The Regulation and Quality Improvement Authority

Inspection Report

18 October 2021

Beverly Lodge

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

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: 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:** 39
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 18 October 2021, between 10.15am and 12.30pm. The inspection was conducted by two pharmacist inspectors.

The findings of the last medicines management inspection on 16 August 2021 indicated that robust arrangements were not in place for all aspects of medicines management. Areas for improvement were identified in relation to the availability of medicines for administration, standard of maintenance of the personal medication records and medication administration records, cold storage of medicines, auditing and staff training.

These findings were discussed during a serious concerns meeting on 23 August 2021with the responsible individual, the registered manager and members of the management team from Beverly Lodge. Following this meeting, RQIA decided that a period of time would be given to implement the necessary improvements and that this follow up inspection would be undertaken to determine if the necessary improvements had been implemented and sustained.

Significant improvements in the management of medicines were observed during this inspection. Medicines were available for administration as prescribed. There were robust arrangements for auditing medicines and medicine records were well maintained. Arrangements were in place to ensure that staff were trained and competent in medicines management. The manager was reminded that the improvements must be sustained.

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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 a sample of medicine related records, storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines were reviewed.

During the inspection the inspectors:

- spoke to staff and management about how they plan, deliver and monitor the care and support provided in the home
- observed practice and daily life
- reviewed documents to confirm that appropriate records were kept

4.0 What people told us about the service

The inspectors met with the manager, the deputy manager, the regional manager and two registered nurses. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

Staff were warm and friendly and it was evident from their interactions that they knew the patients well. Staff advised that they had worked hard to improve the management of medicines and that the changes implemented had been effective and were sustainable.

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 questionnaires had been returned.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Beverly Lodge was undertaken on 16 August 2021 by a pharmacist inspector. In agreement with the care inspector, the areas for improvement identified at the care inspection on 8 July 2021were not reviewed during this inspection and will be carried forward to the next inspection.

Areas for improvement from the last inspection on 16 August 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. **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.**	**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: • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene. **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.**	**Carried forward to the next inspection**

Area for Improvement 3 **Ref**: Regulation 13 (4) **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: Satisfactory systems were in place for the management of personal medication records. **See Section 5.2.1**	
Area for Improvement 4 **Ref**: Regulation 13 (4) **Stated:** First time	The registered person shall ensure that medicines are available for administration as prescribed.	**Met**
	Action taken as confirmed during the inspection: Medicines were available for administration as prescribed. **See Section 5.2.2**	
Area for Improvement 5 **Ref**: Regulation 13 (4) **Stated:** First time	The registered person shall ensure that the medicines refrigerator temperature is maintained within the required range for the cold storage of medicines (2^{o}C to 8^{o}C).	**Met**
	Action taken as confirmed during the inspection: The medicines refrigerator temperature was maintained appropriately. **See Section 5.2.3**	
Area for Improvement 6 **Ref**: Regulation 13 (4) **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: The audit system covered all aspects of medicines management. **See Section 5.2.6**	

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
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. **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.**	**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. **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.**	**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 is in place following completion of an appropriate risk assessment. Bedrails must not be deployed unless a robust risk assessment has been completed. **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.**	**Carried forward to the next inspection**
Area for improvement 4 **Ref**: Standard 4.1 **Stated:** First time	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. 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.	**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 5 **Ref**: Standard 4.9 **Stated:** First time	The registered person shall ensure daily evaluation records are meaningful and patient centred.	**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 6 **Ref:** Standard 35.3 **Stated:** First time	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.	**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 7 **Ref**: Standard 29 **Stated:** First time	The registered person shall ensure that the records for those patients who require thickened fluids are reviewed to ensure that: • the recommended consistency of fluid is accurately recorded and all records correlate • The administration of thickening agent is recorded.	**Met**
	Action taken as confirmed during the inspection: The records relating to thickened fluids had been appropriately completed. **See Section 5.2.4**	
Area for improvement 8 **Ref**: Standard 28 **Stated:** First time	The registered person shall ensure that relevant staff receive further training and competency assessment in the management of medicines.	**Met**

	Action taken as confirmed during the inspection: Training and competency assessment had been completed with all of the registered nurses. **See Section 5.2.5**	

5.2 Inspection findings

5.2.1 Personal medication records

Personal medication records were in place for all patients selected for review. These records are 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 and hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. Medication changes had been accurately recorded. The records had been verified and signed by two members of staff at the time of writing and at each update in order to ensure accuracy of transcribing. The management team were reminded that the allergy status should be recorded on each of these records; it had been deleted in error on some of the records when they were updated. The manager also advised that new photographs of the patients had been taken and records would be updated to include these.

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

Obsolete records had been filed in an easily retrievable manner.

5.2.2 Availability of Medicines

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. A review of the medicine administration records showed that medicines were available for administration to patients as prescribed. From the records reviewed, no doses of medicines had been omitted due to medicines being out of stock.

5.2.3 The management of medicines which require cold storage

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 every day and to reset the thermometer to ensure accurate readings are obtained.

The current, maximum and minimum refrigerator temperatures were monitored and recorded each day and were within the accepted range. The thermometer was reset each day.

5.2.4 Thickened Fluids

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.

The management of thickening agents for three patients was reviewed. There were up to date speech and language assessments in place for each patient and the directions specified correlated with the personal medication records and administration records. A care plan to direct the care for each patient was held on file.

5.2.5 Staff training and competency assessment

To ensure that patients are well looked after and receive their medicines as prescribed, 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.

Update training on the management of medicines had been provided for all registered nurses. Competency assessments were completed following this training.

The findings of this inspection indicate that the training has been effective in driving the necessary improvements.

5.2.6 Governance and audit

Following the last inspection, an action plan to address the identified shortfalls in medicines management was developed and implemented. The manager was supported in driving the improvements by other managers within the company and the regional manager.

A revised medicines management audit tool was developed. The manager and deputy manager completed this audit weekly. Any necessary actions were discussed with staff for immediate implementation.

The audits completed during the inspection showed that medicines were administered as prescribed.

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 all areas for improvement identified at the last medicines management inspection had been addressed. No new areas for improvement were identified. RQIA can be assured that the home was well led and delivering safe, effective and compassionate care with regards to medicines management. The manager was reminded that the improvements must be sustained.

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

7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	2*	6*

* The total number of areas for improvement includes two under Regulations and six under Standards which are carried forward for review at the next inspection. No new areas for improvement with regards to medicines management were identified at this inspection.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
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Area for improvement 6 **Ref:** Standard 35.3 **Stated:** First time **To be completed by:** From the date of the inspection onwards (8 July 2021)	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. **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: 5.1

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