

Inspection Report

16 August 2021



Beverly Lodge

Type of service: Nursing Home
Address: 186A Bangor Road, Newtownards, BT23 7PH
Telephone number: 028 9182 3573

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Ashdon Care Ltd Responsible Individual: Mrs Lesley Catherine Megarity	Registered Manager: Mrs Joanne Roy Date registered: 29 August 2019
Person in charge at the time of inspection: Mrs Joanne Roy	Number of registered places: 45
Categories of care: Nursing (NH): DE – dementia	Number of patients accommodated in the nursing home on the day of this inspection: 43
Brief description of the accommodation/how the service operates: This is a nursing home which is registered to provide care for up to 45 patients with dementia.	

2.0 Inspection summary

An unannounced inspection took place on 16 August 2021 between 11am and 3.30pm by a pharmacist inspector. This inspection focused on medicines management within the home.

Following discussion with the aligned care inspector, it was agreed that as the report from the last care inspection had been issued on 4 August 2021, the areas for improvement identified at that inspection would be followed up at the next care inspection.

Concerns were identified during the inspection in relation to medicines management within the home. Improvement was required in the administration of medicines, medicine records and the storage of medicines. There was a lack of robust oversight and governance in relation to medicines management. Following the inspection, the findings were discussed with a Senior Inspector. As a consequence of the inspection findings, RQIA invited the Responsible Individual, Mrs Lesley Megarity, to attend a serious concerns meeting on 23 August 2021.

The meeting was attended virtually by Mrs Lesley Megarity, Mrs Joanne Roy, Registered Manager, and Mrs Heather Murray, Regional Manager. At the meeting, an action plan which detailed an account of the actions that had been taken to date was provided and the arrangements that had been made to ensure the improvements necessary to achieve full compliance with the required regulations were discussed. RQIA accepted the action plan and assurances provided by the management team.

RQIA will continue to monitor and review the quality of service provided in Beverly Lodge and will carry out a further inspection to assess compliance.

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. To complete the inspection we reviewed: 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.

4.0 What people told us about the service

Staff were engaged in conversations with patients and it was evident from their interactions that they knew the patients well.

We met with two nurses, the deputy manager and the manager. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed. To reduce footfall through the home, patients' views were not sought during this inspection as this was done during the inspection on 8 July 2021.

Nurses expressed satisfaction with how the home was managed. They said that they had the appropriate training to look after patients and meet their needs.

Feedback methods included a staff poster and paper questionnaires which were provided to the registered manager for any patient or their family representative to complete and return using pre-paid, self-addressed envelopes. One completed questionnaire was returned by a patient's relative which indicated that they were very satisfied with all aspects of care.

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 inspection on 8 July 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: First time	The registered person shall ensure that nursing staff carry out clinical/neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record.	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 (7) Stated: First time	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. This area for improvement relates to the following: <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. 	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.	

Action required to ensure compliance with Care Standards for Nursing Homes, April 2015		Validation of compliance summary
Area for Improvement 1 Ref: Standard 39.1 Stated: First time	The registered person shall ensure orientation and induction records are retained for all agency staff.	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 21.1 Stated: First time	The registered person shall ensure care plans for the management of wounds accurately reflect recommendations of the multidisciplinary team and are updated to reflect the assessed needs of the patient. Wound assessment and evaluations should be completed in keeping with best practice guidance.	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 3 Ref: Standard 4.8 Stated: First time	The registered person shall ensure where risks with patients' safety whilst in bed are identified, a clear plan of care to manage this risk must be in place following completion of an appropriate risk assessment. Bedrails must not be deployed unless a robust risk assessment has been completed.	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 4 Ref: Standard 4.1 Stated: First time	<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>Risk assessments must be completed and the care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.</p>	Carried forward to the next inspection
	<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>	
Area for improvement 5 Ref: Standard 4.9 Stated: First time	<p>The registered person shall ensure daily evaluation records are meaningful and patient centred.</p>	Carried forward to the next inspection
	<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>	
Area for improvement 6 Ref: Standard 35.3 Stated: First time	<p>The registered person shall ensure a robust audit system is in place to ensure compliance with best practice on infection prevention and control, wound care and care records.</p>	Carried forward to the next inspection
	<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>	

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 may 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.

A small number of these records had not been updated with the most recent prescription. This could result in medicines being administered incorrectly or the wrong information being provided to another healthcare professional. 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 to the patient. An area for improvement was identified.

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 on 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.

These medicines are prescribed for some patients within the home but are used infrequently. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a patient's behaviour. Directions for use were recorded on the personal medication records and care plans directing the use of these medicines were available in the medicines file. Staff were reminded that if more than one medicine is prescribed, the records should clearly indicate which medicine should be used first and when it is appropriate to use the second medicine.

The management of pain was reviewed. It was noted that one patient had been without a supply of two analgesic medicines for a period of 10 days. This had resulted in an increased dosage of another analgesic medicine being administered which resulted in increased side effects for the patient. The action taken to obtain supplies of these medicines had not been effective. This incident had not been escalated to the manager for resolution and there was no evidence that the nurses were aware of the impact on the patient. Areas for improvement were identified in relation to stock management and governance (see Sections 5.2.2 and 5.2.5).

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 for two patients was reviewed. For one patient, the speech and language assessment report did not correlate with the personal medication record. For the second patient, the speech and language report indicated that fluids should be thickened, however this was not recorded on the personal medication record and there were no records of administration. An area for improvement was identified in relation to the management of thickened fluids.

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.

As discussed in Section 5.2.1, two analgesic medicines were not available for administration to one patient for 10 days. During the inspection it was noted that a medicine for nausea had also been out of stock for several doses. The manager and staff were asked to review all other patients' medicines following the inspection. It was found that one patient had been without one of their medicines for several days whilst another had been without two of their medicines for several days. This is unacceptable. Medicines must be available for administration as prescribed. An area for improvement was identified.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. Patients' medicines were organised so that medicines belonging to each patient could be easily located. Staff were reminded that lidocaine patches should be stored in their sealed pouch and tubes of creams should be stored in the outer box when possible.

Review of the medicines refrigerator temperature records showed that the temperature had been outside of the required range (2°C to 8°C) for over a month. Staff had not recognised that the maximum temperature had been exceeded and no action had been taken to rectify this. The consistent readings indicated that the thermometer had not been reset daily. Further training should be provided to staff in maintaining the medicines refrigerator temperature within the correct range. An area for improvement was identified.

The storage of oxygen cylinders was reviewed. Empty and full cylinders should be segregated and the cylinders should be chained to prevent toppling; this had not been done at the time of the inspection. The manager confirmed that this had been rectified immediately after the inspection.

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.

A record of the administration of medicines is completed on pre-printed medicine administration records (MARs) or occasionally handwritten MARs. A sample of these records was reviewed. Most of the records were found to have been fully and accurately completed. A small number of missed signatures were brought to the attention of the deputy manager for ongoing close monitoring.

The audits completed during the inspection showed that the majority of medicines had been administered as prescribed. Discrepancies were noted in three supplies of liquid medicines indicating that they had not been administered as prescribed.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out and running balances were recorded. The date of opening was recorded on most medicines so that they could be easily audited. The audits had not been effective in identifying most of the deficits noted during this inspection. An area for improvement was identified.

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 management of medicines for one patient who had a recent hospital stay and was discharged back to this home was reviewed. Hospital discharge letters had been received and a copy had been forwarded to the patient's GP. The patient's personal medication records had been updated to reflect medication changes which had been initiated during the hospital stay.

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.

As discussed in Section 5.2.3, the findings of this inspection indicated that the auditing system was not robust and therefore incidents were not identified. Incidents that had occurred had not been escalated to the manager for review and resolution. Following a review of all patients' medicines by the management team after the inspection, a number of medicines related incidents were identified and reported. The need for a robust audit system which covers all aspects of medicines is necessary to ensure that safe systems are in place and any learning from errors/incidents can be actioned and shared with relevant staff. This was discussed in detail during the meeting on 23 August 2021.

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.

Staff in the home had received a structured induction which included medicines management when this forms part of their role. Competency had been assessed following induction and

annually thereafter. The outcome of this inspection showed that staff should receive further training and competency assessment in the management of medicines. An area for improvement was identified.

6.0 Conclusion

The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the home was well led.

The outcome of this inspection concluded that robust arrangements were not in place for all aspects of medicines management and improvement is required to ensure that safe, effective and well led care with respect to medicines is delivered. Six new areas for improvement were identified.

Following the inspection the findings were discussed with a Senior Inspector in RQIA and with the management team in Beverly Lodge. RQIA decided that a period of time would be given 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.

We would like to thank the patients and staff for their assistance throughout the inspection.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	6*	8*

* The total number of areas for improvement includes eight that have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Joanne Roy, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards (8 July 2021)</p>	<p>The registered person shall ensure that nursing staff carry out clinical/neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record.</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: 5.1</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards (8 July 2021)</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: 5.1</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection onwards (16 August 2021)</p>	<p>The registered person shall ensure that personal medication records are up to date, contain all of the required information and obsolete records are cancelled and archived.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: This was actioned immediately following this inspection, all personal medication records were updated and obsolete records were cancelled and archived as required. All nurses have received further supervision, training and their competency in medicine management has been individually reviewed. A system is now in place and the update of residents' personal medication records is allocated to specific designated staff. The Home Manager & Deputy Manager will continue to monitor and review this.</p>

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<p>Area for improvement 4</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection onwards (16 August 2021)</p>	<p>The registered person shall ensure that medicines are available for administration as prescribed.</p> <p>Ref:5.2.2</p> <p>Response by registered person detailing the actions taken: A full audit of all residents' stock of medication was taken immediately following this inspection. All nurses have received further supervision, training and their competency in medicine management has been individually reviewed. A system is now in place to monitor this area closely, with daily reviews of medication stock levels by the Home Manager & Deputy Manager.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection onwards (16 August 2021)</p>	<p>The registered person shall ensure that the medicines refrigerator temperature is maintained within the required range for the cold storage of medicines (2°C to 8°C).</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: This was rectified immediately following this inspection. All nurses have received further supervision, training and their competency in medicine management has been individually reviewed. A new form has been put in place for monitoring temperature's of the medicines refrigerator. The Home Manager & Deputy Manager will continue to closely monitor and review.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection onwards (16 August 2021)</p>	<p>The registered person shall ensure that a robust audit system which covers all aspects of medicines management is implemented to ensure that safe systems are in place.</p> <p>Ref: 5.2.3 and 5.2.5</p> <p>Response by registered person detailing the actions taken: A robust audit system was in place, however, was not completed accurately. All nurses have received further supervision, training and their competency in medicine management has been individually reviewed. Senior staff are now allocated to complete this audit.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 39.1</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards (8 July 2021)</p>	<p>The registered person shall ensure orientation and induction records are retained for all agency staff.</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: 5.1</p>

<p>Area for improvement 2</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards (8 July 2021)</p>	<p>The registered person shall ensure care plans for the management of wounds accurately reflect recommendations of the multidisciplinary team and are updated to reflect the assessed needs of the patient. Wound assessment and evaluations should be completed 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: 5.1</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4.8</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards (8 July 2021)</p>	<p>The registered person shall ensure where risks with patients' safety whilst in bed are identified, a clear plan of care to manage this risk must be in place following completion of an appropriate risk assessment. Bedrails must not be deployed unless a robust risk assessment has been completed.</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: 5.1</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards (8 July 2021)</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>Risk assessments must be completed and the 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>Ref: 5.1</p>
<p>Area for improvement 5</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards (8 July 2021)</p>	<p>The registered person shall ensure daily evaluation records are meaningful and patient centred.</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: 5.1</p>
<p>Area for improvement 6</p>	<p>The registered person shall ensure a robust audit system is in place to ensure compliance with best practice on infection</p>

<p>Ref: Standard 35.3</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards (8 July 2021)</p>	<p>prevention and control, wound care and care records.</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: 5.1</p>
<p>Area for improvement 7</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards (16 August 2021)</p>	<p>The registered person shall ensure that the records for those patients who require thickened fluids are reviewed to ensure that:</p> <ul style="list-style-type: none"> • the recommended consistency of fluid is accurately recorded and all records correlate • The administration of thickening agent is recorded. <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: This area was reviewed and updated immediately following this inspection to ensure the recommended consistency of fluid is accurately recorded and correlates on resident records and the administration of thickening agent is recorded. This continues to be monitored closely by the Home Manager & Deputy Manager.</p>
<p>Area for improvement 8</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 16 September 2021</p>	<p>The registered person shall ensure that relevant staff receive further training and competency assessment in the management of medicines.</p> <p>Ref: 5.2.6</p> <hr/> <p>Response by registered person detailing the actions taken: Immediately following this inspection, all nurses received further supervision, training and their competency in medicine management has been individually reviewed. The Home Manager & Deputy Manager will continue to keep this under close review and monitoring.</p>

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