

Inspection Report

9 January 2024



Clareview House

Type of service: Nursing Home
Address: 105 Doagh Road, Ballyclare, BT39 9ES
Telephone number: 028 9334 9694

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Hutchinson Homes Limited	Registered Manager: Mrs Sharon Bell
Responsible Individual: Ms Naomi Carey	Date registered: 8 November 2010
Person in charge at the time of inspection: Mrs Sharon Bell 10.35am to 1.00pm Ms Robyn Crawford 1.00pm to 2.50pm	Number of registered places: 35 This number includes a maximum of five patients in category NH-DE.
Categories of care: Nursing (NH): I – old age not falling within any other category PH(E) - Physical disability other than sensory impairment – over 65 years DE - Dementia	Number of patients accommodated in the nursing home on the day of this inspection: 32
Brief description of the accommodation/how the service operates: Clareview House is a nursing home registered to provide nursing care for up to 35 patients. The home is divided into two units over two floors. The ground floor and first floor provides general nursing care and there is a five bedroom unit on the ground floor which provides care for people with dementia.	

2.0 Inspection summary

An unannounced inspection took place on 9 January 2024, from 10.35am to 2.50pm. 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.

The areas for improvement identified at the last care inspection have been carried forward and will be followed up at the next care inspection.

Review of medicines management found that medicines were stored securely. Medicine records were generally well maintained. 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. Four new areas for improvement were identified in relation to monitoring and recording the temperature of the medicines refrigerator, ensuring personal medication records are signed and verified by two staff members when written or

updated, a written confirmation of medicines is obtained for new admissions to the home and ensuring care plans are in place for pain management.

Whilst areas for improvement were 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. Discussions took place with staff and management about how they plan, deliver and monitor the management of medicines in the home.

4.0 What people told us about the service

The inspector met with nursing staff and the manager. 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.

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

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 24 January 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13(1) (a) (b) Stated: Second time	<p>The registered person shall ensure that nursing staff follow the home's policy and Regional Guidance on the management and evaluation of care during and following a fall.</p> <p>This includes but is not limited to evidencing that clinical or neurological observations are carried out for all patients following a fall and that accidental falls care plans and risk assessments are reflective of the patients' needs.</p>	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 16 (1) (2) (b) Stated: Second time	<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. The care plans should be further developed within five days of admission and kept under review to reflect the changes needs of the patients.</p>	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 3 Ref: Regulation 10 (1) Stated: Second time	<p>The registered person shall review the home's current audit processes to ensure they are effective.</p> <p>Consideration should also be given to the scope of the audits undertaken which should include auditing of restrictive practice, and/or care records or staff use of PPE.</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>	Carried forward to the next inspection
Action required to ensure compliance with Care Standards for Nursing Homes, December 2022		Validation of compliance
Area for improvement 1 Ref: Standard 11 Stated: Second time	<p>The registered person shall ensure that the provision of activities in the home is reviewed to make sure that meaningful activities are provided to patients in the absence of the Personal Activity Lead. Activities must be integral part of the care process and care planned for. A contemporaneous record of activities delivered must be retained.</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>	Carried forward to the next inspection
Area for improvement 2 Ref: Standard 12 Stated: Second time	<p>The registered person shall ensure the following:</p> <ul style="list-style-type: none"> • The patient dining experience is reviewed with regards to the availability of glassware • Variations to the planned menu are recorded. <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>	Carried forward to the next inspection

Area for improvement 3 Ref: Standard 21.1 Stated: Second time	The registered person shall ensure that patients' wound care needs are managed in an effective manner at all times; this includes but is not limited to ensuring that: records are updated in a timely manner to reflect the assessed needs of patients; wound assessments and evaluations are completed after each dressing and daily progress notes include meaningful and patient centred entries regarding patients' skin condition.	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 detailed and patient centred care plans are in place for those availing of bespoke one to one care.	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 11 Stated: First time	The registered person shall ensure an accurate fluid balance is recorded for those patients who required to have their fluid intake/output monitored. These records should be reviewed and evaluated daily by a registered nurse.	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 6 Ref: Standard 12.7 Stated: First time	The registered person shall ensure that food intake records are reflective of the actual food consumed by patients.	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 7 Ref: Standard 12 Stated: First time	The registered person shall ensure menus are reviewed to evidence a choice of meals offered to patients and these choices are varied and recorded accurately.	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 at the inspection were accurate and up to date. However, a second member of staff had not checked and signed the personal medication records when they were written and updated to state that they were accurate. An area for improvement was identified.

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. An assurance was provided

that two care plans will be updated to specify the name of the prescribed medicine. Staff knew how to recognise a change in a patient's behaviour and were aware that this change may be associated with pain. Records included the reason for and outcome of each administration.

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. However, for two patients care plans were not in place to direct staff. An area for improvement was identified.

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. 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.

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. Nurses agreed to update the care plan to specify the prescribed insulin preparation.

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 medicine storage area was monitored and recorded to ensure that medicines were stored appropriately.

Medicines which require cold storage must be stored between 2°C and 8°C to maintain their stability and efficacy. In order to ensure that this temperature range is maintained it is necessary to monitor the current, maximum and minimum temperatures of the medicines refrigerator each day and to then reset the thermometer. The maximum temperature had been recorded outside the recommended range for nine days and no action had been taken to investigate or escalate the issue. An area for improvement was identified.

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. All of the records reviewed 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 and were readily retrievable for audit.

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.

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.

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 not in place to manage medicines for new patients or patients returning from hospital. Written confirmation of the patient's medicine regime was not obtained at or prior to admission. An area for improvement was identified.

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.

The audits completed at the inspection indicated that the majority of medicines were being administered as prescribed. One discrepancy was highlighted to the manager for investigation. An incident report was submitted to RQIA on 23 January 2024.

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.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Care Standards for Nursing Homes, December 2022.

	Regulations	Standards
Total number of Areas for Improvement	3*	11*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Robyn Crawford, Registered Nurse and Ms Helen McCartney, Registered Nurse, as part of the inspection process. Feedback was also provided via telephone to Mrs Sharon Bell, Registered Manager, via telephone on 15 January 2024. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13(1) (a) (b) Stated: Second time To be completed by: With immediate effect (24 January 2023)	<p>The registered person shall ensure that nursing staff follow the home's policy and Regional Guidance on the management and evaluation of care during and following a fall.</p> <p>This includes but is not limited to evidencing that clinical or neurological observations are carried out for all patients following a fall and that accidental falls care plans and risk assessments are reflective of the patients' needs.</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>Ref: 5.1</p>
Area for improvement 2 Ref: Regulation 16 (1) (2) (b) Stated: Second time To be completed by: 31 March 2023	<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. The care plans should be further developed within five days of admission and kept under review to reflect the changes needs of the patients.</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>Ref: 5.1</p>
Area for improvement 3 Ref: Regulation 10 (1) Stated: Second time To be completed by: 30 April 2023	<p>The registered person shall review the home's current audit processes to ensure they are effective.</p> <p>Consideration should also be given to the scope of the audits undertaken which should include auditing of restrictive practice, and/or care records or staff use of PPE.</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>Ref: 5.1</p>

Action required to ensure compliance with the Care Standards for Nursing Homes 2022.	
Area for improvement 1 Ref: Standard 11 Stated: Second time To be completed by: Immediate action required (24 January 2023)	The registered person shall ensure that the provision of activities in the home is reviewed to make sure that meaningful activities are provided to patients in the absence of the Personal Activity Lead. Activities must be integral part of the care process and care planned for. A contemporaneous record of activities delivered must be retained.
	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 2 Ref: Standard 12 Stated: Second time To be completed by: 30 April 2023	The registered person shall ensure the following: <ul style="list-style-type: none"> • The patient dining experience is reviewed with regards to the availability of glassware • Variations to the planned menu are recorded.
	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 21.1 Stated: Second time To be completed by: Immediately and ongoing (24 January 2023)	The registered person shall ensure that patients' wound care needs are managed in an effective manner at all times; this includes but is not limited to ensuring that: records are updated in a timely manner to reflect the assessed needs of patients; wound assessments and evaluations are completed after each dressing and daily progress notes include meaningful and patient centred entries regarding patients' skin condition.
	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 Stated: First time To be completed by: 30 April 2023	The registered person shall ensure detailed and patient centred care plans are in place for those availing of bespoke one to one care.
	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 5 Ref: Standard 11 Stated: First time To be completed by: 30 April 2023	The registered person shall ensure an accurate fluid balance is recorded for those patients who required to have their fluid intake/output monitored. These records should be reviewed and evaluated daily by a registered nurse.
	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 12.7 Stated: First time To be completed by: 30 March 2023	The registered person shall ensure that food intake records are reflective of the actual food consumed by patients.
	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 7 Ref: Standard 12 Stated: First time To be completed by: Immediately and ongoing (24 January 2023)	The registered person shall ensure menus are reviewed to evidence a choice of meals offered to patients and these choices are varied and recorded accurately.
	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 8 Ref: Standard 29 Stated: First time To be completed by: Immediately and ongoing (9 January 2024)	The registered person shall ensure that personal medication records are signed and verified as accurate by two trained members of staff when written and updated. Ref: 5.2.1
	Response by registered person detailing the actions taken: All kardex have been signed and verified by 2 staff, and staff are aware to continue this practice moving forward. Home Manager will ensure compliance through monthly audit

<p>Area for improvement 9</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing (9 January 2024)</p>	<p>The registered person shall ensure that care plans are in place to direct staff when patients are prescribed medicines to manage chronic pain.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: All residents now have a care plan in place in relation to pain management. The Home Manager will ensure compliance through monthly audit</p>
<p>Area for improvement 10</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing (9 January 2024)</p>	<p>The registered person shall ensure that the maximum, minimum and current temperatures of the medicines refrigerator are monitored and recorded daily and that appropriate action is taken if the temperature recorded is outside the recommended range of 2-8°C.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: A new thermometer for the fridge is now in place. Daily records kept and staff are aware of appropriate action to be taken if necessary.</p>
<p>Area for improvement 11</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing (9 January 2024)</p>	<p>The registered person shall ensure that written confirmation of medicines is obtained from the prescriber at or prior to admission for all new admissions to the home.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken: Written confirmation is now in place for all new admissions, especially those coming in from the community. Compliance will be audited by Home Manager</p>

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