The Regulation and Quality Improvement Authority

Inspection Report

2 November 2023

Clandeboye Care Home

Type of service: Nursing Home
Address: 35 Cardy Close,
Bangor, BT19 1AT
Telephone number: 028 9127 1011

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

1.0 Service information

Organisation: Beaumont Care Homes Limited **Responsible Individual:** Mrs Ruth Burrows	**Registered Manager:** Mrs Laura Patterson **Date registered:** 23 May 2023
Person in charge at the time of inspection: Mrs Laura Patterson	**Number of registered places:** 52 The home is approved to provide care on a day basis to one person**.**
Categories of care: Nursing Home (NH) DE – Dementia	**Number of patients accommodated in the nursing home on the day of this inspection:** 48
Brief description of the accommodation/how the service operates: Clandeboye Care Home is a registered nursing home which provides nursing care for up to 52 patients. The home is divided into two separate units. Patients' bedrooms, communal lounges and dining rooms are located within each unit and patients have access to enclosed garden spaces.	

2.0 Inspection summary

An unannounced follow up inspection took place on 2 November 2023, from 10.20am to 3.30pm. This was completed by two pharmacist inspectors and focused on the management of medicines.

The purpose of this inspection was to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to medicines management.

Following discussion with the aligned care inspector, it was agreed that the areas for improvement identified at the last care inspection would be followed up at the next care inspection.

At the last medicines management inspection on 7 August 2023 robust arrangements were not in place for the management of medicines.

Areas for improvement were identified in relation to: the management of insulin and warfarin, the medicines stock control process, medicines storage, controlled drugs, medicines prescribed for the management of distressed reactions and medicines which are crushed and administered covertly.

The findings of the last inspection were discussed with Mrs Ruth Burrows, Responsible Individual and Mrs Laura Patterson, Registered Manager during a serious concerns meeting on 14 August 2023. Following this meeting, RQIA accepted a revised action plan to address the deficits and 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. The medicine audit process had been reviewed to ensure medicines were administered as prescribed. Safe systems were in place for the management of insulin and warfarin. The medicine stock control process had been improved and medicines were stored safely and securely. Satisfactory arrangements were in place on occasions when medicines were crushed and administered covertly. The area for improvement in relation to the management of medicines for distressed reactions was assessed as not met and has been stated for a second time.

The manager and staff were commended for their efforts and were reminded that the improvements must be maintained.

RQIA would like to thank the staff and patients for their assistance during the inspection.

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. The inspection was completed by examining 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. The inspectors spoke to staff and management about how they plan, deliver and monitor the management of medicines in the home.

4.0 What people told us about the service

The inspectors met with care staff, nursing staff and the manager. Staff advised they had worked hard to improve the management of medicines and that the changes implemented since the last medicines management inspection had been effective and were sustainable.

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.

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 received by RQIA.

5.0 The inspection

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

Areas for improvement from the last inspection on 7 August 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 12 (1) (a) (b) **Stated:** First time	The registered person shall ensure that: • a system is developed and implemented to monitor pressure relieving mattress settings and ensure these are correctly maintained for each individual patient • records of repositioning are fully completed with all required details and signed by two staff where necessary.	**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 (4) **Stated:** First time	The registered person shall ensure safe systems are in place for the management of insulin.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was assessed as met. **See Section 5.2.1**	

Area for improvement 3 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person shall ensure safe systems are in place for the management of warfarin. **Action taken as confirmed during the inspection**: This area for improvement was assessed as met. **See Section 5.2.1**	**Met**
Area for improvement 4 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person shall ensure a robust ordering system for medicines is implemented and maintained to ensure only medicines which are required are ordered and dispensed. **Action taken as confirmed during the inspection**: This area for improvement was assessed as met. **See Section 5.2.2**	**Met**
Area for improvement 5 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person shall review the storage arrangements for medicines to ensure the deficits detailed in the report are suitably addressed. **Action taken as confirmed during the inspection**: This area for improvement was assessed as met. **See Section 5.2.2**	**Met**
Area for improvement 6 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person shall ensure that safe systems for the management of controlled drugs are in place. **Action taken as confirmed during the inspection**: This area for improvement was assessed as met. **See Section 5.2.3**	**Met**

Area for improvement 7 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person shall implement a robust audit system which covers all aspects of the management of medicines. Any shortfalls identified should be detailed in an action plan and addressed.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was assessed as met. **See Section 5.2.4**	
Action required to ensure compliance with Care Standards for Nursing Homes, December 2022		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 12 **Stated:** First time	The registered person shall ensure that the mealtime is a positive experience for patients: • staff should be appropriately seated to assist patients with their meal • condiments should be offered to patients at the time of serving the meal • plate covers should be used when serving meals on trays • there should be a selection of suitable crockery available for patients.	**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 45 **Stated:** First time	The registered person shall ensure that equipment, such as wheelchairs and shower chairs, are decontaminated according to the cleaning schedules in place and also as and when required.	**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 44 **Stated:** First time	The registered person shall ensure that: • identified worn bed rail covers are replaced immediately and as required going forward • an action plan for the repair and/or replacement of vanity units in patients' bedrooms and identified furniture is developed and implemented • the action plan has a timeframe included and identifies who is responsible for ensuring the actions are 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 **Stated:** First time	The responsible person shall ensure care plans are in place for patients prescribed medicines for distressed reactions. The reason for and outcome of administration of these medicines should be consistently recorded. **Action taken as confirmed during the inspection**: This area for improvement was assessed as not met. **See Section 5.2.5**	**Not met**
Area for improvement 5 **Ref:** Standard 4 **Stated:** First time	The registered person shall ensure: • Written authorisation from the GP is obtained when patients are administered their medicines covertly • The suitability of crushing tablets is confirmed with the pharmacist • Detailed care plans are in place on occasions when medicines are crushed and administered covertly. **Action taken as confirmed during the inspection**: This area for improvement was assessed as met. **See Section 5.2.5**	**Met**

5.2 Inspection findings

5.2.1 The management of insulin and warfarin

Care plans were in place when patients required insulin to manage their diabetes. In-use insulin pen devices were individually labelled to denote ownership. The date of opening was recorded on the pens to facilitate audit and disposal upon expiry. Supplementary insulin administration records were accurately maintained. The manager was reminded to archive any obsolete records to ensure that staff do not refer to obsolete directions in error and administer an incorrect dose to the patient.

In relation to the management of warfarin, robust systems must be in place to ensure that blood monitoring is carried out on the specified date and dosage directions are accurately received. This ensures that nurses refer to the current dosage directions and warfarin is administered correctly. Review of the supplementary warfarin administration records indicated that the latest blood result and warfarin dosage directions had been accurately recorded and transcribed by two staff members. The date of the next blood test due had been appropriately recorded. Audits completed by the inspectors identified warfarin had been administered as prescribed.

Following the last inspection, nurse supervision sessions in relation to the management of insulin and warfarin had been completed. It was evident these had driven the necessary improvements in the management of these high risk medicines.

5.2.2 Medicines ordering, stock control and storage

The medicines ordering process had been reviewed and improved since the last medicines management inspection. Nurses tasked with completing and receipting the monthly medicine order were allocated appropriate time to do so. The manager informed the inspectors that communication between the home and the community pharmacy had improved to ensure only medicines which were ordered by the home were supplied. The records inspected showed that medicines were available for administration when patients required them.

Following the last inspection, a review of the medicine overstock cupboards had been undertaken. Obsolete and expired medicines had been appropriately disposed of and the relevant records maintained. Medicine overstock levels were maintained to an appropriate standard and it was evident medicines were only ordered when patients required them. The overstock cupboards were organised and patient medicines were easily identifiable.

Significant improvements in the storage arrangements for medicines were observed at the inspection. New locks had been fitted to the treatment room doors to prevent unauthorised access. The medicine overstock cupboards in the Dufferin suite treatment room had been suitably repaired and medicines were stored safely and securely. Appropriate signage stating that oxygen was stored in both treatment rooms was displayed.

Satisfactory arrangements for the cold storage of medicines were in place. Two new medicine refrigerators had been installed since the last inspection. Temperatures of the medicine storage areas, including the refrigerators, were monitored and recorded to ensure that medicines were stored appropriately.

5.2.3 Controlled drugs

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. Improvements in the management of controlled drugs were observed during the inspection. The receipt, administration and disposal of controlled drugs were accurately recorded in the controlled drug record books. Staff were aware of which medicines required storage in the controlled drug cabinet.

5.2.4 Governance and audit

The medicine audit process had been reviewed and revised following the last medicines management inspection. Nurses responsible for managing medicines had received updated training which included the identification of medication incidents and errors. A number of audits focused on the administration of medicines were completed by management and nursing staff; including daily running stock balances of all medicines.

The large majority of the audits completed at the inspection indicated that medicines were administered as prescribed indicating that the revised audit systems were effective. A small number of minor discrepancies were highlighted to the manager for ongoing monitoring.

It was acknowledged that whilst medicine administration was a key focus of the medicines audit process, all aspects of medicines management must be incorporated including medicines storage, record keeping and controlled drugs. The manager was signposted to the RQIA medicines management audit template to further assist with the audit process.

5.2.5 Medicine related records and care plans

The personal medication records reviewed at the inspection were accurate and up to date. However, some obsolete personal medication records remained in the medicines file and had not been cancelled and archived. This was highlighted to the manager during the inspection who provided assurances that the obsolete records would be suitably archived.

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.

The management of medicines prescribed on a "when required" basis for distressed reactions was reviewed. Directions for use were clearly recorded on the personal medication records. However, care plans directing the use of these medicines were not in place for some of the patients reviewed. The reason for and outcome of each administration was not consistently recorded. The area for improvement in relation to the management of medicines for distressed reactions was stated for a second time.

A small number of patients have their medicines crushed and administered in food/drinks to assist administration. Some of the practices followed by staff to assist administration mean that medicines are being administered outside the terms of their product licence. This means that the way the medicine is given has been changed to meet the need to the patient.

While this is appropriate for most patients, this practice should be checked to ensure that the patient's GP agrees. Authorisation from the GP had been obtained when this practice occurred. The suitability of crushing medicines had been checked with the community pharmacist. Care plans detailing how the patients like to take their medicines were in place.

6.0 Quality Improvement Plan/Areas for Improvement

One area for improvement has been stated for a second time where action is required to ensure compliance with the Care Standards for Nursing Homes, December 2022.

	Regulations	Standards
Total number of Areas for Improvement	1*	4*

* The total number of areas for improvement includes one that has been stated for a second time and four which are carried forward for review at the next inspection.

The restated area for improvement and details of the Quality Improvement Plan were discussed with Mrs Laura Patterson, Registered Manager, as part of the inspection process. The timescale for completion commences from the date of inspection.

Quality Improvement Plan

<table>
<tr><th colspan="2">Action required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Regulation 12 (1) (a) (b)

Stated: First time

To be completed by:
With immediate effect
(4 May 2023)</td><td>The registered person shall ensure that:

• a system is developed and implemented to monitor pressure relieving mattress settings and ensure these are correctly maintained for each individual patient
• records of repositioning are fully completed with all required details and signed by two staff where necessary.</td></tr>
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Ref: 5.1</td></tr>
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<tr><td rowspan="2">Area for improvement 1

Ref: Standard 4

Stated: Second time

To be completed by:
With immediate effect
(2 November 2023)</td><td>The responsible person shall ensure care plans are in place for patients prescribed medicines for distressed reactions. The reason for and outcome of administration of these medicines should be consistently recorded.</td></tr>
<tr><td>Response by registered person detailing the actions taken:
At the time of inspection distressed reaction care plans were partially completed but all nursing staff had completed supervisions for the management of distressed reactions.
Care plans are now in place for all residents who are prescribed medications for distressed reactions and any further requirement will be monitored for new admissions and upon medication reviews.
All staff nurses have completed training for Management of Distressed Reactions and during a nurse meeting on 23rd November 2023, practices going forward was discussed, this included how to record the use of medications for distressed reactions ensuring that the staff are recording reasons for use and outcomes of administration.
Monitoring of records by the Home Manager will continue during the monthly care plan auditing process and medication audits.
Compliance will also be reviewed by the Operations Manager during the monthly Regulation 29 Visit.</td></tr>
<tr><td>Area for improvement 2

Ref: Standard 12</td><td>The registered person shall ensure that the mealtime is a positive experience for patients:</td></tr>
</table>

Stated: First time **To be completed by:** With immediate effect (4 May 2023)	• staff should be appropriately seated to assist patients with their meal • condiments should be offered to patients at the time of serving the meal • plate covers should be used when serving meals on trays • there should be a selection of suitable crockery available for patients.
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Please ensure this document is completed in full and returned via the Web Portal

The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS