

Inspection Report

12 April 2022



Aughnacloy House

Type of Service: Nursing Home (NH)

Address: 2 Tandragee Road, Lurgan, Craigavon, BT66 8TL

Tel No: 028 3834 6400

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: MD Healthcare Ltd Responsible Individual: Mrs Lesley Catherine Megarity	Registered Manager: Ms Constance Mitchell Date registered: 12 February 2015
Person in charge at the time of inspection: Ms Constance Mitchell	Number of registered places: 71 A maximum of thirty-three patients in category NH-DE located on the first floor only. The home is also approved to provide care on a day basis only to four persons.
Categories of care: Nursing Home (NH) DE – dementia I – old age not falling within any other category PH – physical disability other than sensory impairment PH (E) - physical disability other than sensory impairment – over 65 years	Number of patients accommodated in the nursing home on the day of this inspection: 66
Brief description of the accommodation/how the service operates: This is a registered nursing home which provides nursing care for up to 71 persons. The home is divided into two units over two floors. The ground floor provides general nursing care and the first floor provides care for people living with dementia.	

2.0 Inspection summary

An unannounced inspection took place on 12 April 2022, from 10.15am to 4pm. The inspection was completed by two pharmacist inspectors and focused on medicines management. 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.

Review of medicines management found that medicine records and medicine related care plans were well maintained. Medicines were stored safely and securely and there were effective systems in place to ensure that staff were trained and competent to manage medicines. Two areas for improvement in relation to the safe management of insulin and ensuring newly admitted patients have a continuous supply of their medicines were identified.

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.

Based on the inspection findings and discussions held, RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager/management team in relation to the management of medicines.

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

The inspectors met with nursing staff, the deputy manager and the manager. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

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

Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after patients and meet their needs.

Feedback methods included a staff poster and paper questionnaires which were provided to the manager for any patient or their family representative to complete and return using pre-paid, self-addressed envelopes. At the time of issuing this report, no questionnaires had been received by RQIA.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

Areas for improvement from the last inspection on 11 May 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2) (a) Stated: First time	The registered person shall ensure that robust arrangements are in place in relation to managing risks within the environment; this relates specifically to those matters identified within Section 5.2.2. (of report dated 11 May 2021)	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 13 (7) Stated: First time	The registered person shall ensure that robust systems are in place to monitor and address potential or actual environmental IPC issues in a timely manner.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Action required to ensure compliance with Care Standards for Nursing Homes, April 2015		Validation of compliance
Area for improvement 1 Ref: Standard 43.6 Stated: First time	The registered person shall ensure that patients' bedrooms are personalised as far as reasonably possible. This is with specific reference to bedroom walls.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

Area for improvement 2 Ref: Standard 12 Stated: First time	The registered person shall ensure that menus are displayed in a suitable format for patients and that the correct menus are on display each day.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 3 Ref: Standard 4 Stated: First time	The registered person shall ensure that care records relating to the repositioning of patients are completed in a person centred, comprehensive and accurate manner at all times.	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 12 Stated: First time	The registered person shall ensure that food is appropriately covered at all times when being transported to patient bedrooms.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 5 Ref: Standard 4 Stated: First time	The registered person shall ensure that patients' care records clearly state at all times the type of any pressure relieving device being used including any relevant settings.	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 majority of personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to state that they were accurate. However, discrepancies were observed between the insulin doses stated on a personal medication record and the dose recorded on the medicine administration record. This could result in medicines being administered incorrectly or the wrong information being provided to another healthcare professional. Nurses were aware of the current prescribed dose and the personal medication record in question was accurately amended and updated on the day of the inspection to reflect the latest prescribed insulin doses.

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 nurses 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 nurses 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 for two patients. Directions for use were clearly recorded on the personal medication records and care plans directing the use of these medicines were in place. Nurses 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. Nurses 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. A small number of care plans reviewed did not state the latest prescribed pain relief medicine. The manager gave an assurance that the care plans would be updated to include the specific medicines prescribed for pain.

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 for five patients. A speech and language assessment report and care plan was in place for each patient. Records of prescribing and administration which included the recommended consistency level were maintained.

Some patients cannot take food and medicines orally; it may be necessary to administer food and medicines via an enteral feeding tube. The management of medicines and nutrition via the enteral route was examined. An up to date regimen detailing the prescribed nutritional supplement and recommended fluid intake was in place. Records of administration of the nutritional supplement and water were appropriately maintained.

The management of insulin was reviewed. Care plans were in place when patients required insulin to manage their diabetes. There was sufficient detail to direct staff if the patient's blood sugar was too high or too low. In-use insulin pen devices were individually labelled to denote ownership however the date of opening was not recorded. This is necessary to facilitate audit and disposal at expiry. As stated above, discrepancies were observed between the insulin doses stated on a personal medication record and the dose recorded as administered. An area for improvement in relation to the safe management of insulin was identified.

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 the majority of medicines were available for administration when patients required them. However, it was identified that a small number of medicines had been out of stock which resulted in missed doses. One medicine had been out of a stock for a period of four days. Review of records for a number of patients recently admitted to the home identified a number of medicines were out of stock after the initial supply of medicines brought in from hospital or home had run out. These discrepancies were highlighted to the manager on the day of inspection. Incident reports detailing the actions taken and measures implemented to prevent a recurrence was submitted to RQIA on 13 April 2022. Patients must have a continuous supply of their prescribed medicines as missed doses or late administrations can impact upon their health or well-being. An area for improvement was identified.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access.

They were 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.

Satisfactory arrangements were in place for the safe disposal of medicines and records were maintained.

5.2.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

It is important to have a clear record of which medicines have been administered to patients to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed. The records reviewed were found to have been fully and accurately completed. The records were filed once completed and were readily retrievable for review.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs were 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. With the exception of in-use insulin pen devices, 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.

Review of medicines for patients who had a recent hospital stay and were discharged back to this home showed that hospital discharge letters had been received and a copy had been forwarded to the patients' GPs. The patients' personal medication records had been updated to reflect medication changes which had been initiated during the hospital stay. Medicines had been accurately received into the home and administered in accordance with the most recent directions. As stated in Section 5.2.2, improvement is required in obtaining medicines in a timely manner for newly admitted residents to ensure they have a continuous supply of their medicines.

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.

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. Policies and procedures should be up to date and readily available for staff reference.

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

Records of staff training in relation to medicines management were available for inspection.

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, April 2015.

	Regulations	Standards
Total number of Areas for Improvement	4*	5*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with

Ms Connie Mitchell, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: With immediate effect (11 May 2021)	The registered person shall ensure that robust arrangements are in place in relation to managing risks within the environment; this relates specifically to those matters identified within Section 5.2.2. (of report dated 14 May 2021).
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time To be completed by: With immediate effect (11 May 2021)	The registered person shall ensure that robust systems are in place to monitor and address potential or actual environmental IPC issues in a timely manner.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 3 Ref: Regulation 13 (4) Stated: First time To be completed by: Ongoing from the date of inspection (12 April 2022)	The registered person shall ensure safe systems are in place for the management of insulin. Ref: 5.2.1
	Response by registered person detailing the actions taken: The management of insulin within the home has been reviewed to ensure safe systems are in place. Staff have been instructed to ensure PMR, MAR and the medication label on each insulin dosage correspond and are accurate to prevent potential medication administration errors. This will be kept under close review by the Registered Manager.

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of inspection (12 April 2022)</p>	<p>The registered person shall ensure patients have a continuous supply of their prescribed medicines. This is in particular reference to patients recently admitted to the home.</p> <p>Ref: 5.2.2 & 5.2.4</p> <p>Response by registered person detailing the actions taken: Supervisions have been held and the Medicine Management Policy shared again with the nurses, to ensure that all medications are obtained in a timely manner for new residents admitted to the home to ensure a continuous supply of resident medications is available. This will be closely monitored by the Registered Manager.</p>
<p>Action required to ensure compliance with Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 43.6</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2021</p>	<p>The registered person shall ensure that patients' bedrooms are personalised as far as reasonably possible. This is with specific reference to bedroom walls.</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> <p>Ref: 5.1</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (11 May 2021)</p>	<p>The registered person shall ensure that menus are displayed in a suitable format for patients and that the correct menus are on display each day.</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> <p>Ref: 5.1</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (11 May 2021)</p>	<p>The registered person shall ensure that care records relating to the repositioning of patients are completed in a person centred, comprehensive and accurate manner at all times.</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> <p>Ref: 5.1</p>

<p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (11 May 2021)</p>	<p>The registered person shall ensure that food is appropriately covered at all times when being transported to patient bedrooms.</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> <p>Ref: 5.1</p>
<p>Area for improvement 5</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (11 May 2021)</p>	<p>The registered person shall ensure that patients' care records clearly state at all times the type of any pressure relieving device being used including any relevant settings.</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> <p>Ref: 5.1</p>

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care