

Inspection Report

Name of Service: Saintfield Lodge

Provider: Electus Healthcare 1 Limited

Date of Inspection: 3 December 2024

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

1.0 Service information

Organisation:	Electus Healthcare 1 Limited
Responsible Individual:	Mr Ed Coyle
Registered Manager:	Ms Amanda Horne
Service Profile: Saintfield Lodge is a nursing home registered to provide care for up to 51 patients who require support with mental health needs. The home has two floors, with the Bogues unit on the first floor and the Gardner unit on the ground floor. Patient bedrooms, lounges and dining rooms are located over both floors.	

2.0 Inspection summary

An unannounced inspection took place on 3 December 2024, from 10.00am to 1.50pm. This was completed by two pharmacist inspectors and focused on medicines management within the home.

The findings of the medicines management inspection on 30 July 2024 evidenced that safe systems were not in place for all aspects of medicines management. Areas for improvement were identified in relation to: the accurate maintenance of personal medication records and medication administration records, and the management of insulin. The management team were given a period of time to develop and implement their action plan to address the issues identified. This follow-up inspection was undertaken to evidence if the necessary improvements had been implemented and sustained. The areas for improvement identified at the last care inspection were carried forward for review at the next inspection.

RQIA acknowledged that significant improvements had been made in relation to the management of medicines and areas of good practice were observed. Details of the inspection findings, including areas for improvement carried forward for review at the next inspection and one area for improvement stated for a second time, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.0.

Whilst one area for improvement was restated, there was evidence that patients were being administered their medicines as prescribed. Detailed feedback on the inspection findings was provided to the management team following the inspection.

Patients were observed to be relaxed and comfortable in the home and in their interactions with staff. It was evident that staff knew the patients well.

RQIA would like to thank the staff for their assistance throughout the inspection.

3.0 The inspection

3.1 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, 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 areas for improvement identified at previous inspections, registration information, and any other written or verbal information received from patients, relatives, staff or the commissioning trust.

Throughout the inspection process, inspectors seek the views of those living, working and visiting the home; and review/examine a sample of medicine related records to evidence how the home is performing in relation to the regulations and standards.

3.2 What people told us about the service and their quality of life

Staff advised that they were familiar with how each patient liked to take their medicines and that medicines were administered in accordance with individual patient preference. Staff also said that they prioritised patients who required pain relief and time-critical medicines during each medicine round.

Staff said they had worked hard to implement and sustain improvements identified at the last medicines management inspection and had received help and support from senior management to do so. They said that the team communicated well and the management team were readily available to discuss any issues and concerns should they arise.

RQIA did not receive any completed questionnaires or responses to the staff survey following the inspection.

3.3 Inspection findings

3.3.1 Medicine records

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.

Improvements were observed in the maintenance of personal medication records reviewed and these were mostly 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 confirm that they were accurate. A small number of minor discrepancies were highlighted for immediate corrective action and on-going vigilance.

Copies of patients' prescriptions/hospital discharge letters were retained so that any entry on the personal medication record could be checked against the prescription.

3.3.2 Medicines administration

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 medicine administration records was reviewed. Records were found to have been largely accurately completed. Improvements were noted in records relating to the management of insulin, other injections and new/returning patients. However, a significant proportion of handwritten medicine administration records did not include the start date (day, month and year) and therefore the complete date of administration. This was in relation to records for clozapine administration. This is necessary to facilitate audit and ensure that these records are meaningful once archived. An area for improvement identified at the last inspection was stated for a second time.

The audits completed at the inspection indicated that medicines were being administered as prescribed.

3.3.3 Governance and audit

Management and staff audited medicine administration on a regular basis within the home, records were available for review and action plans were in place.

The manager advised that staff had received feedback following the previous inspection. It was agreed that the findings of this inspection would be discussed with staff to facilitate ongoing improvement and to ensure understanding of the actions necessary regarding the area for improvement stated for a second time.

The manager was reminded that the QIP should be included within the audit process to ensure that the necessary improvements are implemented and sustained.

4.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been stated for a second time where action is required to ensure compliance with Standards.

	Regulations	Standards
Total number of Areas for Improvement	9*	3*

* the total number of areas for improvement includes one that has been stated for a second time and eleven which are carried forward for review at the next inspection.

The area for improvement and details of the Quality Improvement Plan were discussed with Ms Amanda Horne, Registered Manager, and with the deputy manager as part of the inspection process. The timescale for completion commences from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Second time</p> <p>To be completed by: 23 April 2024</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene.
	<p>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.</p> <p>Ref: 2.0</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 16 (1) (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 25 April 2023</p>	<p>The registered person shall ensure care plans are reviewed by registered nurses in keeping with this regulation.</p>
	<p>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.</p> <p>Ref: 2.0</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 23 April 2024</p>	<p>The registered person shall ensure that there is a sufficient number of housekeeping staff on duty on a daily basis.</p>
	<p>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.</p> <p>Ref: 2.0</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 23 April 2024</p>	<p>The registered person shall ensure that nursing staff manage falls in keeping with best practice. All relevant risk assessments and care plans must be reviewed and updated as required following a fall. Post fall observations should be taken in keeping with best practice guidance and daily progress notes should comment on the neurological status of the patient.</p> <hr/> <p>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.</p> <p>Ref: 2.0</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 15 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 23 April 2024</p>	<p>The registered person shall ensure that patients' risk assessments and care plans are reviewed on return from a period of time in hospital.</p> <hr/> <p>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.</p> <p>Ref: 2.0</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p> <p>To be completed by: 23 April 2024</p>	<p>The registered person shall ensure detailed and person centred care plans are in place for those patients who require bespoke one to one care.</p> <hr/> <p>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.</p> <p>Ref: 2.0</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 27 (2) (d)</p> <p>Stated: First time</p> <p>To be completed by: 23 April 2024</p>	<p>The registered person shall ensure that all parts of the home are kept clean.</p> <hr/> <p>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.</p> <p>Ref: 2.0</p>

<p>Area for improvement 8</p> <p>Ref: Regulation 27 (2) (a) (b) (d)</p> <p>Stated: First time</p> <p>To be completed by: 23 June 2024</p>	<p>The registered person shall ensure that the environmental deficits identified during this inspection form part of a time bound refurbishment action plan; this action plan should be available for inspection and evidence meaningful oversight by the Manager.</p> <hr/> <p>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.</p> <p>Ref: 2.0</p>
<p>Area for improvement 9</p> <p>Ref: Regulation 17 (1)</p> <p>Stated: First time</p> <p>To be completed by: 23 May 2024</p>	<p>The registered person shall review the home's current audit processes to ensure they are effective.</p> <hr/> <p>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.</p> <p>Ref: 2.0</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes, December 2022</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 29</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect (3 December 2024)</p>	<p>The registered person shall ensure that handwritten medication administration records include the date of administration.</p> <p>Ref: 3.3.2</p> <hr/> <p>Response by registered person detailing the actions taken: spot checks are completed when new cycle is commenced to ensure compliance. Regular auditing of medication administration records will also take place to ensure that this process is embedded into practice. Staff have been reminded that dates of administration are to be included on all medication charts. Manager will complete random checks on a regular basis, to observe and oversee compliance.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be completed by: 23 April 2024</p>	<p>The registered person shall review the provision of wound care to ensure that wounds are managed in keeping with best practice guidance.</p> <hr/> <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: 2.0</p>

<p>Area for improvement 3</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: 23 April 2024</p>	<p>The registered person shall ensure all evaluations of care are meaningful and person centred. These entries should be legible and include the time the entry was made.</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: 2.0</p>

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