

Inspection Report

15 February 2022



St Josephs

Type of service: Nursing (NH)
Address: 16 Princes Street, Warrenpoint, BT34 3NH
Telephone number: 028 4175 3572

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Kilmorey Care Ltd Responsible Individual: Mr Cathal O'Neill	Registered Manager: Mrs Ann Begley, registration pending
Person in charge at the time of inspection: Mrs Ann Begley	Number of registered places: 50 The home is approved to provide care on a day basis for 12 persons.
Categories of care: Nursing (NH): 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 LD(E) – learning disability – over 65 years LD – learning disability	Number of patients accommodated in the nursing home on the day of this inspection: 44
Brief description of the accommodation/how the service operates: This is a nursing home registered to provide nursing care for up to 50 patients. Bedrooms are located over three floors. The home offers communal dining. Seating areas with garden spaces are available for patients.	

2.0 Inspection summary

An unannounced inspection took place on 15 February 2022 from 10.30 am to 3.35pm. The inspection was carried out by a pharmacist inspector.

This inspection assessed progress with the areas for improvement identified in relation to care and medicines management identified at the last inspection on 12 and 14 October 2021.

The findings of the last inspection indicated that robust arrangements were not in place for all aspects of medicines management.

Areas for improvement were identified in relation to: governance and audit; stock control; storage; refrigerator temperatures; the management of thickening agents and the management of distressed reactions.

Following the inspection the medication related issues were discussed with the senior pharmacist inspector (RQIA) and it was decided that the home would be given a period of time to implement the necessary improvements and that this follow up inspection would be carried out to ensure that the improvements had been implemented and sustained.

The findings of this inspection indicated that improvements in governance and audit, stock control, storage, the management of thickening agents and the management of distressed reactions had been implemented. However, the medicines refrigerator temperature was not accurately monitored and further improvements in the governance and auditing systems were necessary. In addition, new areas for improvement were identified in relation to the management of insulin, discontinued medicines, medicines which are self-administered and the management of medicines which are administered on periods of home leave.

RQIA acknowledges that significant improvements have been made. However, as two areas for improvement were identified for a second time and new areas for improvement were identified, RQIA will continue to monitor and review the quality of service provided in St Joseph's and will carry out a further inspection to assess compliance.

RQIA would like to thank the patients and 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, storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines were reviewed.

During the inspection the inspector:

- spoke to staff and management about how they plan, deliver and monitor the care and support provided in the home
- observed practice and daily life
- reviewed documents to confirm that appropriate records were kept

4.0 What people told us about the service

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

Patients were observed to be relaxed and comfortable in the home. Staff were warm and friendly and it was evident from their interactions that they knew the patients.

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 12 and 14 October 2021		
Action required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 14 (2) (a) (c) Stated: First time	The registered person shall ensure that chemicals are not accessible to patients in any area of the home in keeping with COSHH legislation.	Met
	Action taken as confirmed during the inspection: The manager advised all staff were made aware of the issue following the inspection and that it is reiterated during the daily management audit. Chemicals were observed to be stored safely during the inspection.	
Area for Improvement 2 Ref: Regulation 13 (4) Stated: First time	The registered person must implement a robust audit system which covers all aspects of the management of medicines. Any shortfalls identified should be detailed in an action plan and addressed.	Partially met
	Action taken as confirmed during the inspection: The auditing system had been reviewed and updated following the last inspection. However, further improvements were necessary.	

	<p>This area for improvement was assessed as partially met and is stated for a second time.</p> <p>See Section 5.2.1</p>	
<p>Area for Improvement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that patients have a continuous supply of their prescribed medicines.</p> <p>Action taken as confirmed during the inspection:</p> <p>All medicines were available for administration on the day of the inspection.</p> <p>See Section 5.2.2</p>	Met
<p>Area for Improvement 4</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered person shall review the storage arrangements for medicines to ensure compliance with infection prevention and control (IPC) and to facilitate a clear audit trail.</p> <p>Action taken as confirmed during the inspection:</p> <p>Improvements in the storage arrangements for medicines were observed at the inspection.</p> <p>See Section 5.2.3</p>	Met
<p>Area for Improvement 5</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the medicine refrigerator temperature is accurately monitored and recorded each day to ensure that medicines are stored at the manufacturer's recommended temperature.</p> <p>Action taken as confirmed during the inspection:</p> <p>The daily records for the refrigerator temperature indicated that the temperature was not maintained between 2°C and 8°C.</p> <p>This area for improvement was assessed as not met and is stated for a second time.</p> <p>See Section 5.2.3</p>	Not met

Area for Improvement 6 Ref: Regulation 13 (4) Stated: First time	<p>The registered person shall ensure that records for the administration of thickening agents are accurately maintained.</p> <p>Action taken as confirmed during the inspection:</p> <p>The records reviewed had been maintained to a satisfactory standard.</p> <p>See Section 5.2.5</p>	Met
Action required to ensure compliance with Care Standards for Nursing Homes, April 2015		
Area for Improvement 1 Ref: Standard 12 Stated: First time	<p>The registered person shall ensure that all patients in the home have a choice of meal at mealtimes.</p> <p>Action taken as confirmed during the inspection:</p> <p>The manager advised that patients who attend the dining room for their meals are offered a choice of meal at the point of service.</p> <p>For patients who prefer to eat their meals in their bedrooms, the menu options are discussed shortly before the meal is served.</p> <p>Alternatives options were available for all meals.</p>	Met
Area for improvement 2 Ref: Standard 44 Stated: First time	<p>The registered person shall ensure that uncovered radiator temperatures are monitored to ensure that they are maintained at a low heat. Any radiator which is not maintained at a low heat must have a radiator cover in place.</p> <p>Action taken as confirmed during the inspection:</p> <p>The manager advised that rolling programme was in place to ensure that all radiators have a radiator cover in place. Progress made was evidenced during the inspection.</p> <p>This area for improvement was assessed as met and progress will be reviewed at the next care inspection.</p>	

Area for Improvement 3 Ref: Standard 40 Stated: First time	The registered person shall ensure that the hours allocated to the provision of activities in the home is reviewed to ensure that patients who wish to engage are provided with meaningful activities.	Met
	Action taken as confirmed during the inspection: An activity worker had been recruited. They worked 1.00pm to 5.00pm from Monday to Friday each week. The manager advised that activities were tailored to meet the needs of the individual patients.	
Area for Improvement 4 Ref: Standard 18 Stated: First time	The registered person shall ensure that when medicines are administered for the management of distressed reactions the reason for and outcome is recorded.	Met
	Action taken as confirmed during the inspection: A review of medication records indicated that when medicines were administered for the management of distressed reactions the reason for and outcome of administration was recorded. See Section 5.2.4	

5.2 Inspection findings

5.2.1 Governance and audit

The manager had introduced a revised weekly and monthly audit tool. There was evidence that action plans were implemented and addressed when shortfalls were identified.

As identified at the last inspection, the majority of medicines were supplied in the blister pack system. The audits completed at the inspection indicated that these medicines had been administered as prescribed.

Dates of opening were recorded on eye drops, liquid medicines and inhaled medicines, and only one supply of each of these medicines was available on the medicine trolleys for each patient which meant that they could be audited. The audits completed at the inspection indicated that the majority of these medicines had been administered as prescribed. However, the date of opening had not been recorded on several insulin pens. This is necessary to provide a clear audit trail and to ensure insulin pens are removed from use at their expiry. An area for improvement was identified.

Audit discrepancies were observed in the administration of a number of medicines which were supplied in their original containers. The manager was requested to investigate these discrepancies. Incident report forms were submitted to RQIA on 22 February 2022. They provided details on the action taken to prevent a recurrence.

As detailed below unsatisfactory recordings were observed for the daily refrigerator temperatures and this had not been identified through the audit process.

The findings of this inspection indicate that although the auditing system had improved, further improvements were necessary to ensure that shortfalls in the management of medicines are identified and action plans developed and implemented. This area for improvement was stated for a second time.

5.2.2 Stock control

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.

The manager advised the medication ordering systems had been reviewed following the last inspection and that nurses had been reminded to follow-up any potential out of stocks without delay.

The records inspected showed that all medicines were available for administration on the day of inspection. There was evidence that one medicine had been out of stock for three days at the beginning of the medication cycle. This had been followed up by the nursing staff. The manager was reminded that this type of incident should be reported to RQIA. An incident report form was submitted to RQIA following the inspection.

5.2.3 The storage of medicines

Medicines must be 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 storage arrangements for medicines had been reviewed to ensure compliance with infection prevention and control and to facilitate a clear audit trail. The medicines storage areas were observed to be securely locked to prevent any unauthorised access. Storage was tidy and organised to ensure that medicines belonging to each patient could be easily located. As identified in Section 5.2.1, the date of opening should be recorded on insulin pens to facilitate audit and disposal at expiry.

To ensure that medicines requiring cold storage are stored in accordance with the manufacturers' instructions, the refrigerator temperature must be maintained between 2°C and 8°C. Staff should record the temperature daily and then reset the thermometer. A review of the daily records showed that the refrigerator temperature was monitored daily. However, temperatures outside the accepted range had been recorded on most days since the beginning of December 2021. Nurses had not taken corrective action and this had not been identified through the audit process. The thermometer was reset during the inspection and satisfactory temperatures were observed. The registered person must ensure that the refrigerator temperature is monitored daily and the thermometer is reset daily. Corrective action must be taken if temperatures outside the accepted range are observed. An area for improvement was stated for the second time.

Two medicines which had recently been discontinued remained available on the medicines trolley. There is a risk that these medicines may be administered in error. The management of discontinued medicines must be reviewed to ensure that they are removed from the trolleys, overstock cupboard and refrigerator without delay. An area for improvement was identified.

5.2.4 The management of distressed reactions

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 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 its effect. The management of medicines prescribed on a "when required" basis for distressed reactions was reviewed. Staff 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. Care plans directing the use of these medicines were in place. Directions for use were clearly recorded on the personal medication records and records of administration were maintained. The reason for and outcome of administration had been recorded.

5.2.5 Record keeping in relation to thickening agents

Some patients may need their diet modified to ensure that they receive adequate nutrition. The management of thickening agents was reviewed for two patients. Speech and language assessment reports and care plans were in place. Records of prescribing which included the recommended consistency level were maintained. Thickening agents were administered by both nurses and care assistants. Systems were in place to ensure that records of administration were maintained by the person (nurse/care assistant) who administered the thickening agent.

5.2.6 Self-administration of medicines

A small number of patients administer some of their prescribed medicines. Care plans were in place and there was evidence that nurses had confirmed that the patients were able to self-administer these medicines safely. However, the self-administration had not been recorded on the personal medication record and nurses were signing the records of administration. Nurses must only sign for the administration of medicines that they have actually administered. An area for improvement was identified.

5.2.7 The administration of medicines while on leave from the home

A small number of patients leave the home to visit family and friends. Their medicines were supplied to family/friends for the period of home leave. Care plans were not in place. There were no records of the transfer of the medicines to the patient/their family member and nurses were signing the records of administration. As identified above nurses must only sign for the administration of medicines that they have actually administered. An area for improvement was identified.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Nursing Home Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes, April 2015

	Regulations	Standards
Total number of Areas for Improvement	3*	3

* the total number of areas for improvement includes two which have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Ann Begley, 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 13 (4) Stated: Second time To be completed by: From the date of the inspection	The registered person must implement a robust audit system which covers all aspects of the management of medicines. Any shortfalls identified should be detailed in an action plan and addressed. Ref: 5.1 & 5.2.1
	Response by registered person detailing the actions taken: Following the Inspection a full audit of all boxed items on all three trollies was conducted. On going work with McKeevers to reduce the volume of boxed items being received with the monthly order. The auditing system has been further revised to capture all aspects of the management of medicines, including more evidence of drug trails on non podded items, this is conducted a minimum of once weekly in addition to the count by nurses at each administration.
Area for improvement 2 Ref: Regulation 13 (4) Stated: Second time To be completed by: From the date of the inspection	The registered person shall ensure that the medicine refrigerator temperature is accurately monitored and recorded each day to ensure that medicines are stored at the manufacturer's recommended temperature. Ref: 5.1 & 5.2.3
	Response by registered person detailing the actions taken: Temperature recording being closely monitored, with form amended to to allow staff to evidence corrective action is temperature outside the recommended temperature range. A new fridge is now also in place as precaution.
Area for improvement 3 Ref: Regulation 13 (4) Stated: First time To be completed by: From the date of the inspection	The registered person shall ensure that discontinued medicines are removed from the trolleys, overstock cupboard and refrigerator without delay. Ref: 5.2.3
	Response by registered person detailing the actions taken: Stock removal is monitored at each monthly medication change over and as part of the weekly audit currently in place. Nurses have received supervision on the timely removal of discontinued medicines and distruction as appropaite.

Action required to ensure compliance with Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 30 Stated: First time To be completed by: From the date of inspection	The registered person shall ensure that the date of opening is recorded on insulin pens to facilitate a clear audit trail and disposal at expiry. Ref: 5.2.1 & 5.2.3
	Response by registered person detailing the actions taken: This has been addressed and is in place at this times. Again this is monitored at each monthly medication change over and as part of the weekly audit currently in place. Nurses have received supervision on the appropriate stocking of a medicine trolley - which includes adding the dates of opening.
Area for improvement 2 Ref: Standard 28 Stated: First time To be completed by: From the date of inspection	The registered person review and revise the systems in place for the management of medicines which are self-administered. Ref: 5.2.6
	Response by registered person detailing the actions taken: Company policy and Procedure is already in place, this has been shared again with all nursing staff to ensure any further residents the are to self administer have all required documentation in place in a timely manner. All required documentation is in place for residents who currentlty self-administer.
Area for improvement 3 Ref: Standard 28 Stated: First time To be completed by: From the date of inspection	The registered person review and revise the systems in place for the management of medicines which are administered during periods of leave from the home. Ref: 5.2.7
	Response by registered person detailing the actions taken: A revised system is now available for nurses to implement in the event of residents requiring medicines to be administered during periods of leave from the home. This system involves the recording at the time of the requiried medication and the receipt of same by the resident going on leave from the home or an appropriate person where required. In addition nursing staff make record in the residents daily living notes as part of the period of leave that the medication has been provided and receipted for.

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