

Inspection Report

1 August 2022



Kintullagh Care Home

Type of service: Nursing Home

Address: 36 Westbourne Avenue, Carniny Road, Ballymena, BT43 5LW

Telephone number: 028 2565 4444

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation: Kathryn Homes Ltd</p> <p>Responsible Individual: Mr Stuart Johnstone</p>	<p>Registered Manager: Mrs Dana Patterson (not registered)</p>
<p>Person in charge at the time of inspection: Mrs Dana Patterson</p>	<p>Number of registered places: 61</p> <p>There shall be a maximum of one named patient in Category NH-LD. There shall be a maximum of one named resident receiving residential care in category RC-I.</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. LD – Learning disability.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 57</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides care for up to 61 patients. The home is divided into three units over two floors; the Willow and Beech units are downstairs and the Oak unit is located upstairs. Patients have access to communal lounges, dining rooms and a garden space.</p>	

2.0 Inspection summary

An unannounced inspection took place on 1 August 2022, from 9.40am to 2.30pm. This was completed by a pharmacist inspector.

The inspection 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 the areas for improvement identified at the last care inspection would be followed up at the next care inspection.

Review of medicines management found that satisfactory arrangements were in place for the safe management of medicines. Medicine records were maintained in a satisfactory manner. 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 in relation to care plans for the management of distressed reactions was identified.

Whilst one area for improvement was identified, RQIA can conclude that, overall, 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.

RQIA would like to thank the manager and 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 the manager and three nurses.

Patients were observed to be relaxing in the living rooms and dining areas of the units they resided in. 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.

Staff expressed satisfaction with how the home was managed. They said that they had the appropriate training to look after residents and meet their needs.

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 questionnaires had been received by RQIA.

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 4 April 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 16 (2) (b) Stated: Second time	The registered person shall ensure patients' care plans and risk assessments are kept up to date and regularly reviewed to accurately reflect the assessed needs of the patient.	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 12 (1) (a) Stated: Second time	The registered person shall ensure care documentation for the management of wounds accurately reflect the assessed needs of the patient. <ul style="list-style-type: none"> • The frequency of dressing change should clearly reflect the assessed need of the wound • Any change in the wound should be accurately documented and appropriate care documentation updated to reflect any changes. 	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.	

<p>Area for Improvement 3</p> <p>Ref: Regulation 21 (1) (a) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all persons are recruited in accordance with best practice and legislation and that the required information and documentation is present in staff recruitment and selection files kept in the home.</p>	<p>Carried forward to the next inspection</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>Carried forward to the next inspection</p>	
<p>Area for Improvement 4</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p>		<p>The registered person shall ensure that RQIA are notified of any event in the home in accordance with regulation.</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>Action required to ensure compliance with the Care Standards for Nursing Homes, April 2015</p>	<p>Validation of compliance</p>
<p>Area for Improvement 1</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered person shall review the dining experience for patients to ensure:</p> <ul style="list-style-type: none"> • The menu is appropriately displayed • Food leaving the dining room to be delivered to patients is appropriately covered. 	<p>Carried forward to the next inspection</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>Carried forward to the next inspection</p>	
<p>Area for Improvement 2</p> <p>Ref: Standard 41.7</p> <p>Stated: First time</p>		<p>The registered person shall ensure that competency and capability assessments for nurses in charge of the home are completed, kept up to date and regularly reviewed.</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>Area for improvement 3</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission.</p> <p>The care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.</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>Carried forward to the next inspection</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure the following in regard to those patients who are assessed as requiring repositioning and a pressure relieving mattress:</p> <ul style="list-style-type: none"> • The assessed repositioning regime must be documented in the patients care plan • The type of mattress in use must reflect the patients assessed need • The mattress should be set correctly to meet the assessed need of the patient • The type of mattress and correct setting must be documented correctly on the patients repositioning chart and care plan and evidence regular review. <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>Carried forward to the next inspection</p>

<p>Area for improvement 5</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered person shall implement robust governance and management systems to ensure effective managerial monitoring and oversight of the day to day service provided by the home.</p> <p>This relates specifically to the robust completion, action planning and managerial oversight of all governance quality assurance audits.</p>	<p>Carried forward to the next inspection</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>		

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 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 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 state 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 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 the management of distressed reactions was reviewed for two patients. Directions for use were clearly recorded on

the personal medication records. However, care plans directing the use of these medicines were not in place. If medication is prescribed for the management of distressed reactions, the parameters for the administration of these medicines in the management of the distressed reactions need to be identified in the care plan. An area for improvement was identified. Both patients were being administered the medication on a regular basis at specific times of the day. The need for the prescribers to be requested to review the dosage directions was discussed with the manager and nurse.

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 and pain assessments were generally 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 four 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.

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 easily located. Temperatures of medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately. Medicine refrigerators and controlled drugs cabinets available for use as needed.

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. Most of the records were found to have been fully and accurately completed. A small number of missed signatures were brought to the attention of the manager for ongoing close monitoring. The records were filed once completed.

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 should be recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs. The controlled drug record books had been maintained to the required standard.

Occasionally, patients may require their medicines to be crushed or added to food/drink to assist administration. To ensure the safe administration of these medicines, this should only occur following a review with a pharmacist or GP and should be detailed in the patient's care plans. Written consent and care plans were in place when this practice occurred.

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 medicines so that they could be easily audited. This is good practice.

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

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. 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.

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. The manager advised that staff competencies were currently being updated.

6.0 Quality Improvement Plan/Areas for Improvement

One new area for improvement has been identified where action is required to ensure compliance with the Care Standards for Nursing Homes, 2015.

	Regulations	Standards
Total number of Areas for Improvement	4*	6*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Dana Patterson, 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 16 (2) (b) Stated: Second time To be completed by: With immediate effect (9 August 2021)	The registered person shall ensure patients' care plans and risk assessments are kept up to date and regularly reviewed to accurately reflect the assessed needs of the patient. 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 12 (1) (a) Stated: Second time To be completed by: With immediate effect (9 August 2021)	The registered person shall ensure care documentation for the management of wounds accurately reflect the assessed needs of the patient. <ul style="list-style-type: none"> • The frequency of dressing change should clearly reflect the assessed need of the wound • Any change in the wound should be accurately documented and appropriate care documentation updated to reflect any changes. 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 21 (1) (a) (b) Stated: First time To be completed by: With immediate effect (4 April 2022)	The registered person shall ensure that all persons are recruited in accordance with best practice and legislation and that the required information and documentation is present in staff recruitment and selection files kept in the home. 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 30</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (4 April 2022)</p>	<p>The registered person shall ensure that RQIA are notified of any event in the home in accordance with regulation.</p> <hr/> <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 Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (4 April 2022)</p>	<p>The registered person shall review the dining experience for patients to ensure:</p> <ul style="list-style-type: none"> • The menu is appropriately displayed • Food leaving the dining room to be delivered to patients is appropriately covered. <hr/> <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 41.7</p> <p>Stated: First time</p> <p>To be completed by: 29 April 2022</p>	<p>The registered person shall ensure that competency and capability assessments for nurses in charge of the home are completed, kept up to date and regularly reviewed.</p> <hr/> <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 3</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (4 April 2022)</p>	<p>The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission.</p> <p>The care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.</p> <hr/> <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 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (4 April 2022)</p>	<p>The registered person shall ensure the following in regard to those patients who are assessed as requiring repositioning and a pressure relieving mattress:</p> <ul style="list-style-type: none"> • The assessed repositioning regime must be documented in the patients care plan • The type of mattress in use must reflect the patients assessed need • The mattress should be set correctly to meet the assessed need of the patient • The type of mattress and correct setting must be documented correctly on the patients repositioning chart and care plan and evidence regular review. <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 5</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 29 April 2022</p>	<p>The registered person shall implement robust governance and management systems to ensure effective managerial monitoring and oversight of the day to day service provided by the home.</p> <p>This relates specifically to the robust completion, action planning and managerial oversight of all governance quality assurance audits.</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 6</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be completed by: 8 August 2022</p>	<p>The registered person shall ensure that if medication is prescribed for the management of distressed reactions, the care plan identifies the parameters for the administration of these medicines in the management of the distressed reactions.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Home Manager along with Nurses and Deputy Manager are reviewing all care plans and implementing the Gold Crest system. This will include revision of medication prescribed for management of distressed reactions and associated care plans.</p>

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