

Unannounced Care Inspection Report 24 and 29 June 2020



Antrim Care Home

Type of Service: Nursing Home (NH)

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www.rqia.org.uk

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 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 registered to provide nursing care for up to 51 persons. The home accommodates patients on a long term, permanent basis. In addition, they offer intermediate care to support people requiring short term rehabilitation.

3.0 Service details

Organisation/Registered Provider: Hutchinson Homes Ltd Responsible Individual: Janet Montgomery	Registered Manager and date registered: Sharon Smyth – 10 June 2016
Person in charge at the time of inspection: Sharon Smyth	Number of registered places: 51
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of patients accommodated in the nursing home on 24 June 2020: 41

4.0 Inspection summary

An unannounced inspection took place on 24 June 2020 from 10.10 to 17.00 and 29 June 2020 from 10.35 to 15.50. The inspection was undertaken by care and pharmacist inspectors. Short notice was given of the medicines management inspection.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. RQIA received information which raised concerns in relation to Antrim Care Home. In response to this information, RQIA decided to undertake an inspection to this home.

It is not the remit of RQIA to investigate complaints or adult safeguarding concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- Staffing
- Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)
- Care delivery
- Care records
- Dining experience
- Governance and management

- Medicines management.

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
Total number of areas for improvement	2	4

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Sharon Smyth, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

A serious concerns meeting in relation to medicines management resulted from the findings of this inspection.

Concerns were identified regarding the safe management of controlled drugs. The decision was made to invite the registered persons to a serious concerns meeting. The meeting was held on 7 July 2020 via video link. The registered persons provided a brief action plan and advised of the completed/planned actions to drive improvement. They gave assurances that the concerns were being addressed. It was agreed that the registered persons would forward a detailed action plan and RQIA would give the home a short period of time to make the necessary improvements. A further inspection will be undertaken to ensure that the concerns have been effectively addressed.

The enforcement policies and procedures are available on the RQIA website:

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

5.0 How we inspect

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

- Notifiable events since the previous care and medicines management inspections
- The registration status of the home
- Written and verbal communication received since the previous care and medicines management inspections
- The returned QIP from the previous care inspection.
- The previous care and medicines management inspection reports.

The following records were examined during the inspection:

- Staff duty rota
- Three care records
- One patient's repositioning charts
- Menu plans
- Notifications of accidents and incidents
- Compliments and complaints records
- Sample of monthly monitoring reports
- Audits of accidents and incidents
- Minutes of staff meetings
- Certificate of registration.

A sample of the following records was examined during the medicines management element of the inspection:

- Medicines received
- Personal medication records
- Medicine administration records
- Medicines transferred/disposed of
- Controlled drug record books
- Medicine audits
- Medicine management care plans
- Training records.

Areas for improvement identified at the last care inspection 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 previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 22 and 23 October 2019.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 35.3 Stated: First time	The registered person shall ensure that when recruitment records are held centrally at a head office that the manager maintains evidence of their oversight, of the recruitment process, in the home.	Met
	Action taken as confirmed during the inspection: The registered manager explained that the recruitment records for staff employed are all held in the home and as such she has full oversight of the recruitment process and records. Where staff work across a number of homes these recruitment records are held centrally. The manager explained that they now receive confirmation of records received, for example references, by email. They have a checklist in place which is completed to reflect the date the required information is received. This area for improvement has been met.	

6.2 Inspection findings

Staffing

Discussion with the manager confirmed the planned staffing levels for the home. Staff duty rotas for the period of 15 June 2020 to 28 June 2020 were reviewed. The rota reflected the nurse in charge arrangements and staff on duty during the inspection. The manager confirmed agency staff were used on occasions in the home; when this is the case every effort is made to ensure block booking of the same staff.

A competency assessment was completed by the manager with any nurse who is given the responsibility of being in charge of the home in their absence. Complaints management was identified as an area for improvement at this inspection. As a consequence, the competency assessment should be further developed to include responding to complaints; including those raised by staff. This was identified as an area for improvement.

We met with staff during the inspection and discussed their experiences of working in the home. Staff were aware of reporting arrangements and who to speak with if they had any concerns. Observations of staff practice showed they were kind and courteous to patients and responded to call bells or requests for assistance. Staff spoken with confirmed there was good team working. Staff showed they were aware of the individual needs of patients. We spoke with one staff member who was completing their induction; they confirmed that they were well supported by staff and had a structured programme to follow.

Staff confirmed that staffing levels were maintained to ensure the needs of patients could be met. There were no concerns raised by staff regarding staffing levels in the home. Staff shared that normal staffing levels were maintained throughout the peak of the Covid –19 outbreak.

Some staff shared that they thought there should be greater activities provision for patients in the home, and that the activities therapist would sometimes also be involved in care provision. This issue was discussed with the manager; the level of activities provision will be followed up during a future care inspection.

Comments received from staff include:

- “Current situation has improved teamwork.”
- “Manager is very approachable.”
- “Bit more activities would be good, we have resources there.”
- “(We are) fully staffed, very rarely does anyone phone sick.”
- “Everything is fine ... can’t complain about anything.”

Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)

The manager confirmed that during the current pandemic all patients and staff had temperatures taken twice daily. PPE supplies and hand sanitization was available throughout the home. Discussion with staff confirmed they felt safe doing their work and there was a good supply of PPE available. Staff were observed using PPE appropriately in accordance with the current guidance. Supplies were observed being restocked during the inspection. The manager advised she would complete regular observations of staff donning and doffing PPE and ensure regular handwashing by staff. Signage outlining the seven steps to handwashing was displayed throughout the home.

During discussion with staff they were aware of what to do and how to reduce or minimise the risk of infections in the home. Staff confirmed there were enhanced cleaning schedules in place which included the regular cleaning of touch points throughout the home to minimise infection spread.

The home was found to be warm, clean and tidy. There were no malodours detected. Communal areas including lounges, dining areas and bathrooms were viewed; these were found to be well maintained. Bedrooms were personalised on an individual basis. Dementia friendly décor and furnishings were in place to help patients navigate their surroundings as appropriate. Patients spoken with confirmed they were happy with the home environment.

Care delivery

We observed staff practice in the home and interactions with patients were warm and kind. Staff showed good knowledge and understanding of patients’ individual needs. Patients were well presented with obvious time and attention given to their personal care. Staff referred to patients by name and showed that they were aware of their personal preferences.

There was a relaxed and unhurried atmosphere in the home. Some patients were observed relaxing in their bedrooms while others were in communal sitting rooms. Patients appeared comfortable, staff were available throughout the day to meet their needs and call bells were observed to be in easy reach for patients who were in their bedrooms.

Comments received from patients included:

- “They are very good, couldn’t do enough for you, food is top class.”
- “Everyone is very good.”
- “The food is terrific; there is always plenty to choose from.”
- “I have everything I need.”

Care Records

Three care records were reviewed; these had been completed upon patients’ admission to the home. Records included an up to date assessment of needs, care plans, risk assessments as necessary and daily evaluation records. We viewed one care record regarding catheter care for an identified patient. This included all relevant information and evidenced that regular review and evaluation was undertaken. Wound care records were also reviewed for one patient; these included all relevant information and showed regular review and evaluation. One omission was noted regarding the completion of records. This issue was discussed with the manager who confirmed it would be addressed with staff.

Dining experience

We observed lunch time in two separate units during the inspection. Staff spoken with confirmed that dining arrangements had been altered to ensure social distancing for patients due to risks during the Covid 19 pandemic. A small number of patients made their way to the dining room for lunch; others were supported with lunch in their bedrooms or the lounge area. The manager advised the dining arrangements were subject to ongoing review. In addition, the manager advised plans were in place to redecorate an identified dining room; these were put on hold due to Covid 19.

We observed patients were provided with appropriate clothing protectors. Review of menu choice records showed patients were given a choice at each mealtime; this included patients who required a modified diet. Feedback from patients indicated that they were happy with the food provided in the home (see comments above). Drinks were made easily available and staff provided assistance as necessary. Meals provided looked appetising and were of a good portion size. One patient was heard saying they did not want their lunch at that time, staff then made arrangements for them to have their meal later.

Staff were observed providing drinks and snacks to patients at intervals throughout the day.

Medicines management

The following areas were examined during the medicines management inspection and were found to be satisfactory:

- Staff training and competency for medicines management
- Admission process with regards to medicines management
- Personal medication records
- Medicine administration records
- Management of distressed reactions
- Management of insulin
- Management of pain

- Management of warfarin
- Storage of medicines
- Care plans relating to medicines management.

During the inspection of one controlled drug book we identified 16 incomplete records, as balances had not been brought to zero at the time of disposal or transfer of these medicines; or the entries were no longer maintained. We reviewed the disposal and transfer of medicines records that were available and could not account for 11 of these controlled drugs. This is disappointing considering the management of controlled drugs had been raised at previous inspections, and indicates the improvements made have not been sustained over time. Two areas for improvement were made.

We also noted that there were occasions when the handwriting on medication records was illegible and could not be easily understood by the nurses on duty. All handwritten entries must be clear to enable staff and other professionals to deliver prescribed care and effective audit. An area for improvement was made.

RQIA were concerned that safe systems for the management of controlled drugs were not in place. The management of the home were invited to a serious concerns meeting on 7 July 2020. At this meeting the management team from Antrim Care Home provided evidence to account for these controlled drugs and also provided an initial action plan of the improvements planned or already completed. It was agreed that a more detailed action plan would be developed and shared with RQIA for further review by 24 July 2020.

Governance and management arrangements

The manager outlined the line management arrangements for the home. The manager confirmed she felt well supported in the recent months of the Covid 19 pandemic. Discussion with staff evidenced they knew who was in charge of the home on a daily basis and how to report concerns. It was noted through discussion that some staff were unfamiliar with the term “whistleblowing” and the policy and procedure in place around this. Part of the reason for the inspection was in response to whistleblowing information received whereby complaints had not been raised with the home management. This issue was discussed with the manager as was the need to ensure all staff are clear on reporting procedures across the home. An area for improvement was identified. The contact numbers for the manager and line management were prominently displayed for staff in the front of the duty rota.

Review of complaints records showed a system was in place for receipt of complaints. We found that not all complaints were recorded in a consistent manner. Some records did not show the outcome of the investigation and whether or not the complainant was satisfied with the outcome. This was discussed with the registered manager. An area for improvement was identified.

A large number of compliments were received by the home; these included notes, messages of gratitude and thank you cards. Examples of received compliments included:

- “...from the moment ... arrived in Antrim Care Home until leaving today he has received great care and attention from all the staff.” (February 2020)
- “...you care, kindness and attention were much appreciated and helped make my stay a more pleasant experience.” (June 2020)

There was a system in place regarding the reporting of notifiable events. Review of records showed RQIA had been notified appropriately. We reviewed audit information regarding accidents and incidents in the home. These were completed monthly and were used to identify any potential patterns or trends. We reviewed a sample of monthly monitoring reports from February 2020 until May 2020. Some of the reports had been completed remotely during the peak of the Covid 19 situation. The views of patients and relatives had been sought via telephone on these occasions. The monthly monitoring reports evidenced oversight had been maintained with regards to the running of the home. Actions plans were included within the reports. However, these reports did not include a review of medicines management; and was discussed in relation to how the registered persons obtained assurances that robust arrangements were in place. The management team advised this was part of their company's planned improvements and would commence with immediate effect.

We reviewed the minutes of staff meetings, the manager advised she was available for staff if they had any issues or concerns and outlined the on call arrangements within the home. Staff spoken with were clear on their roles and responsibilities.

The homes certificate of registration was displayed appropriately in a central part of the home.

Areas of good practice

Areas of good practice included staff interactions with patients, teamwork, completion of care records upon admission, gathering the views of patient and relatives remotely, and the dementia friendly environment. In relation to medicines management, there was evidence of good practice regarding the administration of medicines, the use of specific charts for high risk medicines including injectable medicines, and medicines prescribed on a 'when required' basis.

Areas for improvement

Areas for improvement included further development of the nurse in charge competency assessment, ensuring greater staff awareness of the home's whistleblowing policy and procedure and ensuring complaints records are accurately maintained. In relation to medicines management, areas for improvement were made regarding the standard of record keeping for the management of controlled drugs, disposal of/transfer of medicines and the legibility of handwriting on medicine records.

	Regulations	Standards
Total number of areas for improvement	2	4

6.3 Conclusion

One area for improvement identified during the previous inspection was met. Issues raised with RQIA prior to the inspection about care delivery in the home were not substantiated. A serious concerns meeting was held via video link on 7 July 2020 due to issues identified in relation to medicines management in the home. An action plan was provided outlining how the identified issues would be addressed. A further inspection will be undertaken to ensure that the concerns have been effectively addressed. Six areas for improvement were identified as a result of this inspection.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Sharon Smyth, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13(4) Stated: First time To be completed by: Immediate and ongoing	The registered person shall develop robust arrangements to ensure that the controlled drug record books are fully and accurately maintained. Ref: 6.2 Response by registered person detailing the actions taken: Robust arrangements have been increased for dealing with the CD Record Books in ACH. All staff have been advised in group supervisions to ensure that the records kept fully reflect the situation in each unit at any given time. The one unit with the noted deficiencies has been given extra consideration and a more robust approach put in place for updating upon discharge of residents. More frequent audits are now happening also.
Area for improvement 2 Ref: Regulation 13(4) Stated: First time To be completed by: Immediate and ongoing	The registered person shall ensure that records for the disposal and transfer of medicines are kept up to date at all times. Ref: 6.2 Response by registered person detailing the actions taken: The increased frequency of audits as mentioned above will contribute to this being achieved also.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 41.7 Stated: First time To be completed by: 22 July 2020	The registered person shall ensure that the competency assessment for nurse in charge of the home is further developed to include responding to complaints; including those raised by staff. Ref: 6.2 Response by registered person detailing the actions taken: This has now been completed

<p>Area for improvement 2</p> <p>Ref: Standard 13.7</p> <p>Stated: First time</p> <p>To be completed by: 2 August 2020</p>	<p>The registered person shall ensure that the whistleblowing policy is revisited with staff to ensure they are familiar with how to raise concerns.</p> <p>Ref: 6.2</p>
<p>Area for improvement 3</p> <p>Ref: Standard 16.11</p> <p>Stated: First time</p> <p>To be completed by: 16 July 2020</p>	<p>The registered person shall ensure records are kept of all complaints and these include details of all communications with complainants; the result of any investigations; the action taken; whether or not the complainant was satisfied with the outcome; and how this level of satisfaction is determined.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Records of all complaints are kept and available. On the day of inspection the records of the complaints recently received were available but not written up and summarised in the complaints book. This aspect has now been completed also.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall make the necessary arrangements to ensure that staff handwriting on medication records is always legible.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Addressed with all staff and will also be highlighted to third party contributors and other MDT members also to ensure eligibility is possible.</p>

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



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