

Follow Up Inspection Report 28 October 2020



Antrim Care Home

Type of Home: Nursing Home
Address: 88 Milltown Road, Antrim, BT41 2JJ
Tel No: 028 9442 8717
Inspector: Judith Taylor

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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a nursing home which provides care for up to 51 patients.

3.0 Service details

Organisation/Registered Provider: Hutchinson Homes Ltd Responsible Individual: Mrs Janet Montgomery	Registered Manager: Mrs Sharon Smyth
Person in charge at the time of inspection: Mrs Diane Pahome (Staff Nurse)	Date manager registered: 10 June 2016
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 registered places: 51

4.0 Inspection summary

An unannounced inspection took place on 28 October 2020 from 10.35 to 13.50.

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/ the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

The inspection sought to assess progress with the medicines management issues raised in relation to controlled drugs and the completion of medicine records which had been identified at the last inspection on 24 and 29 June 2020. Following discussion with the aligned care inspector, it was agreed that the areas for improvement identified relating to care, would be followed up at the next care inspection.

It was evidenced that the medicine related areas identified for improvement had been addressed in a satisfactory manner. Management had reviewed and developed the systems in place. Staff had received further training on the management of medicines. The improvements which had taken place were acknowledged.

The following areas were examined during the inspection:

- management of controlled drugs and record keeping
- management of discontinued medicines
- management of medicines discharged with patients
- governance and audit arrangements for medicines management

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	3*

*The total number of areas for improvement are three which have been carried forward for review at the next inspection.

No new areas for improvement were identified and enforcement action did not result from the findings of this inspection. Findings were discussed with Mrs Diane Pahome, Nurse in Charge.

4.2 Action/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced inspection focusing on care and medicines management, which was undertaken on 24 and 29 June 2020. Following the inspection, a serious concerns meeting was held to discuss the shortfalls identified in relation to the management of controlled drugs.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of incidents: it was ascertained that there were no incidents involving medicines reported to RQIA since the last medicines management inspection

During the inspection we met with two registered nurses and the operations manager.

A sample of the following was examined during the inspection:

- receipt of medicines records
- controlled drug record books
- transfer of medicines records
- medicines management training records
- disposal of medicines records
- audits completed by staff
- monthly monitoring audits

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 the most recent inspection completion on 24 June 2020 and 29 June 2020

The most recent inspection of the home was a combined unannounced care and medicines management inspection. The completed QIP was returned and approved by the care and pharmacist inspectors. Three areas for improvement in the QIP will be validated by the care inspector at the next inspection.

6.2 Review of areas for improvement from the last inspection

Areas for improvement from the last inspection		
Action required to ensure compliance with Department of Health, Social Services and Public Safety (DHSSPS) 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 develop robust arrangements to ensure that the controlled drug record books are fully and accurately maintained.	Met
	Action taken as confirmed during the inspection: Examination of three controlled drug record books indicated that they were up to date and accurate.	
Area for improvement 2 Ref: Regulation 13(4) Stated: First time	The registered person shall ensure that records for the disposal and transfer of medicines are kept up to date at all times.	Met
	Action taken as confirmed during the inspection: Examination of the disposal and transfer of medicines records in each of the three treatment rooms showed that they had been accurately completed and we could account for all controlled drugs on the day of the inspection.	

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		Validation of compliance
Area for improvement 1 Ref: Standard 41.7 Stated: First time	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.	Carried forward to next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next inspection.	
Area for improvement 2 Ref: Standard 13.7 Stated: First time	The registered person shall ensure that the whistleblowing policy is revisited with staff to ensure they are familiar with how to raise concerns.	Carried forward to next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next inspection.	
Area for improvement 3 Ref: Standard 16.11 Stated: First time	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.	Carried forward to next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next inspection.	
Area for improvement 4 Ref: Standard 28 Stated: First time	The registered person shall make the necessary arrangements to ensure that staff handwriting on medication records is always legible.	Met
	Action taken as confirmed during the inspection: We were advised of the action taken to improve legibility of handwriting. We were able to understand the handwriting in the records inspected. The personal medication records and medicine administration records are now electronic, therefore handwriting is not required.	

6.3 Inspection findings

Staff advised of the action taken regarding medicines management since the last inspection. Supervision sessions had been held with staff regarding accurate completion of records, with particular focus on the management of controlled drugs.

In the last two weeks, a new medicine system had been brought into use. The personal medication records and medicine administration records were held electronically. Staff had received training and support prior to and during the first week and to date this appeared to be working well. Some queries were highlighted with the operations manager and advice given.

In relation to the management of controlled drugs, we reviewed the controlled drug record books and the receipt, disposal and transfer of medicines records held in each of the three treatment rooms. We noted the improvements made and could account for all controlled drugs, including those which had been denatured and disposed; and those which were transferred with the patient at the time of discharge. Stock balances had been brought to zero when the complete supply of controlled drug had been disposed/transferred.

We reviewed the monitoring arrangements for medicines management. Daily and monthly audits had been completed by staff and included controlled drugs. Any identified areas for improvement were recorded in an action plan. These areas were followed up and also reviewed as part of the monthly monitoring reports by senior management.

Following discussion with the staff/management it was evident that staff were aware of their roles and responsibilities in relation to medicines management and the accurate completion of records. We acknowledged the improvements made and discussed how these must be sustained over time.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

No new areas for improvement were identified at this inspection. However, the areas for improvement as detailed in the QIP have been carried forward for review at the next 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 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 Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 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 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.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next inspection. Ref: 6.2
Area for improvement 2 Ref: Standard 13.7 Stated: First time To be completed by: 2 August 2020	The registered person shall ensure that the whistleblowing policy is revisited with staff to ensure they are familiar with how to raise concerns.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next inspection. Ref: 6.2
Area for improvement 3 Ref: Standard 16.11 Stated: First time To be completed by: 16 July 2020	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.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next inspection. Ref: 6.2

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

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