The Regulation and Quality Improvement Authority

Inspection Report

17 January 2021

Cregagh Nursing Home

Type of service: Nursing Home
Address: 2a Graham Gardens, Belfast, BT6 9FB
Telephone number: 028 9045 1300

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: Spa Nursing Homes Ltd **Responsible Individual:** Mr Christopher Philip Arnold	**Registered Manager:** Mrs Kathy Chambers **Date Registered:** 9 January 2022 (registration pending)
Person in charge at the time of inspection: Mrs Kathy Chambers	**Number of registered places:** 40
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 TI – terminally ill	**Number of patients accommodated in the nursing home on the day of this inspection:** 34
Brief description of the accommodation/how the service operates: Cregagh is a nursing home that provides care for up to 40 patients. The home is divided into two units. The unit on the ground floor offers general nursing and interim beds which are short stay beds that can be used to assist patients in gaining independence through rehabilitation. The unit on the first floor accommodates general nursing patients.	

2.0 Inspection summary

An unannounced inspection took place on 17 January 2021, from 10.30am to 3.20pm; it was completed by a pharmacist inspector.

This inspection focused on medicines management within the home and also assessed progress with two of the areas for improvement identified at the last inspection. 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 other 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 at 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 management team.

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

To reduce footfall throughout the home, the inspector did not meet any patients. The patients were observed to be comfortable and relaxed in their surroundings.

Staff interactions with the patients were warm, friendly and supportive. It was evident that they were familiar with the patients, their likes and dislikes.

The inspector met with nursing staff, the deputy manager, the new manager and the regional manager. The new manager spoke positively about her induction, the support provided in her role and the team working in the home.

Nurses were knowledgeable about the patients' medicines. They expressed satisfaction with their work, their training and the management of the home. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

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 last inspection?

Areas for improvement from the last care inspection on 1 June 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for Improvement 1 **Ref:** Regulation 13(7) **Stated:** Second time	The registered person shall ensure the environmental and hygiene practices outlined in the report do not impact on other infection prevention and control (IPC) measures and effective cleaning practices.	**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(4)(a) **Stated:** First time	The registered person shall ensure that thickening agents are stored safely when not in use and not accessible to patients.	**Met**
	Action taken as confirmed during the inspection: Thickening agents were stored in the locked medicine rooms.	
Action required to ensure compliance with Care Standards for Nursing Homes, April 2015		**Validation of compliance**
Area for Improvement 1 **Ref**: Standard 4 **Stated:** Second time	The registered person shall ensure that care plans are reviewed in relation to the areas outlined in the report.	**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 4 **Stated:** First time	The registered person shall ensure that when a buzzer mat is required for use, the patient's care plan clearly identifies when and where it should be used. **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 **Ref:** Standard 46 Criteria (2) **Stated:** First time	The registered person shall ensure that bedside tables in use in the home have an appropriate surface which can be cleaned effectively. **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 **Ref**: Standard 4 Criteria (9) **Stated:** First time	The registered person shall ensure that skin checks made at the time of repositioning are accurately 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.**	**Carried forward to the next inspection**
Area for improvement 5 **Ref**: Standard 29 Criteria (2) **Stated:** First time	The registered person shall ensure that TMARs are completed in full at the time of administration. **Action taken as confirmed during the inspection**: TMARs (Topical Medication Administration Records) were not in use at the time of this inspection. Management advised that following a risk assessment it was decided that TMARs would not be brought into use. The administration records for external preparations were completed by nursing staff.	**No longer applicable**

Area for improvement 6 **Ref:** Standard 4 **Stated:** First time	The registered person shall ensure that patients' care plans are updated to reflect visiting professionals' recommendations to changes in 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.	

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, at medication reviews or 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 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.

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 and reviewed regularly.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing. 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. A review of the management of thickening agents indicated that a speech and language assessment report and

care plan were 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 and included the current dosage regime.

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. Nurses 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. Temperatures of the medicine rooms and medicines refrigerator were monitored and recorded to ensure that medicines were stored at the correct temperature. The medicine cupboards were tidy and organised so that medicines belonging to each patient could be easily located.

Satisfactory arrangements were in place for the safe disposal of medicines including controlled drugs.

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.

The administration of medicines was completed on pre-printed medicine administration records (MARs). A review of a sample of these, found that they had been fully and accurately maintained. The completed records were filed in a timely manner.

In addition to the MARs, separate administration records were maintained for insulin, medicines prescribed on a "when required" basis such as analgesics, and transdermal patches. This is best practice.

It was noted that a small number of medicines were being self-administered by the patients, for example, inhaled and topical medicines. The relevant risk assessments and documentation were not in place. This was addressed during the inspection and it was agreed that this would form part of the monthly audit process.

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 appropriately recorded in a controlled drug record book. The arrangements for the management of controlled drugs were satisfactory.

Management and nurses audited medicine administration on a regular basis within the home. There was evidence that the audits were effective in identifying areas for review and improvement. A range of audits were carried out. The date of opening was recorded on medicines so that they could be easily audited and running stock balances were also maintained for medicines supplied in solid dosage form. This is in line with best 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 admission process for patients new to the home or returning to the home after receiving hospital care was reviewed. Robust systems were in place to ensure that written confirmation of the patient's current medicine regime was obtained. This was shared with the patient's GP and community pharmacist. Two nurses were involved in the updating of the personal medication records and handwritten entries on the medication administration records.

The management of patients who are discharged home following a period of rehabilitation was reviewed. There were systems in place to ensure that patients and/or their representatives were familiar with the medicines and the medicine regime; details were shared with the patient's community pharmacist.

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 nurses 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 learning shared with staff in order to prevent a recurrence.

The sample of audits completed as part of the inspection showed good outcomes, indicating patients were being administered their medicines as prescribed. Reasons for non-administration of medicines were recorded and systems were in place to notify the prescriber when a patient refused medicines. However, discrepancies were identified in the administration of one high risk medicine. This was reviewed and addressed during the inspection and management assured that all nursing staff would be made aware.

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 use.

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.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with the manager and the regional manager, as part of the inspection process and can be found in the main body of the report.

	Regulations	Standards
Total number of Areas for Improvement	1*	5*

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

Quality Improvement Plan

Action required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005	
Area for Improvement 1 **Ref:** Regulation 13 (7) **Stated:** Second time **To be completed by:** With immediate effect (1 June 2021)	The registered person shall ensure the environmental and hygiene practices outlined in the report do not impact on other infection prevention and control (IPC) measures and effective cleaning practices.
	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
Action required to ensure compliance with Care Standards for Nursing Homes, April 2015	
Area for Improvement 1 **Ref**: Standard 4 **Stated:** Second time **To be completed by:** 31 July 2021	The registered person shall ensure that care plans are reviewed in relation to the areas outlined in the report.
	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 4 **Stated:** First time **To be completed by:** 31 July 2021	The registered person shall ensure that when a buzzer mat is required for use, the patient's care plan clearly identifies when and where it should be used.
	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 46 Criteria (2) **Stated:** First time **To be completed by:** 31 July 2021	The registered person shall ensure that bedside tables in use in the home have an appropriate surface which can be cleaned effectively.
	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 Criteria (9) **Stated:** First time **To be completed by:** 1 July 2021	The registered person shall ensure that skin checks made at the time of repositioning are accurately 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 5 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 1 July 2021	The registered person shall ensure that patients' care plans are updated to reflect visiting professionals' recommendations to changes in 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

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

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