The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Orchard Lodge Care Home

Provider: Kathryn Homes Ltd

Date of Inspection: 12 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/Registered Provider:	Kathryn Homes Ltd
Responsible Individual:	Mrs Tracey Anderson
Registered Manager:	Mrs Adelina Focseneanu
Service Profile: Orchard Lodge Care Home is a nursing home registered to provide nursing care for up to 55 patients. The home provides general nursing care and care to patients living with dementia. The home is divided into three units, one on the ground floor and two on the first floor. Patients' bedrooms, communal lounges and dining rooms are located over the two floors. An enclosed garden is accessed from the ground floor. A residential care home is also located on the ground floor. The same manager manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 12 December 2024, from 10.00am to 3.30pm. This was completed by two pharmacist inspectors and focused on medicines management within the home.

The inspection was undertaken to evidence 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 relation to medicines management. The inspection also reviewed the areas for improvement identified at the last medicines management inspection.

The outcome of this inspection indicated that robust arrangements were not in place for some aspects of medicines management. One area for improvement was stated for the second time in relation to maintaining accurate personal medication records. New areas for improvement were identified in relation to governance and audit, cold storage, controlled drug storage, the management of warfarin, insulin and medicines for distressed reactions. The area for improvement in relation to prescribed supplements was assessed as met.

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.

After the inspection, the findings were discussed with the senior pharmacist inspector in RQIA and with Mrs Tracey Anderson, Responsible Individual. It was decided that the home would be given a period of time to implement the necessary improvements. A follow up inspection

will be undertaken to determine if the necessary improvements have been implemented and sustained. Failure to implement and sustain the improvements may lead to enforcement.

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) (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.

Staff advised that they were familiar with how each patient liked to take their medicines and 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.

RQIA did not receive any completed 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.

Some personal medication records were not up to date with the most recent prescription. This could result in medicines being administered incorrectly or the wrong information being provided to another healthcare professional. It was evident that staff did not use these records as part of the administration of medicines process.

Some obsolete personal medication records had not been cancelled and archived. This is necessary to ensure that staff do not refer to obsolete directions in error and administer medicines incorrectly. An area for improvement was stated for the second time.

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

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, modified diets etc.

Patients will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans 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. Directions for use were clearly recorded and care plans directing the use of these medicines were in place. 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. However, records of administration did not always 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 plans were in place and reviewed regularly. Assurances were provided that one identified care plan would be updated to reflect the most recent prescribed dose.

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 was reviewed. Speech and language assessment reports and care plans were in place. Records of prescribing and administration which included the recommended consistency level were maintained for the majority of patients. A small number of minor discrepancies on administration records were highlighted to nurses for corrective action and monitoring.

Care plans were in place when patients required insulin to manage their diabetes. There was sufficient detail to direct staff if the patient's blood sugar was outside of the recommended range. However, two in use insulin pen devices were not individually labelled and the date of opening was not recorded to facilitate audit and disposal at expiry. An area for improvement was identified.

The management of warfarin was reviewed. Warfarin is a high risk medicine which requires regular blood testing. The dose of warfarin prescribed depends on the blood test result. Although blood tests had been carried out at the identified times and warfarin had been administered as prescribed, a daily stock balance was not maintained and obsolete records had not been cancelled and archived. This is necessary to ensure that staff do not refer to obsolete directions in error and administer the incorrect dose. 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 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. Temperatures of medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately.

Medicines which require cold storage must be stored between 2^{o}C and 8^{o}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. In one unit the maximum and minimum temperature recorded was outside the recommended range for a period of three months and appropriate action had not been taken. 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. Most of the records were found to have been accurately completed. A small number of missed signatures 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. It was identified that two Schedule 2 controlled drugs requiring secure storage in a controlled drugs cabinet were stored on the medicines trolley. An area for improvement was identified.

The audits completed by management and staff had not identified the issues identified at this inspection. The manager should implement a robust audit system which covers all aspects of the management and administration of medicines including those identified. Any shortfalls identified should be detailed in an action plan and addressed. An area for improvement was identified.

Nurses were reminded that the date of opening must be recorded on all medicines to facilitate audit.

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. There was evidence that nurses had followed up any discrepancies in a timely manner to ensure that the correct medicines were available for administration.

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 nurses on duty and the manager for on-going close vigilance.

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.

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 with staff and at annual appraisal.

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

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	5*	9*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Adelina Focseneanu, 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 Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 12 December 2024	The registered person shall ensure that the maximum, minimum and current temperatures of the medicine refrigerators are monitored and recorded daily and that appropriate action is taken if the temperature recorded is outside the recommended range of 2-8^{o}C. Ref: 3.3.2
	Response by registered person detailing the actions taken: supervision competed with all staff nurses on management of temperatures outside of range and new fridge ordered for Orchard unit. Management review fridge temperatures daily as part of daily walkround.
Area for improvement 2 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 26 December 2024	The registered person shall implement a robust audit system that covers all aspects of medicines management and any shortfalls identified should be detailed in an action plan and addressed. Ref: 3.3.3
	Response by registered person detailing the actions taken: The monthly medication audit is completed for each unit every month. We have introduced a nightly medication audit that is completed alongside resident of the day to ensure medications are being managed effectively and safely
Area for improvement 3 **Ref:** Regulation 13 (1) (b) **Stated:** First time **To be completed by:** 29 May 2024	The registered person shall ensure that patients assessed as requiring one to one supervision are supervised at all times as required and have a care plan detailing the level/duration of supervision required.
	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 4 **Ref:** Regulation 13 (1) (a) (b) **Stated:** First time **To be completed by:** 29 May 2024	The registered person shall ensure that patients receive the appropriate level of supervision when eating and drinking in accordance with SALT recommendations.
	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 5 **Ref:** Regulation 27 (2) (c) **Stated:** First time **To be completed by:** 29 May 2024	The registered person shall ensure that all relevant exit door alarms remain on and a system is implemented to ensure they are in working order.
	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
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 29 **Stated:** Second time **To be completed by:** 12 December 2024	The registered person shall ensure that fully complete and accurate personal medication records are maintained and that obsolete records are cancelled and archived. Ref: 3.3.1
	Response by registered person detailing the actions taken: A supervision has been completed with all the nurses in relation to medication responsibility and management. There is only one kardex in place for all residents, that being the most up to date one. All other kardexes are archived.
Area for improvement 2 **Ref:** Standard 28 **Stated:** First time **To be completed by:** 12 December 2024	The registered person shall review the management of medicines prescribed “when required” for the management of distressed reactions to ensure that the reason and outcome is recorded for each administration. Ref: 3.3.1
	Response by registered person detailing the actions taken: Supervision completed with staff nursese- closely monitored by management during medication audit completed monthly for each unit.

Area for improvement 3 **Ref:** Standard 28 **Stated:** First time **To be completed by:** 12 December 2024	The registered person shall ensure that in use insulin pen devices are individually labelled and the date of opening is recorded. Ref: 3.3.1
	Response by registered person detailing the actions taken: Supervision completed with all staff nurses to remind opening date to recorded and each insulin pen to be individually named, also was included in supervision for all staff to follow manufacter instructions. This is closely monitored by management during medication audit completed monthly for each unit.
Area for improvement 4 **Ref:** Standard 28 **Stated:** First time **To be completed by:** 12 December 2024	The registered person shall review the management of warfarin to ensure a daily stock balance is maintained and that obsolete records are cancelled and archived. Ref: 3.3.1
	Response by registered person detailing the actions taken: supervision competed with all staff nurses to remind balance count is recorded and all old records are archiaved. This is closely monitored by management during medication audit.
Area for improvement 5 **Ref:** Standard 31 **Stated:** First time **To be completed by:** 12 December 2024	The registered person shall ensure that controlled drugs are stored in accordance with the Misuse of Drugs (Safe Custody) (Northern Ireland) Regulations 1973. Ref: 3.3.3
	Response by registered person detailing the actions taken: supervision completed with all staff nurses to remind that all pods that contains controlled drugs are stored in CD cupboard. This is closely monitored during monthly medication audit.
Area for improvement 6 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 5 June 2024	The registered person shall ensure that the recommended daily fluid intake target is recorded within patients' care plans and reflective of the daily fluid intake charts, with the action to take and at what stage if the daily fluid target is not met.
	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 7 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 5 June 2024	The registered person shall ensure that care plans and risk assessments are reviewed within the required timeframe and provide sufficient details that are reflective of the patient's current needs and any relevant medical conditions.
	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 8 **Ref:** Standard 37 **Stated:** First time **To be completed by:** 29 May 2024	The registered person shall ensure that any record retained in the home which details patient information is stored safely in accordance with the General Data Protection Regulation and best practice standards.
	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 9 **Ref:** Standard 46 **Stated:** First time **To be completed by:** 29 May 2024	The registered person shall ensure that the IPC issues identified during this inspection are addressed with ongoing monitoring to ensure sustained compliance.
	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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