022, from 9.40am to 1.45pm by a pharmacist inspector.

This inspection focused on medicines management within the home and also assessed progress with two of the four areas for improvements identified at the last inspection.

Review of medicines management found that satisfactory arrangements were in place for the safe management of medicines. Medicine records were well maintained. There were effective auditing processes in place to ensure that staff were trained and competent to manage medicines and patients were administered their medicines as prescribed. One new area for improvement was identified in relation to the labelling of insulin pens.

Based on the inspection findings and discussions held, RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the management team.

RQIA would like to thank the 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 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 and patients views were also obtained.

4.0 What people told us about the service

The inspector met with nursing staff, the manager and the responsible person. To reduce footfall throughout the home, the inspector did not meet any patients. Patients were observed to be relaxing in communal areas of the home.

Staff interactions with patients were warm, friendly and supportive. It was evident that they knew the patients well.

All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

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. Five questionnaires were returned. The respondents indicated that they were satisfied/very satisfied with all aspects of care.

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 July 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)(a) Stated: Second time	The registered person shall ensure that robust governance arrangements are in place regarding pressure area care to patients; these arrangements shall include but not be limited to ensuring the following: <ul style="list-style-type: none"> • That patients are repositioned in keeping with their prescribed care • That repositioning records are accurately and comprehensively maintained at all times • That the type and/or setting of pressure relieving mattresses are effectively managed in keeping with the assessed needs of patients. 	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 29 Stated: First time	The registered person shall ensure that reports produced following monthly visits to the home are completed in sufficient detail in accordance with the regulations and care standards.	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 summary
Area for improvement 1 Ref: Standard 12 Stated: First time	The registered person shall review the dining experience for patients. This specifically relates to the arrangement of furniture within the dining room.	Met
	Action taken as confirmed during the inspection: The dining experience for patients had been reviewed, including the seating arrangements. The dining tables had been rearranged to facilitate improved assistance by staff when required and to enhance the experience of the patient.	
Area for improvement 2 Ref: Standard 11 Stated: First time	The registered person shall ensure that effective arrangements are in place so that person centred activities are consistently provided to patients. Activities provision must be an integral part of care delivery and be recorded within patients' care records.	Met
	Action taken as confirmed during the inspection: A dedicated activity therapist had been recruited to enable more person centred activities and a more structured approach towards the provision of activities for the patients.	

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 medical 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 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. 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 check that they were accurate.

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 nurses 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.

The management of medicines prescribed on a "when required" basis for the management of distressed reactions was reviewed for three patients. Directions for use were clearly recorded on the personal medication records. The reasons for and outcomes of administration were mostly recorded. However, the care plans did not include details directing the use of these medicines; this was rectified by the manager during the inspection. The need for the nursing staff to ensure that the care plans identify the parameters for medication administration in the management of distressed reactions was discussed with the manager.

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. Care plans were in place and reviewed regularly.

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 two 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.

Care plans were in place when patients required insulin to manage their diabetes. There was sufficient detail 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 patients' 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.

The medicines storage area was observed to be securely locked to prevent any unauthorised access. It was tidy and organised so that medicines belonging to each patient could be easily located.

The temperature of medicine storage area was monitored and recorded to ensure that medicines were stored appropriately. A medicine refrigerator and controlled drugs cabinet were available for use as needed.

Several in-use insulin pens were not labelled with the patient's name and date of opening. 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.

A sample of the medicines administration records was reviewed. These records were found to have been fully and accurately completed.

The audits completed at the inspection indicated that the majority of medicines had been administered as prescribed. However, minor discrepancies were observed in the administration of a couple of medicines. The discrepancies were discussed with the manager.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. Satisfactory arrangements were in place for the management of controlled drugs. The receipt, administration and disposal of controlled drugs were appropriately recorded in the controlled drugs record book.

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 most medicines so that they could be easily audited; this is good practice. Several inhaler medicines did not have the dates of opening recorded; this was drawn to the attention of the manager for rectifying.

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 new patients. 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. A robust audit system will help staff to identify medicine related incidents.

Management and staff were familiar with the type of incidents that should be reported. The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and the learning shared with staff in order to prevent a recurrence.

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 they are supported. Policies and procedures should be up to date and readily available for staff reference.

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

6.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has 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	3*	0

* the total number of areas for improvement includes two which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Perla Balmes, Registered Manager, 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 13 (4) (a) Stated: Second time To be completed by: 5 July 2021	The registered person shall ensure that robust governance arrangements are in place regarding pressure area care to patients; these arrangements shall include but not be limited to ensuring the following: <ul style="list-style-type: none"> • That patients are repositioned in keeping with their prescribed care • That repositioning records are accurately and comprehensively maintained at all times • That the type and/or setting of pressure relieving mattresses are effectively managed in keeping with the assessed needs of patients.
	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 29 Stated: First time To be completed by: 5 August 2021	The registered person shall ensure that reports produced following monthly visits to the home are completed in sufficient detail in accordance with the regulations and care standards
	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(4) Stated: First time To be completed by: Immediate action	The registered person shall ensure that in-use insulin pens are labelled with the patient's name and date of opening. Ref: 5.2.2
	Response by registered person detailing the actions taken: Nursing staff had been advised that insulin pens must be labelled with date of opening and resident's name.

Please ensure this document is completed in full and returned via Web Portal



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)