

# Inspection Report

13 January 2022



## Ardlough

Type of service: Nursing Home  
Address: 2 Ardlough Road, Drumahoe, Londonderry, BT47 5SW  
Telephone number: 028 7134 2899

[www.rqia.org.uk](http://www.rqia.org.uk)

---

Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Ann's Care Homes Limited  <b>Responsible Individual:</b> Mrs Charmaine Hamilton	<b>Registered Manager:</b> Ms Anne Martina Mullan  <b>Date registered:</b> 4 October 2021
<b>Person in charge at the time of inspection:</b> Mr Mark Collins (Deputy Manager)	<b>Number of registered places:</b> 44
<b>Categories of care:</b> Nursing (NH): DE – dementia MP – mental disorder excluding learning disability or dementia MP(E) – mental disorder excluding learning disability or dementia – over 65 years PH(E) – physical disability other than sensory impairment – over 65 years	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 42
<b>Brief description of the accommodation/how the service operates:</b> This is a nursing home which provides care for up to 44 patients.	

## 2.0 Inspection summary

An unannounced inspection took place on 13 January 2022 from 10.20am to 3.30pm. The inspection was completed by a pharmacist inspector.

The inspection focused on medicines management within the home. The purpose 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.

Review of medicines management found that overall patients were being administered their medicines as prescribed. Arrangements were in place to ensure that staff received training and were deemed competent in medicines management.

However, the inspection findings indicate that improvements in some areas of medicines management are necessary to ensure that robust arrangements are in place. A review of the current auditing process to ensure that it covers all aspects of medicines management will assist management and staff in addressing the areas for improvement identified. This inspection resulted in five new areas for improvement. These included the completion of medicine records, the disposal of controlled drugs and the storage of medicines.

The inspection findings were discussed with the manager after the inspection and with RQIA's senior pharmacist inspector. It was 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.

RQIA would like to thank the patients and staff for their assistance throughout 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 reviewing a sample of medicine related records and care plans, medicines storage and the auditing systems used to ensure the safe management of medicines. Discussions were held with 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**

To reduce footfall throughout the home, the inspector did not meet with any patients. Patients were observed to be relaxed and content in their surroundings.

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

The inspector met with care staff, the nurses on duty and the deputy manager. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

Staff expressed satisfaction with how the home was managed and the support provided following the change of registered provider. 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 deputy 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, five questionnaires had been

received by RQIA. Responses indicated that they were very satisfied/satisfied with the care provided in the home.

## 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 care last inspection on 19 August 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Regulation 15(2)(a)(b) <b>Stated:</b> First time	The registered person shall ensure that risk assessments specific to smoking are kept under review in accordance with the patients care plan and revised at any time where necessary.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	
<b>Area for Improvement 2</b> <b>Ref:</b> Regulation 14(2)(c) <b>Stated:</b> First time	The registered person shall undertake an investigation and implement necessary remedial measures to ensure that the home's water system is operating correctly and in line with good practice guidance including Approved Code of Practice - 'The Control of Legionella Bacteria in Water Systems' issued by the Health & Safety Executive Northern Ireland (L8).	<b>Carried forward to the next inspection</b>
	<b>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.</b>	

<b>Action required to ensure compliance with Care Standards for Nursing Homes, April 2015</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b> <b>Ref:</b> Standard 38 <b>Stated:</b> First time	The registered person shall ensure that the manager has oversight of the recruitment process and that evidence of relevant pre-employment checks are available for inspection within the home.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 39.1 <b>Stated:</b> First time	The registered person shall ensure that all newly appointed staff complete an initial induction within two days of employment commencing, with the full induction carried out within three months. Induction records must be retained and available for inspection within the home.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 23 <b>Stated:</b> First time	The registered person shall ensure that where a patient requires repositioning, the patient's care plan reflects the frequency of repositioning within the recording chart.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	

## 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 will 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 number of the personal medication records were not up to date with the most recent prescription and some were incomplete. This could result in medicines being administered incorrectly or the wrong information being provided to another healthcare professional. It was evident that staff did not use these records as part of the administration of medicines process. An area for improvement was identified.

In relation to distressed reactions, 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 these medicines were discussed with staff. They knew how to recognise signs, symptoms and triggers which may cause a change in a patient's behaviour and were aware that this change may be associated with pain. Four patients' records were reviewed. A care plan was in place for three patients, one of which was incorrect. However, for one patient a care plan was not in place, and as two medicines were prescribed, it was unclear which was first line or second line treatment. It was agreed that the care plans would be updated by the end of the day. A separate administration record to detail the reason for, outcome and stock balance at each administration was maintained.

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 assessment charts were maintained.

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 two patients. Speech and language assessment reports and care plans were in place. The personal medication records included the fluid consistency level. One record required updating and was addressed with immediate effect. Records of administration were incomplete as there was no system in place to record each administration by care staff. Following the inspection, the manager advised that these records had been implemented and were being closely monitored. It was agreed that this area of medicines management would be incorporated into their revised audit process.

Detailed care plans were in place when patients required insulin to manage their diabetes.

### **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.

The records inspected showed that medicines were available for administration when patients required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. Temperatures were monitored and recorded on a daily basis to ensure medicines were stored at the correct temperature. The medicine trolleys were tidy and organised so that medicines belonging to each patient could be easily located.

However, it was found that the storage of opened insulin pen devices needed review to ensure that each pen device was labelled, the date of opening was recorded and was removed once the expiry date had been reached. An area for improvement was identified.

Inhaler spacer devices were noted to require cleaning or replacement. This was addressed by the nurses during the inspection.

The disposal arrangements for medicines were reviewed. Two nurses were involved in the disposal and record keeping for medicines. Some but not all discontinued controlled drugs were denatured to render them irretrievable, prior to disposal. This must occur for all controlled drugs in Schedule 2, 3 and 4 (Part 1). An area for improvement was identified. Management advised that disposal of medicines training was provided to staff 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. Separate administration records were in place for specific medicines such as transdermal patches, analgesics and insulin. This is good practice.

A sample of the records was reviewed. Most were found to have been fully and accurately completed. However, there were occasions when it was difficult to conclude the audit due to incomplete records. In relation to topical medicines there was limited evidence to indicate that these medicines were being administered as prescribed. These issues were highlighted at feedback. An area for improvement was identified. The manager was requested to review the administration of specific medicines for two patients and forward details of the findings and action taken to RQIA. The report was forwarded to RQIA after the inspection.

It was noted that two medicines prescribed for occasional use, where being administered on a regular basis and had not been referred to the prescriber for review. This was being addressed by the nursing staff during the inspection.

Several patients have their medicines administered in food/drinks to assist administration. Care plans detailing how the patients like to take their medicines were in place. Nurses were aware of the need to remain with the patient until the prescribed doses had been taken.

There was evidence that medicines management was audited on a regular basis. The date of opening was recorded on most medicines so that they could be easily audited and running stock balances were maintained for some medicines. However, whilst there were stock balances recorded every so often, for medicines prescribed on a "when required" basis, there was no system in place to check that the stock balance was accurate. This should be reviewed to ensure that the audit is effective.

#### **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 admission process for patients new to the home or returning to the home after receiving hospital care was reviewed. Systems were in place to ensure that written confirmation of the patient's medicine regime was obtained and shared with the community pharmacist. Two nurses were involved in transcribing the information on personal medication records and handwritten MARs.

#### **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 identify medicines related incidents.

Management and staff were familiar with the type of incidents that should be reported. There was evidence that medicine related incidents had been reported to the prescriber for guidance, investigated and learning shared with staff in order to prevent a recurrence.

The audits completed at the inspection indicated that the majority of medicines were being administered as prescribed. However, audit discrepancies were observed in the administration of a small number of medicines. As a number of areas require improvement, the audit process should be reviewed and developed to ensure it is effective. An area for improvement was identified.



### 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. Policies and procedures should be up to date and readily available for staff.

There were records in place to show that nurses were trained and deemed competent in medicines management. Refresher training in medicines management was scheduled for nurses. Management provided details of the actions taken, planned actions and staff training completed after the inspection.

Care staff had been provided with training in the administration of thickening agents and external preparations; however, detailed records of competency were not in place. The deputy manager provided a copy of the competency assessment template and advised that this would be completed with immediate effect.

Medicines management policies and procedures were in place. These were currently under review and development following the change in provider and documentation.

## 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, 2015.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	5*	5*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Mark Collins, Deputy Manager at the inspection and also by telephone with Mrs Martina Mullan, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005</b>	
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 14(2)(c)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect (19 August 2021)	The registered person shall undertake an investigation and implement necessary remedial measures to ensure that the home's water system is operating correctly and in line with good practice guidance including Approved Code of Practice - 'The Control of Legionella Bacteria in Water Systems' issued by the Health & Safety Executive Northern Ireland (L8).
	<b>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.</b> Ref: 5.1
<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 15(2)(a)(b)  <b>Stated:</b> First time With immediate effect (19 August 2021)	The registered person shall ensure that risk assessments specific to smoking are kept under review in accordance with the patients care plan and revised at any time where necessary.
	<b>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.</b> Ref: 5.1
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13(4)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall make the necessary arrangements to ensure that personal medication records are kept up to date at all times and they correlate with the corresponding MAR sheets.  Ref: 5.2.1
	<b>Response by registered person detailing the actions taken:</b> All personal medication records in the mental health unit have been re-written electronically and match the prescription and MAR sheets. The personal medication sheets have been checked and signed by two nurses and will be amended as and when any changes to medications are made. Date photograph is taken is recorded on the personal medication record and date for 6 monthly renewal is recorded in the desk diary. Staff have had a supervision in relation to keeping records current and up to date. Samples will be checked when audits are being completed.

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13(4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that medication administration records are accurately maintained for all medicines.</p> <p>Ref: 5.2.3</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13(4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p><b>Response by registered person detailing the actions taken:</b> All TMAR sheets have been reviewed and brought up to date. The location of the TMAR sheets has been changed to a secure area where residents do not have access. Competency assessments for all Care Assistants has been completed on the administration of topical medications and thickening agents.</p> <p><b>Response by registered person detailing the actions taken:</b> A more robust auditing tool will be completed by regional management following the audit tool shared by RQIA. A request for face to face training from local pharmacy has been requested for all nursing staff to attend.</p>
<p><b>Action required to ensure compliance with Care Standards for Nursing Homes, April 2015</b></p>	
<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 38</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (19 August 2021)</p>	<p>The registered person shall ensure that the manager has oversight of the recruitment process and that evidence of relevant pre-employment checks are available for inspection within the home.</p> <p><b>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.</b> Ref: 5.1</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 39.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (19 August 2021)</p>	<p>The registered person shall ensure that all newly appointed staff complete an initial induction within two days of employment commencing, with the full induction carried out within three months. Induction records must be retained and available for inspection within the home.</p> <p><b>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.</b> Ref: 5.1</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (19 August 2021)</p>	<p>The registered person shall ensure that where a patient requires repositioning, the patient's care plan reflects the frequency of repositioning within the recording chart.</p> <hr/> <p><b>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.</b></p> <p>Ref: 5.1</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall closely monitor the storage of limited shelf life medicines, to ensure these are labelled, the date of opening is recorded and they are removed when the in-use expiry date has been reached.</p> <p>Ref: 5.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Nurses have had a supervision completed and advised to ensure the date and time of opening is recorded on all insulin pens and that these pens are disposed of if past the expiry date. Nurses were advised to be extra vigilant if a resident is prescribed insulin on a sliding scale. This will be monitored via the auditing system.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall closely monitor the management of controlled drugs to ensure that all controlled drugs in Schedules 2, 3 and 4 (Part 1) are denatured prior to disposal.</p> <p>Ref: 5.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> All nursing staff completed a supervision session in relation to denaturing of schedule 2, 3 and 4 (Part 1) controlled drugs. This area for improvement will be monitored via the auditing system.</p>

***\*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

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews

Assurance, Challenge and Improvement in Health and Social Care