

Inspection Report

20 August 2024



Abbeylands Care Home

Type of service: Nursing Home
Address: 441 Shore Road, Whiteabbey, BT37 9SE
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Beaumont Care Homes Limited Responsible Individual: Mrs Ruth Burrows	Registered Manager: Mr Leslie Stephens, not registered
Person in charge at the time of inspection: Mr Leslie Stephens, Manager	Number of registered places: 38 There shall be one named resident in category RC-I.
Categories of care: Nursing Home (NH) I – old age not falling within any other category PH – physical disability other than sensory impairment PH(E) - physical disability other than sensory impairment – over 65 years	Number of patients accommodated in the nursing home on the day of this inspection: 31
Brief description of the accommodation/how the service operates: Abbeylands Care Home is a registered nursing home which provides nursing care for up to 38 patients. Patient bedrooms and communal lounges are located over two floors. There is also a registered residential care home located within the same building, for which the manager also has operational responsibility and oversight.	

2.0 Inspection summary

An unannounced inspection took place on 20 August 2024, from 10.00am to 2.00pm. This was completed by two pharmacist inspectors 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.

Review of medicines management found that medicines were stored securely. Medicine records were maintained to a largely satisfactory standard. 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 area for improvement identified at the last medicines management inspection in relation to the management of insulin was assessed as not met.

One new area for improvement in relation to medicines for distressed reactions was identified. The areas for improvement identified at the last care inspection have been carried forward for review at the next care inspection. Details of the areas for improvement can be found in the quality improvement plan.

Whilst areas for improvement were identified, it was concluded that overall, the patients were being administered their medicines as prescribed. 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. Discussions were held with staff and management about how they plan, deliver and monitor the management of medicines.

4.0 What people told us about the service

The inspectors met with nursing staff, the deputy manager and the manager. Staff interactions with patients were warm, friendly and supportive. It was evident that they knew the patients well.

Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after patients 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 medicines management inspection on 7 February 2022		
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 safe systems are in place for the management of insulin.	Not met
	Action taken as confirmed during the inspection: This area for improvement was assessed as not met. See Section 5.2.1 for details.	

Areas for improvement from the last care inspection on 16 April 2024		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 21 (1) (b) Schedule 2 (5) Stated: First time	The registered person shall ensure that the NISCC audit is kept up to date, includes all relevant staff and accurately reflects their registration status.	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 27 (4) (a) Stated: First time	The registered person shall ensure the following in regard to fire safety arrangements: <ul style="list-style-type: none"> The fire risk assessment is effectively maintained by the manager and evidences any actions taken in regard to the recommended actions required. 	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 (December 2022)		Validation of compliance
Area for improvement 1 Ref: Standard 39 Stated: First time	The registered person shall ensure that all relevant staff complete training in relation to Deprivation of Liberty Safeguards and that such training is embedded into practice.	Carried forward to the next 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.	
Area for improvement 2 Ref: Standard 40 Stated: First time	The registered person shall ensure that a schedule is in place to plan and record staff appraisals.	Carried forward to the next 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.	
Area for improvement 3 Ref: Standard 4.1 Stated: First time	The registered person shall ensure that an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission. A detailed plan of care for each patient is generated from a comprehensive, holistic assessment and drawn up with each patient. The assessment is commenced on the day of admission and completed within 5 days of admission to the home.	Carried forward to the next 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.	

Area for Improvement 4 Ref: Standard 4 Stated: First time	The registered person shall ensure that care plans accurately reflect the assessed needs of the patient.	Carried forward to the next 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.	
Area for improvement 5 Ref: Standard 4.5 Stated: First time	The registered person shall ensure that there is evidence of patient involvement in the care planning process where appropriate.	Carried forward to the next 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 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 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.

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 good 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 staff 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 distressed reactions was reviewed. Directions for use were clearly recorded on the personal medication records; and care plans directing the use of these medicines were in place. Staff knew how to recognise a change in a patient's behaviour and were aware that this change may be associated with pain. However, the reason for and outcome of each administration was not recorded. An area for improvement was identified.

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 in place and reviewed regularly.

The management of thickening agents was reviewed. A speech and language assessment report and care plan was in place. Records of prescribing and administration which included the recommended consistency level were maintained.

The management of insulin, a high risk medicine, was reviewed. 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 outside the recommended range. In-use insulin pen devices were stored at room temperature. When this practice occurs, it is necessary to consult the manufacturers storage instructions as the expiry date is shortened. It was identified that one device was in use after the expiry date. A regular system of date checking should be in place to ensure insulin is not administered past the shortened expiry date. The area for improvement in relation to the management of insulin was assessed as not met and has been stated for a second time.

5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicine 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 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 the 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.

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. The records were found to have been fully and accurately completed. Completed records were filed and readily retrievable for audit/review.

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.

Occasionally, patients may require their medicines to be crushed 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 all medicines so that they could be easily audited. This is good practice.

The audits completed at the inspection identified 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.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. 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, December 2022.

	Regulations	Standards
Total number of Areas for Improvement	3*	6*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Leslie Stephens, 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: Second time To be completed by: Immediate action required (20 August 2024)	The registered person shall ensure that safe systems are in place for the management of insulin. Ref: 5.1 and 5.2.1
	Response by registered person detailing the actions taken: The identified insulin pen was immediately removed from use and all other insulin pens were checked and dated. Insulin Management supervision was completed with all nurses. An Insulin administration record is in place and the six weekly expiry date of each pen is now being written on Insulin administration record. Insulin pens discarded at end of monthly cycle and new one started transcribed and counter signed by two nurses. This will be monitored as part of the Home Managers monthly medication audit and monitored by the Operations Manager through the Regulation 29 visit.
Area for improvement 2 Ref: Regulation 21 (1) (b) Schedule 2 (5) Stated: First time To be completed by: From the date of the inspection (16 April 2024)	The registered person shall ensure that the NISCC audit is kept up to date, includes all relevant staff and accurately reflects their registration status.
	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 27 (4) (a) Stated: First time To be completed by: From the date of the inspection (16 April 2024)	The registered person shall ensure the following in regard to fire safety arrangements: <ul style="list-style-type: none"> • The fire risk assessment is effectively maintained by the manager and evidences any actions taken in regard to the recommended actions required.
	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

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Action required to ensure compliance with Care Standards for Nursing Homes, December 2022	
Area for improvement 1 Ref: Standard 18 Stated: First time To be completed by: From the date of inspection (20 August 2024)	The registered person shall ensure the management of medicines prescribed for distressed reactions is reviewed to ensure the reason and outcome of each administration is recorded. Ref: 5.2.1
	Response by registered person detailing the actions taken: A PRN protocol sheet and ABC chart is in place to record distressed reactions and the outcome of the administration of medication is recorded on PRN sheet. Registered Nurses have been advised through supervision of the process. This will be monitored as part of the monthly Home Managers medication audit and by the Operations Manager during the Regulation 29 visit.
Area for improvement 2 Ref: Standard 39 Stated: First time To be completed by: 16 May 2024	The registered person shall ensure that all relevant staff complete training in relation to Deprivation of Liberty Safeguards and that such training is embedded into practice.
	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
Area for improvement 3 Ref: Standard 40 Stated: First time To be completed by: 16 June 2024	The registered person shall ensure that a schedule is in place to plan and record staff appraisals.
	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
Area for improvement 4 Ref: Standard 4.1 Stated: First time To be completed by: From the date of the inspection (16 April 2024)	The registered person shall ensure that an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission. A detailed plan of care for each patient is generated from a comprehensive, holistic assessment and drawn up with each patient. The assessment is commenced on the day of admission and completed within 5 days of admission to the home.

	<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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Area for Improvement 5 Ref: Standard 4 Stated: First time To be completed by: From the date of the inspection (16 April 2024)	The registered person shall ensure that care plans accurately reflect the assessed needs of the patient. 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
Area for improvement 6 Ref: Standard 4.5 Stated: First time To be completed by: From the date of the inspection (16 April 2024)	The registered person shall ensure that there is evidence of patient involvement in the care planning process where appropriate. 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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