

Inspection Report

7 August 2023



Clandeboye Care Home

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

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Beaumont Care Homes Limited	Registered Manager: Mrs Laura Patterson
Responsible Individual: Mrs Ruth Burrows	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: 52
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 inspection took place on 7 August 2023, from 10.15am to 4.30pm. This was completed by a pharmacist inspector and focused on medicines management within the home. The purpose of the 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.

The areas for improvement identified at the last care inspection have been carried forward for review at the next care inspection.

The outcome of this inspection raised concerns with regards to the management of medicines. The medicines stock control process was not robust and it was evident medicines were supplied when patients did not require them. Medicines were not stored safely and securely and satisfactory systems were not in place for the management of controlled drugs. Shortfalls were identified in the management of the high risk medicines warfarin and insulin. Deficits were also identified in relation to the management of medicines for distressed reactions and medicines which are crushed and administered covertly.

The medicine audit process had not been effective in identifying the issues raised at the inspection and it was evident nurses were not following the home's policy and procedures with respect to medicines management.

Following the inspection, the findings were discussed with an Assistant Director in RQIA. As a consequence of the inspection findings, RQIA invited the responsible individual Mrs Ruth Burrows, to attend a serious concerns meeting on 14 August 2023.

The meeting was attended virtually by Mrs Ruth Burrows, Responsible Individual, Mrs Janet Brown, Operations Director and Mrs Laura Patterson, Registered Manager. At the meeting, an action plan which detailed an account of the actions taken to date was provided. The arrangements that had been made to ensure the improvements necessary to achieve full compliance with the relevant regulations and standards were discussed. The responsible individual agreed that the action plan would be further developed. A copy of the revised action plan was forwarded to RQIA on 21 August 2023. RQIA accepted the revised action plan and assurances provided by the management team.

RQIA will continue to monitor and review the quality of service provided in Clandeboye Care Home and will carry out a further inspection to assess compliance. Failure to implement and sustain the necessary improvements may lead to enforcement.

RQIA would like to thank the management and staff 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 inspector spoke to staff and management about how they plan, deliver and monitor the management of medicines within the home.

4.0 What people told us about the service

The inspector met with nursing staff, the deputy manager, the manager and the regional operations manager.

Staff interactions with patients were warm, friendly and supportive. It was evident that they knew the patients well.

In relation to medicines management, the manager stated prior to the inspection commencing that she was aware the home's ordering process for medicines required improvement and there

were large quantities of medicine overstock. The manager also advised the inspector that medicine overstock cupboards in the Dufferin suite of the home were in a state of disrepair.

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 4 May 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: <ul style="list-style-type: none"> 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.	
Action required to ensure compliance with the 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> • 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. 	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.	

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 sample of the personal medication records were reviewed. The large majority of records were accurate and up to date. A small number of discrepancies were highlighted to the manager for review. It was identified 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. Assurances were sought and provided at the serious concerns meeting that all obsolete personal medication records would be suitably archived and the current records would be reviewed to ensure they are accurate.

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; and care plans directing the use of these medicines were in place. However, the reason for and outcome of each administration was not recorded. 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 and pain assessments were in place and reviewed regularly.

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 for three patients. 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 some but not all patients reviewed. This was discussed at the serious concerns meeting and assurances were provided that all patients prescribed thickening agents had been reviewed to ensure the recommended consistency was accurately documented on the personal medication records.

The management of insulin was reviewed for two patients. Gaps were observed in the insulin administration records and a care plan to direct care was not in place for one patient. The date of opening was not recorded on in use insulin pen devices. This is necessary to facilitate audit and disposal. In addition, the insulin pen devices were not individually labelled to denote ownership. An area for improvement was identified.

The management of warfarin, a high risk medicine, was reviewed.

Robust systems must be in place to ensure that blood monitoring is carried out on the specified date and dosage directions are accurately received and recorded. This ensures that nurses refer to the current dosage directions and warfarin is administered correctly. Review of the supplementary warfarin administration records identified a number of missed signatures. The latest blood result and warfarin dosage directions had not been recorded. It was evident nurses had not followed the home's procedure for receiving and recording warfarin dosage directions. An area for improvement was identified.

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.

It was evident that the medicines stock control process was not robust and required improvement. Large quantities of surplus stock, including obsolete medicines for disposal, were stored in the medicines overstock cupboards and there was no regular system of stock review in place. Obsolete medicines should be efficiently disposed of to ensure they are not administered in error. A robust ordering system in collaboration with GP surgeries and the community pharmacy is required to ensure that medicines which are not required are not prescribed and dispensed. An area for improvement was identified.

It was identified that medicines were not stored safely and securely. The locks on the medicine overstock cupboards in Stewart suite were broken; and the cupboards in Dufferin suite had recently collapsed off the wall which led to patients' medicines being temporarily stored in unlocked boxes on the treatment room floor. Medicines must be stored safely and securely to prevent unauthorised access.

Appropriate signage advising that oxygen cylinders are stored in both treatment rooms was not displayed. The medicine trolleys in use were not clean and did not comply with infection prevention and control.

Medicines requiring cold storage were not stored to the required standard. The door of one of the medicines refrigerator was broken; whilst the button for monitoring the temperature on the other refrigerator was malfunctioning meaning the thermometer could not be easily read or reset. Despite this, staff continued to record the daily temperature within the reference range and there was no evidence that action had been taken to escalate and report the issues. An area for improvement in relation to the storage of medicines was identified.

The records inspected showed that the large majority of medicines were available for administration when residents required them. However, audits completed by the inspector identified a total of three medicines had been out of stock in recent weeks which resulted in missed doses. Two pain relief medicines for a recent admission were out of stock for a period of nine and six days respectively. There was no evidence that any missed doses due to lack of supply of medicines were considered as notifiable events to RQIA. Patients must have a continuous supply of their prescribed medicines as missed doses or late administrations can impact upon their health and well-being.

RQIA sought and received assurances at the serious concerns meeting that action had been taken to ensure all patients had stock of their prescribed medicines.

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 sample of the medicines administration records was reviewed. Most of the records were found to have been fully and accurately completed. As stated in Section 5.2.1, a number of missed signatures in the administration of warfarin and insulin were brought to the attention of the manager for ongoing close monitoring.

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 a controlled drug record book. Unsatisfactory systems were in place for the management of controlled drugs. The receipt and administrations of three Schedule 2 controlled drugs had not been recorded in the controlled drug record book. Large quantities of Schedule 3 controlled drugs, including diazepam and lorazepam, were stored in unlocked medicine cupboards. Twice daily stock reconciliation checks were completed by nursing staff; however, these were not always accurate and did not reflect the actual stock. It was evident from the practices observed that controlled drugs were not managed in line with the homes policies and procedures. An area for improvement was identified.

Several 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. Written authorisation was not in place when this practice occurred. Person centred care plans detailing how the medicines should be administered to these patients were not in place. The personal medication records had not been updated to reflect that the medicines were administered covertly. An area for improvement was identified.

The audit process for medicines management was reviewed. Daily running stock balances of all medicines were completed to monitor administration. However, it was noted that when discrepancies were identified, corrective action had not been taken and it had not been escalated to the manager. The findings of the inspection indicate the current audit process is not robust and does not incorporate all aspects of medicines management including administration, record keeping, storage and controlled drugs. 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 recently admitted to the home from hospital was reviewed. A hospital discharge letter had been received and a copy had been forwarded to the patient's GP. However, as stated in Section 5.2.2, two pain relief medicines were out of stock for a period of nine and six days respectively. Nurses had not taken appropriate action to ensure that the correct medicines were available for administration. This was discussed at the serious concerns meeting. The manager advised that nurse supervision sessions had been completed to ensure that appropriate action is taken by nursing staff to ensure patients have a continuous supply of their medicines.

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. A robust audit system will help staff to identify medicine related incidents.

As stated in Section 5.2.3, although auditing systems were in place, the findings of this inspection indicate they were not effective. 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. The identification and reporting of incidents was discussed in detail at the inspection and serious concerns meeting.

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 their staff are competent in managing medicines and that they are supported. Policies and procedures should be up to date and readily available for staff reference.

The practices observed during the inspection indicated that despite having received training; nurses were not following the relevant policies and procedures for medicines management. This was discussed at the serious concerns meeting. The manager advised RQIA that all nurses with responsibility for medicines management had been re-issued the medication policy and compliance with the policy would be monitored through the home's audit process and at nurse supervision sessions. The manager also informed RQIA that further medicines management training has been requested from the community pharmacy.

6.0 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, 2022.

	Regulations	Standards
Total number of Areas for Improvement	7*	5*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Laura Patterson, 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 Home Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (4 May 2023)</p>	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> • 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. <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>Area for improvement 2</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (7 August 2023)</p>	<p>The registered person shall ensure safe systems are in place for the management of insulin.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Following the Inspection, a robust action plan was agreed, to identify all the actions required to address this area of improvement.</p> <p>It was identified on the day of the Inspection, insulin pens did not have labels on them, these were identified as insulin pens supplied to Residents on discharge from hospital and from Boots Care services.</p> <p>Insulin pen supplies provided from Hospital pharmacies are not labelled individually. Nursing staff have been advised that on receipt of insulin pens from hospital, they are to attach a handwritten label and to be signed by x2 RN staff.</p> <p>The Home Manager met with Boots Care Services on 14/08/2023 and it was acknowledged that all insulin pens should be individually labelled by Boots' dispensing pharmacies. Nursing staff were advised at staff meeting on 08/09/2023 that all pens should be labelled and date of opening recorded on same.</p> <p>Any incidents of non-labelled insulin pens supplied by Boot's pharmacies should be recorded on a Beaumont Care Incident Management form and sent to Boots Care Services as the Service Level Agreement is not being met.</p>

	<p>Home Manager oversight is being evidenced by Critical Medication audits 4 times weekly.</p> <p>The compliance of the action plan is being monitored weekly, reported on within the Monthly Regulation 29 audit by the Operations Manager and is updated and being submitted to RQIA on a monthly basis.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (7 August 2023)</p>	<p>The registered person shall ensure safe systems are in place for the management of warfarin.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken:</p> <p>Following the Inspection, a robust action plan was agreed, to identify all the actions required to address this area of improvement.</p> <p>On the day of the Inspection and at the time of this report, there is one resident prescribed warfarin.</p> <p>As well as the MARR, in the Kardex file there is an administration form for warfarin, which indicates the following information signed by 2 RN staff:</p> <ol style="list-style-type: none"> a. the recent INR result b. the dosage instructions c. When the next INR is due. <p>RN staff have attended a series of RN Medication Management Meetings on 08.08.23, 14.08.23, 25.08.23 and 21.09.23.</p> <p>All RN staff have been issued with the Beaumont Care Management of Warfarin Guide and have completed a supervision on the Management of Warfarin conducted by the Beaumont Care Quality Manager.</p> <p>Home Manager oversight is being evidenced by Critical Medication audits 4 times weekly.</p> <p>The compliance of the action plan is being monitored weekly, reported on within the Monthly Regulation 29 audit by the Operations Manager and is updated and being submitted to RQIA on a monthly basis.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>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.</p> <p>Ref: 5.2.2</p>

<p>To be completed by: With immediate effect (7 August 2023)</p>	<p>Response by registered person detailing the actions taken: Following the Inspection, a robust action plan was agreed, to identify all the actions required to address this area of improvement.</p> <p>All RN staff have completed supervisions in regards to stock management and out of stock medication management, which was conducted by Beaumont Care Quality Manager. The prescriptions and potential missing items management are now being managed by the Registered Home Manager. The use of the Beaumont Care 24 hour shift report as a working document has been re-iterated to staff to ensure the Home Manager is kept aware of any medication issues.</p> <p>Supernumerary hours have been allocated to 2 RN staff who have become our medication management champions, who review, process and sign in the medications orders.</p> <p>All Home aligned surgeries were sent a letter by the Home Manager to discuss our ordering processes and to discuss inspection outcomes and learning going forward in relation to ordering. Thus far, out of fourteen surgeries, only one has engaged in a return. Letters are to be resent to Practice Managers today, 28/09/23.</p> <p>Clandeboye Care Home was visited on 07/09/23 by SEHSCT Compliance Pharmacist. The action plan was discussed at length and the Pharmacist provided invaluable information and suggestions on how compliance and improvements can be evidenced going forward.</p> <p>Home Manager oversight being evidenced by spot checks on stock levels and completion of the Monthly Medication Audit which has been revised to include this issue.</p> <p>The compliance of the action plan is being monitored weekly, reported on within the Monthly Regulation 29 audit by the Operations Manager and is being submitted to RQIA on a monthly basis.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered person shall review the storage arrangements for medicines to ensure the deficits detailed in the report are suitably addressed.</p> <p>Ref: 5.2.2</p>

<p>To be completed by: With immediate effect (7 August 2023)</p>	<p>Response by registered person detailing the actions taken: Following the Inspection, a robust action plan was put in place, to identify all the actions required to address this area of improvement. All medication storage has been reviewed, all cupboard doors are lockable and new locks have been fitted on the clinical room doors with changed codes. 2 new medication trolleys and 2 new fridges have been received. Oxygen signage is now in place in both clinical areas and oxygen is stored in the appropriate areas, as per our policy.</p> <p>Daily temperatures of fridges and clinical rooms are recorded and are being spot checked by the Home Manager who signs and dates the record.</p> <p>Home Manager oversight is also being evidenced by completion of the Monthly Medication Audit.</p> <p>The compliance of the action plan is being monitored weekly, reported on within the Monthly Regulation 29 audit by the Operations Manager and is being submitted to RQIA on a monthly basis.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (7 August 2023)</p>	<p>The registered person shall ensure that safe systems for the management of controlled drugs are in place.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Following the Inspection, a robust action plan was a put in place, to identify all the actions required to address this area of improvement. 3 medications identified on the day of the Inspection, which should have been recorded in the controlled drug register, were addressed immediately. A review of all other prescriptions of controlled drugs was conducted and no further missing items were identified. There has been x1 new controlled drug prescribed since the inspection and it has been entered into the Controlled Drug Register.</p> <p>Both controlled drug cupboards are functional and cupboards are lockable.</p> <p>RN staff have attended a series of Medication Management Meetings on 08/08/23, 14/08/23, 25/08/23 and 21/09/23.</p>

	<p>All RN staff have had competencies repeated in regards to Controlled Drug Medications Management completed by the Beaumont Care Quality Manager.</p> <p>There are new files in both clinical rooms to outline Controlled Drug management and all nurses received a copy of the Medication policy.</p> <p>Home Manager oversight is being evidenced by spot checks on stock levels which is recorded on the register, and by completion of the Monthly Medication Audit, which has been revised to include this issue.</p> <p>The compliance of the action plan is being monitored weekly, reported on within the Monthly Regulation 29 audit by the Operations Manager and is being submitted to RQIA on a monthly basis.</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (7 August 2023)</p>	<p>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.</p> <p>Ref: 5.2.3 & 5.2.5</p> <p>Response by registered person detailing the actions taken:</p> <p>Following the Inspection, a robust action plan was a put in place, to identify all the actions required to address this area of improvement.</p> <p>We have reviewed our auditing processes and oversight. Critical medication audits have been implemented which are being completed 3-4 times per week.</p> <p>All Nursing staff have completed supervisions regarding incident management reporting internally and to all external stakeholders conducted by the Care Quality Manager.</p> <p>All Boots online Medication Management modules and Medication Management Competencies are 100% completed.</p> <p>Clandeboyne Care Home has been receiving increased support from our Beaumont Care Quality Managers with visits on 14.08.23, 15.08.23, 22.08.23, 24.08.23, 25.08.23, 30.08.23, 31.08.23, 05.09.23, 07.09.23, 12.09.23, 13.09.23, 18.09.23 and 25.09.23.</p> <p>The monthly Home Manager Medication Audit has been reviewed, taking into consideration issues highlighted during this process. The Audit has been reviewed and reissued to all Homes for immediate implementation. This revised audit has been completed by the Home Manager for August, and is validated by the Operations Manager during the Regulation 29 visit.</p>

	<p>The compliance of the action plan is being monitored weekly, reported on within the Monthly Regulation 29 audit by the Operations Manager and is reviewed and being submitted to RQIA on a monthly basis.</p>
<p>Action required to ensure compliance with Care Standards for Nursing Homes, December 2022</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (4 May 2023)</p>	<p>The registered person shall ensure that the mealtime is a positive experience for patients:</p> <ul style="list-style-type: none"> • 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. <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>Area for improvement 2</p> <p>Ref: Standard 45</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (4 May 2023)</p>	<p>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.</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>Area for improvement 3</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (4 May 2023)</p>	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> • 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. <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>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (7 August 2023)</p>	<p>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.</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>Following the Inspection, a robust action plan was a put in place, to identify all the actions required to address this area of improvement.</p> <p>The care plans for Residents prescribed medications for distressed reactions identified at Inspection has been addressed.</p> <p>The Specialist Services Operations Manager conducted visits on 24/08/23 and 06/09/23.</p> <p>Supervision has been completed with all nursing staff regarding the management of distressed reactions by the Specialist Services Operations Manager.</p> <p>The Specialist Services Operations Manager is supporting staff to develop all care plans with more detail in relation to distressed reaction management outlining de-escalation processes and what actions to take in relation to distressed reactions.</p> <p>The Home Manager completes spot checks on the MARRS to check for medication administration and will cross reference this with the care plan and progress notes.</p> <p>Home Manager will complete the reviewed monthly medication audit, which will be validated by the Operations Manager during the Regulation 29 visit.</p> <p>The compliance of the action plan is being monitored weekly, reported on within the Monthly Regulation 29 audit by the Operations Manager and is being reviewed and submitted to RQIA on a monthly basis.</p>
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<p>Area for improvement 5</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (7 August 2023)</p>	<p>The registered person shall ensure:</p> <ul style="list-style-type: none"> • 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. <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Following the Inspection, a robust action plan was a put in place, to identify all the actions required to address this area of improvement.</p> <p>On the day of the Inspection and at the time of this report, there were 2 residents identified in the Home as requiring crushed/covert and covert administration of medication.</p> <p>One resident's documentation is in place and the GP has provided verbal authorisation, which is documented and countersigned in the care file, and the Home is awaiting written confirmation to be received as requested. The Pharmacist has also agreed for the medication to be crushed and this is evidenced in the medication file.</p> <p>One resident is awaiting documentation to be returned by GP surgery but the directions to covertly administer the medication is listed as a direction on the monthly script.</p> <p>All care plans for crushed or covert medication are in place. RN staff are to document any changes to medications on the 24 hrs shift report.</p> <p>The Home Manager reviews the 24hr shift report daily for any prescribing changes and completes an audit on care files on a monthly basis.</p> <p>The compliance of the action plan is being monitored weekly, reported on within the Monthly Regulation 29 audit by the Operations Manager and is being reviewed and submitted to RQIA on a monthly basis.</p>

Please ensure this document is completed in full and returned via the Web Portal



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Assurance, Challenge and Improvement in Health and Social Care