The Regulation and Quality Improvement Authority

# Inspection Report

## 10 January 2022

# Copperfields

Type of service: Nursing Home
Address: 1-3 Moore Street, Aughnacloy, BT69 6AX
Telephone number: 028 8555 7922

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

## 1.0 Service information

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| **Organisation/Registered Provider:**<br>Edwards Enterprises NI Ltd<br><br>**Responsible Individual:**<br>Mr William Henry Hume Edwards | **Registered Manager:**<br>Mrs Ciara Currens<br><br>**Date registered:**<br>Acting – no application required |
| **Person in charge at the time of inspection:**<br>Mrs Ciara Currens | **Number of registered places:**<br>32<br><br>There shall be a maximum of eight patients accommodated within category NH-DE and a maximum of one patient accommodated within category NH-LD/LD(E). The home is also approved to provide care on a day basis for one person. There shall be a maximum of two named residents receiving residential care in category RC-I and one named patient in category NH-PH. |
| **Categories of care:**<br>Nursing Home (NH)<br>I – old age not falling within any other category<br>DE – dementia<br>LD – learning disability<br>LD(E) – learning disability – over 65 years | **Number of patients accommodated in the nursing home on the day of this inspection:**<br>31 |
| **Brief description of the accommodation/how the service operates:**<br>This home is a registered nursing home which provides nursing care for up to 32 persons. The home is divided into two units over two floors. Patients have access to communal lounges, dining rooms, sunroom, garden house and a well maintained garden. | |

## 2.0 Inspection summary

An unannounced inspection took place on 10 January 2022 from 10:30am to 2:30pm. The inspection was completed by a pharmacist inspector and focused on 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 robust arrangements were in place for the safe management of medicines. Medicine records and medicine related care plans were 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. No new areas for improvement were identified during this inspection.

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 in relation to medicines management.

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. To complete the inspection 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 were reviewed.

## 4.0 What people told us about the service

To reduce footfall throughout the home, the inspector did not meet any patients. Patients were observed to be relaxing in communal areas during the inspection.

The inspector met with care staff, nursing staff, the responsible person 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 registered 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 last inspection?

| Areas for improvement from the last inspection on 4 August 2021 | | |
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| **Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005** | | **Validation of compliance** |
| **Area for improvement 1**<br><br>**Ref:** Regulation 29<br><br>**Stated:** First time | The registered person shall ensure that monthly monitoring reports contain sufficient detail to drive improvements. This includes an action plan which stipulates what action is required, who is responsible for addressing and the expected timeframe for completion.<br><br>**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.** | **Carried forward to the next inspection** |
| **Area for improvement 2**<br><br>**Ref:** Regulation 24 (3) (4)<br><br>**Stated:** First time | The registered person shall ensure that the complaints policy is followed in the event of any expressions of dissatisfaction, and that records are maintained.<br><br>**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.** | **Carried forward to the next inspection** |
| **Action required to ensure compliance with Care Standards for Nursing Homes, April 2015** | | **Validation of compliance summary** |
| **Area for improvement 1**<br><br>**Ref:** Standard 5 & 8<br><br>**Stated:** Second time | The registered person shall ensure that the visiting arrangements for the home are reviewed and revised and include the implementation of care partners to the home. Policy documentation should be in accordance with recent departmental guidance and patient representatives should be made aware of the revised policy on visiting.<br><br>**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.** | **Carried forward to the next inspection** |

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| **Area for improvement 2**<br><br>**Ref:** Standard 47 Criteria 3<br><br>**Stated:** First time | The registered person shall ensure that moving and handling training is embedded in practice.<br><br>**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.** | **Carried forward to the next inspection** |
| **Area for improvement 3**<br><br>**Ref:** Standard 46 Criteria 2<br><br>**Stated:** First time | The registered person shall ensure that the infection prevention and control issues identified in this report are addressed.<br><br>**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.** | **Carried forward to the next inspection** |
| **Area for improvement 4**<br><br>**Ref:** Standard 46 Criteria 3<br><br>**Stated:** First time | The registered person shall ensure that there is a robust system in place for the regular auditing of infection prevention and control standards in the home.<br><br>**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.** | **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 will 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, during medication reviews or at hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second nurse had checked and signed the personal medication records when they were written and updated to provide a double check that they were accurate.

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. Nurses knew how to recognise signs, symptoms and triggers which may cause a change in a patient's behaviour and were aware that this change may be associated with pain. Directions for use were clearly recorded on the personal medication records and care plans directing the use of these medicines were in place. Records of administration were clearly recorded. Nurses were reminded to consistently document the reason for and outcome of 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 were in place to direct staff.

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 two 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.

### 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 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. A medicine refrigerator and controlled drugs cabinet were available for use as needed.

Satisfactory arrangements for the disposal of medicines were in place. The manager was reminded to consistently record any medicines disposed of in the medicine disposal record book.

### 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.

Within the home, a record of the administration of medicines is completed in medicine administration records (MARs). A sample of these records was reviewed. The records reviewed were found to have been 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.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. There were robust arrangements in place for the management of controlled drugs. The receipt, administration and disposal of controlled drugs were recorded in a controlled drug record book.

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.

The management of medicines for one patient who was admitted to the home from hospital was reviewed. A hospital discharge letter had been received and a copy had been forwarded to the patient's GP. Two nurses were involved in writing the personal medication record which had been written accurately. Medicines had been accurately received into the home and administered in accordance with the most recent directions.

There was evidence that staff had followed up any discrepancies in a timely manner to ensure that the correct medicines were available for administration.

### 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.

The audit system in place helps staff to identify medicine related incidents. Management and staff were familiar with the type of incidents that should be reported.

The audits completed at the inspection indicated that the majority of medicines were being administered as prescribed. One discrepancy involving an antibiotic medication was discussed with the manager on the day of inspection for investigation and review. An incident report detailing the outcome of the investigation and action taken to prevent a recurrence was submitted to RQIA on 12 January 2022.

### 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 staff are competent in managing medicines and that staff are supported. Policies and procedures should be up to date and readily available for staff.

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. A written record was completed for induction and competency assessments.

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 were action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and or the Care Standards for Nursing Homes, 2015.

| | Regulations | Standards |
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| **Total number of Areas for Improvement** | 2* | 4* |

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

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Mr Henry Edwards, Responsible Person, and Mrs Ciara

Currens, Manager, as part of the inspection process and can be found in the main body of the report.

## Quality Improvement Plan

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| **Action required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005** | |
| **Area for improvement 1**<br><br>**Ref:** Regulation 29<br><br>**Stated:** First time<br><br>**To be completed by:**<br>29 October 2021 and going forward | The registered person shall ensure that monthly monitoring reports contain sufficient detail to drive improvements. This includes an action plan which stipulates what action is required, who is responsible for addressing and the expected timeframe for completion.<br><br>**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.**<br><br>Ref: 5.1 |
| **Area for improvement 2**<br><br>**Ref:** Regulation 24 (3) (4)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>Going forward | The registered person shall ensure that the complaints policy is followed in the event of any expressions of dissatisfaction, and that records are maintained.<br><br>**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.**<br><br>Ref: 5.1 |
| **Action required to ensure compliance with Care Standards for Nursing Homes, April 2015** | |
| **Area for improvement 1**<br><br>**Ref:** Standard 5 & 8<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>31 August 2021 | The registered person shall ensure that the visiting arrangements for the home are reviewed and revised and include the implementation of care partners to the home. Policy documentation should be in accordance with recent departmental guidance and patient representatives should be made aware of the revised policy on visiting.<br><br>**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.**<br><br>Ref: 5.1 |

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| **Area for improvement 2**<br><br>**Ref:** Standard 47 Criteria 3<br><br>**Stated:** First time<br><br>**To be completed by:**<br>With immediate effect (4 August 2021) and going forward | The registered person shall ensure that moving and handling training is embedded in practice.<br><br>**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.**<br><br>Ref: 5.1 |
| **Area for improvement 3**<br><br>**Ref:** Standard 46 Criteria 2<br><br>**Stated:** First time<br><br>**To be completed by:**<br>With immediate effect (4 August 2021) | The registered person shall ensure that the infection prevention and control issues identified in this report are addressed.<br><br>**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.**<br><br>Ref: 5.1 |
| **Area for improvement 4**<br><br>**Ref:** Standard 46 Criteria 3<br><br>**Stated:** First time<br><br>**To be completed by:**<br>30 July 2021 and going forward | The registered person shall ensure that there is a robust system in place for the regular auditing of infection prevention and control standards in the home.<br><br>**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.**<br><br>Ref: 5.1 |

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