

# Inspection Report

14 June 2022



## Ballyclare Nursing Home

Type of service: Nursing (NH)  
Address: 107a Doagh Road, Ballyclare, BT39 9ES  
Telephone number: 028 9334 0310

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Hutchinson Homes Ltd  <b>Responsible Individual:</b> Mrs Janet Montgomery	<b>Registered Manager:</b> Mrs Janie Van Wyk (Acting)  <b>Date registered:</b> Acting, no application required
<b>Person in charge at the time of inspection:</b> Mr Noby Jacob	<b>Number of registered places:</b> 34
<b>Categories of care:</b> Nursing Home (NH) I – old age not falling within any other category	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 23
<b>Brief description of the accommodation/how the service operates:</b>  This home is a registered nursing home which provides nursing care for up to 34 patients.	

## 2.0 Inspection summary

An unannounced inspection took place on 14 June 2022, from 10.00am to 3.20pm. This was completed by two pharmacist inspectors.

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.

The outcome of this inspection concluded that some improvement in the management of medicines was necessary. One area for improvement was identified as detailed in the report and QIP.

Whilst an area for improvement was identified, it was concluded that overall, with the exception of a small number of medicines, 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. Staff views were also obtained.

### 4.0 What people told us about the service

Staff interactions with patients were warm, friendly and supportive. It was evident that they knew the patients well.

The inspectors met with a nursing student, nursing staff, the deputy manager and the Human Resources manager. 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 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 inspection on 30 July 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 21 (5)(d) (i)	The registered person shall ensure a robust system is in place to regularly monitor staff registration with their appropriate regulatory body.	

<p><b>Stated:</b> Second time</p>	<p><b>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.</b></p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 12 (1) (a)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure care documentation for the management of wounds accurately reflect the assessed needs of the patient.</p> <ul style="list-style-type: none"> <li>• All wounds should have detailed individual care plan</li> <li>• The frequency of dressing change should clearly reflect the assessed need of the wound</li> <li>• Any change in the wound should be accurately documented and appropriate care documentation updated to reflect the change.</li> </ul> <p><b>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.</b></p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 32 (h)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall review the use of the identified bathroom and if necessary submit a variation to registration to RQIA.</p> <p><b>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.</b></p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the staff duty rota is maintained in keeping with legislation and best practice guidance; and does not evidence the use of correction fluid.</p> <p><b>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.</b></p>	<p><b>Carried forward to the next inspection</b></p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 41.7</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure registered nurses competency and capability assessments are up to date and regularly reviewed.</p> <p><b>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.</b></p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p>	<p>The responsible person shall ensure communal bathrooms are not used to store patient equipment.</p> <p><b>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.</b></p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 46.2</p> <p><b>Stated:</b> First time</p>	<p>The responsible person shall ensure that staff use PPE appropriately at all times in order to assure compliance with best practice guidelines in infection prevention and control measures.</p> <p><b>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.</b></p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that a robust system of audits is maintained to promote and make proper provision for the nursing, health and welfare of patients.</p> <p>Such governance audits shall be completed in accordance with legislative requirements, minimum standards and best practice.</p> <p>This includes but is not limited to:</p> <ul style="list-style-type: none"> <li>• Wound care audits</li> <li>• PPE compliance audits</li> <li>• Hand hygiene audits.</li> </ul> <p><b>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.</b></p>	<p><b>Carried forward to the next inspection</b></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 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.

An electronic medicines recording system was in place. Printed personal medication records reviewed at the inspection were not all accurate. This could result in medicines being administered incorrectly or the wrong information being provided to another healthcare professional. It was confirmed that these were not in use. The majority of the electronic records were found to be accurate. However, it was difficult to ascertain if these had been verified by a second member of staff on input into the electronic system. The deputy manager advised that their process is to print a copy of the personal medication record after each amendment which is signed by two members of staff and filed. The risk of keeping inaccurate paper copies of personal medication records was discussed and it was confirmed that an up to date copy is printed at the time of transfer of a patient to hospital or another setting. The deputy manager stated he will request further training to enable staff to record the personal medication record verification electronically.

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 the management of distressed reactions was reviewed. Directions for use were clearly recorded on the personal medication record; and a care plan was 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.

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. One care plan reviewed required updating to include the most recent prescribed medication. This was addressed immediately.



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 and nutritional supplements were 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.

### **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 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. Temperatures of medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately. A medicine refrigerator and controlled drugs cabinet were available for use as needed. The deputy manager was reminded that medicine trolleys should be secured to the wall when not in use.

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 on the electronic medicines administration record system were brought to the attention of the deputy manager for ongoing close monitoring.

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 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.

#### **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.

Review of medicines for a patient who had a recent hospital stay and were discharged back to the home, showed that the hospital discharge letter had been received and a copy had been forwarded to the patient's GP. The patient's personal medication record had been updated to reflect medication changes which had been initiated during the hospital stay. The patient's personal medication record required an update to include the thickening agent prescribed. It was agreed that this would be addressed immediately. Medicines had been accurately received into the home and administered in accordance with the most recent directions.

#### **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.

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

The audits completed at the inspection indicated that the majority of medicines were being administered as prescribed. However, audit discrepancies were observed in the administration of a small number of medicines. A review of the monthly management audits indicated that they have not been reinstated since the introduction of the electronic medicines administration record system. The date of opening was not recorded on all medicines reviewed to facilitate audit. An area for improvement was identified.



### 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 they staff are competent in managing medicines and that they are supported.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Ongoing review was monitored through supervision sessions with staff and at annual appraisal. 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.

## 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
<b>Total number of Areas for Improvement</b>	4*	5*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Noby Jacob, deputy manager, and Ms Shan Horan, staff nurse, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 21 (5)(d)  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect (30 July 2021)	The registered person shall ensure a robust system is in place to regularly monitor staff registration with their appropriate regulatory body.  <b>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.</b>  Ref: 5.1
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 12 (1)(a)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect (30 July 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"> <li>• All wounds should have detailed individual care plan</li> <li>• The frequency of dressing change should clearly reflect the assessed need of the wound</li> <li>• Any change in the wound should be accurately documented and appropriate care documentation updated to reflect the change.</li> </ul> <b>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.</b>  Ref: 5.1
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 32 (h)  <b>Stated:</b> First time  <b>To be completed by:</b> 30 September 2021	The registered person shall review the use of the identified bathroom and if necessary submit a variation to registration to RQIA.  <b>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.</b>  Ref: 5.1

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Ongoing from the date of the inspection (14 June 2022)</p>	<p>The registered person shall ensure that a robust system of audit which includes all aspects of medicines management is implemented to ensure safe systems are in place.</p> <p>Ref: 5.2.5</p>
<p><b>Action required to ensure compliance with Care Standards for Nursing Homes, April 2015</b></p>	<p><b>Response by registered person detailing the actions taken:</b> Competency and capability tool in place to ensure that staff nurses are complying with NMC guidelines, and the home policies and procedures. Audit tool in place, monthly audits of Pill pac system and over arching audit tool now in place.</p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (30 July 2021)</p>	<p>The registered person shall ensure that the staff duty rota is maintained in keeping with legislation and best practice guidance; and does not evidence the use of correction fluid.</p> <p><b>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.</b></p> <p>Ref: 5.1</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 41.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 August 2021</p>	<p>The registered person shall ensure registered nurses competency and capability assessments are up to date and regularly reviewed.</p> <p><b>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.</b></p> <p>Ref: 5.1</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (30 July 2021)</p>	<p>The responsible person shall ensure communal bathrooms are not used to store patient equipment.</p> <p><b>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.</b></p> <p>Ref: 5.1</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 46.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (30 July 2021)</p>	<p>The responsible person shall ensure that staff use PPE appropriately at all times in order to assure compliance with best practice guidelines in infection prevention and control measures.</p> <hr/> <p><b>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.</b></p> <p>Ref: 5.1</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (30 July 2021)</p>	<p>The registered person shall ensure that a robust system of audits is maintained to promote and make proper provision for the nursing, health and welfare of patients.</p> <p>Such governance audits shall be completed in accordance with legislative requirements, minimum standards and best practice.</p> <p>This includes but is not limited to:</p> <ul style="list-style-type: none"> <li>• Wound care audits</li> <li>• PPE compliance audits</li> <li>• Hand hygiene audits.</li> </ul> <hr/> <p><b>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.</b></p> <p>Ref: 5.1</p>

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



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