

Inspection Report

30 June 2022



St Joseph's

Type of service: Nursing Home
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

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: Kilmorey Care Ltd Responsible Individual: Mr Cathal O'Neill	Registered Manager: Mrs Ann Begley Date registered: 20 May 2022
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: 43
Brief description of the accommodation/how the service operates: St Joseph's 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 follow up inspection took place on 30 June 2022 from 10.50am to 4.40pm. The inspection was carried out by a pharmacist inspector and assessed progress with the areas for improvement in relation to medicines management identified at the last two inspections on 12 October 2021 and 15 February 2022.

The findings of the medicines management inspection on 12 October 2021 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 findings 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 a follow up inspection would be carried out on 15 February 2022.

The findings of the inspection on 15 February 2022 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 acknowledged that significant improvements had been made. However, as two areas for improvement were identified for a second time and new areas for improvement were identified, it was decided that a further follow up inspection would be carried out to monitor and review the quality of service provided in St Joseph's and to assess compliance.

The outcome of this inspection (30 June 2022) concluded that the improvements made at the last inspection had been sustained and further improvements had been made. The audits showed that patients were administered their medicines as prescribed. The manager and deputy manager advised that they will continue to closely monitor all aspects of the management of medicines to ensure ongoing improvement and compliance.

One area for improvement with regards to recording the date of opening on insulin pens was stated for a second time and is detailed in the Quality Improvement Plan.

RQIA would like to thank the staff and patients 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 the following were reviewed: a sample of medicine related records, storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. The inspector also spoke to 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 one patient, two nurses, 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.

The patient spoken with said that she had enjoyed her stay in the home and that staff were excellent. She was looking forward to going home but was sad to be leaving.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection on 15 February 2022?

Areas for improvement from the last inspection on 15 February 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13(4) Stated: Second 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.	Met
	Action taken as confirmed during the inspection: The auditing system had been further reviewed and updated following the last inspection. The improvements observed and sustained at this inspection indicated that the auditing system was effective. See Section 5.2.1	
Area for Improvement 2 Ref: Regulation 13 (4) Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: Satisfactory recordings were observed for the refrigerator temperature. See Section 5.2.2	

Area for Improvement 3 Ref: Regulation 13 (4) Stated: First time	<p>The registered person shall ensure that discontinued medicines are removed from the trolleys, overstock cupboard and refrigerator without delay.</p> <p>Action taken as confirmed during the inspection:</p> <p>Discontinued medicines had been appropriately disposed of.</p> <p>See Section 5.2.2</p>	Met
Action required to ensure compliance with Care Standards for Nursing Homes, April 2015		
Area for Improvement 1 Ref: Standard 30 Stated: First time	<p>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.</p> <p>Action taken as confirmed during the inspection:</p> <p>Dates of opening had not been recorded on all insulin pens.</p> <p>This area for improvement was not met and is stated for a second time.</p> <p>See Sections 5.2.1 & 5.2.2</p>	Not met
Area for improvement 2 Ref: Standard 28 Stated: First time	<p>The registered person shall review and revise the systems in place for the management of medicines which are self-administered.</p> <p>Action taken as confirmed during the inspection:</p> <p>Satisfactory systems were observed for the management of medicines which are self-administered.</p> <p>See Section 5.2.3</p>	
Area for Improvement 3 Ref: Standard 28	<p>The registered person shall review and revise the systems in place for the management of medicines which are administered during periods of leave from the home.</p>	Met

Stated: First time	Action taken as confirmed during the inspection: Systems for the management of medicines which are administered during periods of home leave had been reviewed. See Section 5.2.4	
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5.2 Inspection findings

5.2.1 Governance and audit

The deputy manager completed a weekly and monthly audit tool. The audits focused on all aspects of medicines management, including those identified for improvement at the last two inspections. There was evidence that action plans were implemented and addressed when shortfalls were identified.

The improvements in the management of medicines on admission, record keeping in relation to distressed reactions and thickening agents and stock control had been sustained which indicated that the auditing system was effective.

The majority of medicines were supplied in the blister pack system. The audits completed on these medicines and medicines which were supplied in their original containers showed that medicines were being administered as prescribed.

However, as identified at the last inspection, the date of opening had not been recorded on a number of insulin pens. This is necessary to provide a clear audit trail and to ensure insulin pens are removed from use at their expiry. There was evidence that this was being monitored through the audit process and had been highlighted to nurses. The insulin pens were replaced during the inspection. The deputy manager agreed to discuss this finding with all nurses and to monitor more closely. An area for improvement was stated for a second time.

The manager and deputy manager advised that they will continue to closely monitor all aspects of the management and administration of medicines to ensure that the improvements noted at the inspection are sustained.

5.2.2 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 the temperature of the medicines refrigerator was maintained between 2°C and 8°C and the thermometer was reset each day. Compliance was monitored through the weekly and monthly audits.

In order to ensure that a discontinued medicine is not administered in error, discontinued medicines must be removed from the trolley, stock cupboards and refrigerator without delay. A review of recently discontinued medicines showed that the medicines had been disposed of without delay.

5.2.3 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. The self-administration was recorded on the personal medication record and the pre-printed medication administration records.

5.2.4 The administration of medicines while on leave from the home

Systems had been reviewed to ensure that care plans were in place and that records of the transfer of the medicines to the patient/their family member for administration at home were maintained. Nurses were aware that they should not sign the records of administration during periods of home leave. Medicines were not currently needed during periods of home leave.

6.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with the Care Standards for Nursing Homes, 2015.

	Regulations	Standards
Total number of Areas for Improvement	0	1*

* The total number of areas for improvement includes one that has been stated for a second time.

The area for improvement and details of the Quality Improvement Plan were discussed with Mrs Ann Begley, 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 Care Standards for Nursing Homes, April 2015	
Area for Improvement 1 Ref: Standard 30 Stated: Second time To be completed by: From the date of inspection (30 June 2022)	<p>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.</p> <p>Ref. 5.1, 5.2.1 & 5.2.2</p> <p>Response by registered person detailing the actions taken: Recorded Supervision commenced with all registered nurses (due for completion by 29.07.22) regarding Standard 30 and the recording of dates of opening; also NICE Guidelines on the appropriate management of insulin. An additional audit process has been implemented and is being conducted by the SN's working on the Trolleys as part of their shift. This Audit is being reviewed on a weekly basis by the Home Manager / Deputy Manager to monitor compliance.</p>

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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)

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