

Inspection Report

Name of Service: Castleview

Provider: Castleview Private Nursing Home Ltd

Date of Inspection: 29 October 2024

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

1.0 Service information

Organisation:	Castleview Private Nursing Home Ltd
Responsible Individual:	Mrs Lynda McCourt
Registered Manager:	Miss Rhonda Murray
Service Profile: Castleview is a nursing home which is registered to provide nursing care for up to 36 patients. The home is divided over two floors with communal lounges, bathrooms and a dining room. Patients have access to an outdoor courtyard.	

2.0 Inspection summary

An unannounced inspection took place on 29 October 2024, from 10:20am to 2:35pm. This was completed by two pharmacist inspectors and focused on medicines management within the home.

The inspection was undertaken to confirm how medicines are managed in relation to the regulations and standards and to determine if the home is delivering safe, effective and compassionate care and is well led in regards to medicines management.

Mostly satisfactory arrangements were in place for the safe management of medicines. Medicines were stored securely. The majority of medicine records and medicine related care records 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. However, improvements were necessary in relation to the admission process, the management of thickened fluids and the cold storage of medicines.

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.

Patients were observed to be relaxed and comfortable in the home and in their interactions with staff.

Full details of the inspection findings, including areas for improvement carried forward for review at the next inspection, and new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.0.

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 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 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.

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

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. A small number of minor discrepancies were highlighted to nurses for immediate corrective action and on-going vigilance.

All patients should have care plans 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, insulin, modified diets etc.

The management of distressed reactions, pain, epilepsy and insulin was reviewed. Care plans contained sufficient detail to direct the required care. Medicine records were well maintained. The audits completed at the inspection indicated that medicines were administered as prescribed.

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 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.

The management of thickening agents and nutritional supplements were reviewed. Speech and language assessment reports and care plans were in place. Records of prescribing which included the recommended consistency level were maintained. Care staff had received training and been deemed competent to administer thickening agents, however, records of administration by care staff were not maintained. An area for improvement was identified.

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.

The medicine storage area was observed to be securely locked to prevent any unauthorised access. It was tidy and organised so that medicines belonging to each patient could be easily located. Temperatures of medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately. Satisfactory arrangements were in place the storage of controlled drugs.

Medicines which require cold storage must be stored between 2°C and 8°C to maintain their stability and efficacy. In order to ensure that this temperature range is maintained it is necessary to monitor the maximum and minimum temperatures of the medicines refrigerator each day and to then reset the thermometer. A review of the daily records indicated that corrective action had not been taken when the maximum and minimum temperatures were outside 2°C - 8°C. An area for improvement was identified.

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

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. The records were found to have been fully and accurately completed. 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 the management of controlled drugs.

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 plans. Written consent was in place when this practice occurred. However, care plans required updating to include detail of how the patient's medicines were administered. This was discussed with the nursing staff who provided assurances the records would be updated immediately following the inspection.

Management and staff audited the administration of medicines on a regular basis within the home; records were available for review. There was evidence that the findings had been discussed with staff and addressed. Staff advised that the manager completes a further audit which includes all aspects of the management of medicines. The medicines management audit tool which is available on RQIA website was shared with the management team following the inspection.

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.

The admission process for patients admitted to the home from another care home was reviewed. Staff advised that they had not requested written confirmation of currently prescribed medication from the GP at the time of admission. An area for improvement was identified.

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 medicines were being administered as prescribed.

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 and deemed competent. Staff completed annual medicines management training. 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*	4*

* the total number of areas for improvement includes three that have been stated for the first time and seven which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the nurse-in-charge and a member of the management team, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 13.4 (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (29 October 2024)</p>	<p>The responsible individual shall ensure that records of administration of thickening agents are maintained.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: Records for thickening agents are now checked daily by the nurse in charge and audited weekly by the Registered Manager</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13.4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (29 October 2024)</p>	<p>The responsible individual shall ensure that appropriate action is taken if the temperature of the medicines refrigerator is outside the range of 2 °C -8°C.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: Daily monitoring of fridge temperature performance has been updated to evidence any action taken when fridge is outside of range.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13.4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (29 October 2024)</p>	<p>The responsible individual shall ensure that a current and up to date list of medication is obtained from the GP when a patient is admitted from their own home or transferred from another care home.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: This is standard practice and had been an oversight on a recent admission. Robust checklist in place to prevent reoccurrence.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (20 May 2024)</p>	<p>The responsible individual shall ensure that patients are appropriately monitored following a fall where a head injury has occurred or the potential of a head injury is suspected.</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 14 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (20 May 2024)</p>	<p>The responsible individual shall ensure that all parts of the home to which patients have access are free from hazards to their safety.</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 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (20 May 2024)</p>	<p>The registered person shall ensure that the IPC issues identified during the inspection are addressed.</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 41</p> <p>Stated: First time</p> <p>To be completed by: 25 May 2024</p>	<p>The responsible individual shall ensure the full name of staff working over a 24-hour period in the nursing home is recorded on the staff duty rota.</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>

Area for improvement 2 Ref: Standard 41.1 Stated: First time To be completed by: With immediate effect (20 May 2024)	The responsible individual shall ensure there are enough staff on duty at all times to meet the assessed needs of the patients.
	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: 2.0
Area for improvement 3 Ref: Standard 23 Stated: First time To be completed by: With immediate effect (20 May 2024)	The responsible individual shall ensure that all pressure relieving mattresses are at the correct setting for patient weight to prevent pressure damage.
	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: 2.0
Area for improvement 4 Ref: Standard 35 Stated: First time To be completed by: 31 May 2024	The responsible individual shall ensure that management systems are in place to ensure the home's environment is monitored regularly.
	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: 2.0

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The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews