The Regulation and Quality Improvement Authority

Inspection Report

18 May 2022

Glenkeen House

Type of Service: Nursing Home
Address: 100 Glenkeen Church Road, Randalstown, BT41 3JX
Telephone number: 028 9447 9794

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: Hutchinson Homes Ltd **Responsible Individuals:** Ms Naomi Carey Mrs Janet Montgomery	**Registered Manager:** Mrs Jacqueline Elizabeth McShane **Date registered:** 1 April 2005
Person in charge at the time of inspection: Mrs Jacqueline McShane	**Number of registered places:** 40 The home is also approved to provide care on a day basis to 5 persons.
Categories of care: Nursing Home (NH) I – old age not falling within any other category PH – physical disability other than sensory impairment	**Number of patients accommodated in the nursing home on the day of this inspection:** 26
Brief description of the accommodation/how the service operates: This is a registered nursing home registered to care for up to 40 patients.	

2.0 Inspection summary

An unannounced inspection took place on 18 May 2022, from 10.45am to 3.50pm. It was completed by a pharmacist inspector and focused on medicines management within the home. 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.

Following discussion with the aligned care inspector, it was agreed that one of the two areas for improvement identified at the last care inspection would be followed up at the next care inspection.

Based on the inspection findings, one new area for improvement was identified in relation to the disposal of medicines.

Whilst areas for improvement were identified, it was concluded that the patients were being administered their medicines as prescribed. 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 with respect to medicines management.

RQIA would like to thank the staff and management 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. The inspectors also spoke to 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 the nurses on duty, the deputy manager and the manager, in addition to a visiting professional completing the monthly monitoring visit. Staff interactions with patients were warm, friendly and supportive. It was evident that they knew the patients well.

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

The staff spoken with expressed satisfaction with how the home was managed and the training received. They said that the team communicated well and that management were 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, no responses had been received.

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 14 January 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 13 (7) **Stated:** First time	The registered person shall ensure that all staff in the home don and doff PPE in accordance with regional guidelines.	**Met**
	Action taken as confirmed during the inspection: PPE was observed to be used appropriately throughout the inspection. Weekly audits were recorded and these listed donning and doffing in the correct order.	
Action required to ensure compliance with Care Standards for Nursing Homes, April 2015		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 12 **Stated:** Second time	The registered person shall ensure that MUST assessments are accurately scored.	**Carried forward to the next care inspection**
	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.	

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 the GP, the pharmacist or during a hospital admission.

Patients in the home were registered with a GP and medicines were dispensed by a community pharmacist.

Electronic 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 and hospital appointments.

The home uses a system of electronic care records and medicine records. The electronic personal medication records reviewed at the inspection were accurate and up to date and had been verified by two nurses. Printed personal medication records were also held on file. These were not always up to date but management stated these were never used by staff or other healthcare professionals. It was agreed that because obsolete records may introduce a risk of medicines being administered incorrectly, these would no longer be kept on file. If a printed record was required, for example, for a patient being admitted to hospital, it was agreed that the electronic record would be printed at that time, to ensure it reflected the medicines currently prescribed.

Copies of patients' 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 safe practice.

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 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 nurses 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. Nurses 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. Directions for use were recorded on personal medication records. Care plans directing the use of these medicines for each patient were in place and the reason for and outcome of administration were recorded.

The management of pain was discussed and examined for three patients. Nurses advised that they were familiar with how each patient expressed their pain and that pain relief was administered when required. Care plans and pain assessments 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.

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

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 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. They were tidy and organised so that medicines belonging to each patient could be located. A controlled drugs cabinet was available for use as needed. Temperatures of the medicine storage area and the medicine refrigerator were monitored and recorded to ensure that medicines were stored appropriately.

The arrangements in place for the disposal of medicines were examined. Records were not always dated or recorded in chronological order, or verified by a second member of staff. Evidence of the destruction of controlled drugs before disposal was not always recorded. These are necessary to ensure that robust systems are in place to demonstrate the safe disposal of medicines. An area for improvement was identified.

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 electronic medicine administration records was reviewed. Records were found to have been accurately completed.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. There were mostly satisfactory arrangements in place for the management of controlled drugs (see Section 5.2.2 – records of disposal).

Management and nursing staff audit medicine administration on a regular basis within the home. The date of opening was recorded on medicines so that they could be easily audited. This is good practice.

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 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. There was evidence that staff had followed up any discrepancies in a timely manner to ensure that the correct medicines were available for administration. 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.

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

The audits completed at the inspection indicated that the medicines examined were being administered as prescribed.

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, including in the recently introduced monitored dosage system and electronic records. Competency assessments were discussed and it was agreed that these should take place annually. Medicines management policies and procedures were in place.

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 and the Care Standards for Nursing Homes, 2015.

	Regulations	Standards
Total number of Areas for Improvement	1	1*

* The total number of areas for improvement includes one that has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Jaqueline McShane, 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) **Stated:** First time **To be completed by:** With immediate effect (18 May 2022)	The registered person shall ensure that robust arrangements are in place for the disposal of medicines. Records must be dated, recorded in chronological order and verified by a second member of staff. The destruction of controlled drugs prior to disposal must be recorded. Ref: 5.2.2
	Response by registered person detailing the actions taken: Robust arrangements are in place for the disposal of medicines, records are dated, and recorded in chronological order and vertified by a second member of staff Systems are in place to ensure the destruction of controlled drugs prior to disposal are being recorded
Action required to ensure compliance with Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref:** Standard 12 **Stated:** Second time **To be completed by:** 14 February 2022	The registered person shall ensure that MUST assessments are accurately scored.
	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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