

Inspection Report

Name of Service: Prospect

Provider: Prospect Private Nursing Home Limited

Date of Inspection: 3 September 2024

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:	Prospect Private Nursing Home Limited
Responsible Person:	Mr Thomas Mark McMullan
Registered Manager:	Miss Sinead Kerr
Service Profile Prospect is a nursing home registered to provide nursing care for up to 50 patients.	

2.0 Inspection summary

An unannounced inspection took place on 3 September 2024, from 10.00am to 4.15pm. This was completed by a pharmacist inspector and focused on medicines management within the home.

Review of medicines management found that improvements in some areas of the management of medicines were necessary. Areas for improvement are detailed in the quality improvement plan.

Whilst areas for improvement were identified, there was evidence that with the exception of a small number of medicines, patients were being administered their medicines as prescribed.

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.

The inspection was completed by reviewing 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, to evidence how the home is performing in relation to the regulations and standards. Discussions were held with staff and management about how they plan, deliver and monitor the management of medicines.

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

Throughout the inspection the RQIA inspector will seek to speak with patients, their relatives or visitors and staff to obtain their opinions on the quality of the care and support, their experiences of living, visiting or working in this home.

The inspector spoke with a range of staff including the manager.

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. They said that the team communicated well and the management team were readily available to discuss any issues and concerns should they arise.

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 responses had been received by RQIA.

3.3 Inspection findings

3.3.1 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 may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by a GP, a 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 were 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.

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

All patients should have care records which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets etc.

Patients will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care records 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 what the outcome was. If staff 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 distressed reactions, was reviewed. Staff knew how to recognise a change in a patient's behaviour and were aware that this change may be associated with pain and other factors. Directions for use were recorded on the personal medication records and care records were in place. The care records should be updated to include patient specific information to direct the use of these medicines and records of administration should include the reason for and outcome of each administration. An area for improvement was identified.

The management of pain was discussed. Staff advised that they were familiar with how each patient expressed their pain and that pain relief was administered when required. Care records were not always in place, these should include patient specific detail on how pain is expressed and managed. An area for improvement was identified.

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 records 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 and nutritional supplements were reviewed. Speech and language assessment reports and care records were in place. A couple of personal medication records needed the prescribed consistency to be added/updated, this was discussed and actioned during the inspection.

3.3.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicine 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.

Records reviewed 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.

A small number of medicines were in use that had passed their expiry date. These were removed from use immediately. A robust system is necessary to ensure that medicines are not used after their expiry (see also section 3.3.3). An area for improvement was identified.

The two medicine 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. The temperature of the treatment room was monitored and recorded. It was agreed that the temperature of the medicines storage area upstairs would also be monitored and recorded to ensure that medicines are stored within the recommended range. The trolley stored in the alcove upstairs was not secured to the wall, it must be securely tethered/relocated to ensure security. An area for improvement was identified.

Satisfactory arrangements were in place for medicines requiring cold storage and the storage of controlled drugs.

Significant quantities of medicines were observed awaiting destruction/disposal, including a number of controlled drugs. These should not be permitted to accumulate and destruction/disposal should be managed in a timely manner. An area for improvement was identified.

3.3.3 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.

A sample of the medicines administration records was reviewed. Most of the records were found to have been accurately completed. A small number discrepancies were brought to the attention of the manager for ongoing close monitoring. Records were filed once completed and were readily retrievable for audit/review.

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 should be recorded in the controlled drug record book. There were satisfactory arrangements in place for records regarding controlled drugs. The timely disposal of controlled drugs no longer in use is discussed in section 3.3.2.

Occasionally, patients may require their medicines to be crushed or added to food/drink to assist administration. To ensure the safe administration of these medicines, this should only occur following a review with a pharmacist or GP and should be detailed in the patient's care records. Written consent and care records were in place when this practice occurred.

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 the majority of medicines so that they could be easily audited. Staff were reminded to include the date of

opening on all medicines, including liquid antibiotics, as these have a reduced shelf life once reconstituted.

3.3.4 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.

A review of records indicated that satisfactory arrangements were in place to manage medicines at the time of admission or for patients returning from hospital. Written confirmation of prescribed medicines was obtained at or prior to admission and details shared with the GP and community pharmacy. Medicine records had been accurately completed and there was evidence that medicines were administered as prescribed.

3.3.5 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 staff 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 the learning shared with staff in order to prevent a recurrence.

The audits completed at the inspection indicated that the majority of medicines were being administered as prescribed. However, audit discrepancies were observed in the administration of a small number of medicines. The audits were discussed in detail with the staff on duty and the manager for on-going close vigilance.

A review of the auditing systems indicated that some issues raised at this inspection had not been identified. It was agreed that the audit system should be reviewed and a comprehensive audit tool was discussed.

3.3.6 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 they staff are competent in managing medicines and that they are

supported. Policies and procedures should be up to date and readily available for staff reference.

There were records in place to show that staff responsible for medicines management had been trained. The manager stated that competency assessments were due to be reviewed and it was agreed that this would take place in the coming weeks. Medicines management policies and procedures were in place.

It was agreed that the findings of this inspection would be discussed with staff to facilitate ongoing improvement.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	6*	9*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Sinead Kerr, 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 The Nursing Home Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediate action required (3 September 2023)	The registered person shall ensure that a robust system is in place so that medicines are not used after their expiry. Ref: 3.3.2 & 3.3.3 Response by registered person detailing the actions taken: Introduction of new Medicine Audit Tool Medications including PRN will be monitored and replaced prior to expiration date
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediate action required (3 September 2023)	The registered person shall review the storage of medicines to ensure that the trolley stored in the alcove upstairs is stored securely. Ref: 3.3.2 Response by registered person detailing the actions taken: Medicine trolley removed from upstairs alcove and now stored in temperature controlled room. All medicine trolleys secured to wall
Area for improvement 3 Ref: Regulation 14 (2) (a) (c) Stated: Third time To be completed by: Immediate action required (28 September 2023)	The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the patients have access are free from hazards to their safety, and unnecessary risks to the health and safety of patients are identified and so far as possible eliminated. This area for improvement is made with specific reference to the safe storage and supervision of cleaning chemicals and thickening agents and ensuring patient access to sharps. Thickening agents were observed to be stored securely, however, action required to ensure compliance with this regulation was not fully reviewed as part of this inspection and this is carried forward to the next inspection.

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: Third time</p> <p>To be completed by: 30 January 2024</p>	<p>The registered person shall ensure that robust governance arrangements are put in place to ensure that the deficits identified in the report are appropriately actioned.</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>Area for improvement 5</p> <p>Ref: Regulation 12 (1) (a)(b)</p> <p>Stated: First time</p> <p>To be completed by: 30 January 2024</p>	<p>The registered person shall ensure that the record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance.</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>Area for improvement 6</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required (28 September 2023)</p>	<p>The registered person shall ensure that staff remain bare below the elbow in areas where care is delivered; the wearing of jewellery and nail polish ceases with immediate effect in accordance with best practice guidance on infection prevention and control measures.</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>Action required to ensure compliance with the Care Standards for Nursing Homes, December 2022</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be completed by: 10 September 2024</p>	<p>The registered person shall ensure that care records for the management of distressed reactions include patient specific information to direct the use of prescribed medicines and that records of administration include the reason for and outcome of each administration.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: Individualised Recording sheet updated to include when to administer medication, reason for administration and outcome.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 10 September 2024</p>	<p>The registered person shall ensure that care records include patient specific detail on how pain is expressed and managed.</p> <p>Ref: 3.3.1</p> <hr/> <p>Response by registered person detailing the actions taken: All care records individualised to include specific details on pain management, how pain is expressed, what medication is administered and effectiveness</p>
<p>Area for improvement 3</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: 10 September 2024</p>	<p>The registered person shall ensure that medicines awaiting destruction/disposal are disposed of in a timely manner.</p> <p>Ref: 3.3.2 & 3.3.3</p> <hr/> <p>Response by registered person detailing the actions taken: Medication checked weekly denaturing/disposal done accordingly Medication for disposal will not be allowed to accumulate</p>
<p>Area for improvement 4</p> <p>Ref: Standard 23</p> <p>Stated: Second time</p> <p>To be completed by: 31 December 2023</p>	<p>The registered person shall ensure that the care needs of patients at risk of developing pressure ulcers are managed in an effective manner. This includes but is not limited to:</p> <ul style="list-style-type: none"> • the frequency of patients repositioning needs are clearly prescribed in their plan of care • the contemporaneous and comprehensive completion of supplementary repositioning records. <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>Area for improvement 5</p> <p>Ref: Standard 4.1</p> <p>Stated: Second time</p> <p>To be completed by: 28 January 2024</p>	<p>The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission.</p> <p>Care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.</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>Area for improvement 6</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required (28 September 2023)</p>	<p>The registered person shall ensure that there is a system in place to monitor call bell response times and evidence actions taken if a delay is observed.</p> <p>Adequate supervision is evidenced for those patients unable to use the call bell effectively</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>Area for improvement 7</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 28 January 2024</p>	<p>The registered person shall ensure patient care plans are sufficiently detailed, patient centred and reflective of the patients' current mobility needs.</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>Area for improvement 8</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 28 January 2024</p>	<p>The registered person shall review the provision of meals to ensure patients are adequately supervised as per their care plan and ensure meals temperature is maintained prior to serving.</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>Area for improvement 9</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required (28 September 2023)</p>	<p>The registered person shall ensure there is a system in place for the decontamination of manual handling equipment between patient use.</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>

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