

Inspection Report

16 November 2022



Ardlough

Type of service: Nursing Home
Address: 2a Ardlough Road, Drumahoe, Londonderry, BT47 5SW
Telephone number: 028 3885 3818

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Ann's Care Homes Limited</p> <p>Responsible Individual: Mrs Charmaine Hamilton</p>	<p>Registered Manager: Ms Anne Martina Mullan</p> <p>Date registered: 13 February 2014</p>
<p>Person in charge at the time of inspection: Mr Mark Collins, Deputy Manager</p>	<p>Number of registered places: 44</p> <p>A maximum of 28 patients in category NH-MP, NH-MP (E) to be accommodated within the Evergreen Unit and a maximum of 16 patients in category NH-DE to be accommodated within the Autumn Unit.</p> <p>There shall be one named patient in category NH-PH (E) to be accommodated within the Evergreen Unit.</p>
<p>Categories of care: Nursing (NH): DE – dementia MP – mental disorder excluding learning disability or dementia MP(E) – mental disorder excluding learning disability or dementia – over 65 years</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 40</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 44 patients. Patient bedrooms and living areas are located over two floors. Patients have access to communal lounges, dining areas and an outdoor space.</p>	

2.0 Inspection summary

An unannounced inspection took place on 16 November 2022, from 10.45 am to 1.45 pm. The inspection was completed by a pharmacist inspector and focused on the management of medicines.

Following discussion with the aligned care inspector, it was agreed that the areas for improvement identified at the last care inspection, with the exception of one in relation to topical medicines, would be followed up at the next care inspection.

At the last medicines management inspection on 21 April 2022, deficits were identified in the management of medicines. Areas for improvement were identified and stated for a second time in relation to medicine related records, the disposal of controlled drugs and the medicines audit process. Following the inspection, an action plan was submitted by the manager detailing the actions taken to address the identified deficits. It was decided that the manager and nurses would be given a period of time to implement the necessary improvements and that this follow up inspection would be carried out to ensure that the improvements had been implemented and sustained.

The outcome of this inspection evidenced that management and staff within the home had taken appropriate action to ensure the necessary improvements with regards to medicines management. Medicine related records had been completed to a satisfactory standard and there was evidence that controlled drugs were denatured prior to disposal. A programme of regular medicines audit was in place to ensure patients were administered their medicines as prescribed.

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.

4.0 What people told us about the service

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

Staff said they had worked hard to implement and sustain improvements identified at the last medicines management inspection and had received help and support from management in order to do so. They described the training that had been provided and the staff meetings that had been held since the last medicines inspection.

Feedback methods included a staff poster and 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, ten completed patient questionnaires had been received by RQIA. All respondents indicated they were 'very satisfied' with the standard of care received. Comments included "I am very happy here", "staff are great" and "staff always good to me".

5.0 The inspection

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

Areas for improvement from the last inspection on 27 September 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: Personal medication records reviewed were accurate and up to date. See Section 5.2.1	
Area for improvement 2 Ref: Regulation 13 (4) Stated: Second time	The registered person shall ensure that medication administration records are accurately maintained for all medicines.	Met
	Action taken as confirmed during the inspection: Medicine administration records were accurately maintained. See Section 5.2.1	
Area for improvement 3 Ref: Regulation 13 (4) Stated: Second time	The registered person shall develop and implement an effective auditing process for medicines management.	Met
	Action taken as confirmed during the inspection: A robust audit system for medicines management was in place. See Section 5.2.2	

<p>Area for improvement 4</p> <p>Ref: Regulation 15 (2) (a) (b)</p> <p>Stated: Second time</p>	<p>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.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 14 (2) (c)</p> <p>Stated: Second time</p>	<p>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).</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure as far as reasonably practicable that all parts of the home which patients have access are free from hazards to their safety.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that IPC deficits identified during the inspection are addressed.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 28 Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: Review of records identified controlled drugs were denatured prior to disposal. See Section 5.2.3	
Area for improvement 2 Ref: Standard 38 Stated: Second 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.	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 23 Stated: Second 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.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 4 Ref: Standard 23 Stated: First time	The registered person shall ensure that where a patient requires wound care the care records accurately reflect the action to be taken. Specific reference to ensuring that: <ul style="list-style-type: none"> • the type of dressing/treatment to be used is clearly and consistently recorded throughout relevant care records • the frequency of dressing renewal and/or skin care treatment is clearly and consistently documented throughout all relevant care records 	Carried forward to the next inspection

	<ul style="list-style-type: none"> an assessment of the wound is completed following each dressing renewal and in accordance with the recommended frequency or dressing renewal within the care plan. 	
	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 12 Stated: First time	<p>The registered person shall ensure the following in relation to patients nutritional needs:</p> <ul style="list-style-type: none"> that staff are knowledgeable regarding patients dietary needs in accordance with IDDSI terminology as per SALT recommendations care records contain the correct dietary needs as per SALT recommendations. 	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 30 Stated: First time	<p>The registered person shall ensure that prescribed topical medicines are stored in accordance with the manufacturer's guidance and that the date of opening is clearly recorded.</p>	Met
	<p>Action taken as confirmed during the inspection: Topical medicines were stored safely and securely and the date of opening recorded.</p> <p>See Section 5.2.4</p>	
Area for improvement 7 Ref: Standard 35 Stated: First time	<p>The registered person shall ensure that where quality assurance audits have an action plan that these are followed up to ensure that the action has been addressed.</p>	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 Medicine related records

The personal medication records reviewed at the inspection were accurate and up to date. 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. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to state that they were accurate.

Within the home, a record of the administration of medicines is completed on pre-printed medicine administration records (MARs) or occasionally handwritten MARs. A sample of the medicines administration records was reviewed. The records reviewed had been completed in a satisfactory manner. Hand-written medicine administration records had been verified and signed by two staff to ensure accuracy of transcription. There was correlation between the personal medication records and associated medicine administration records.

5.2.2 Governance and audit

The audit process had been reviewed and improved following the last medicines management inspection. Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out and records of the audits completed were available for review. Running stock balances of all medicines not supplied in monitored dosage systems were maintained and accurately reflected the actual stock. The date of opening was recorded on all medicines so that they could be easily audited. This is good practice.

Audits completed by the inspector identified the medicines had been administered as prescribed.

5.2.3 Controlled drugs

Review of the controlled drug record books evidenced controlled drugs in Schedules 2 to 4 (Part 1) were denatured prior to disposal and records maintained.

5.2.4 Topical medicines

The storage of topical medicines was reviewed. Topical medicines including prescribed creams and emollients were stored in locked treatment rooms. The date of opening was recorded on all topical medicines reviewed. Records of the administration of topical medicines were recorded on supplementary topical medicine administration records.

6.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	4*	5*

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

This inspection resulted in no new areas for improvement. Findings of the inspection were discussed with Mr Mark Collins, Deputy Manager as part of the inspection process and can be found in the main body of the report.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 15 (2) (a) (b)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect (27 September 2022)</p>	<p>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.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (c)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect (27 September 2022)</p>	<p>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).</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (27 September 2022)</p>	<p>The registered person shall ensure as far as reasonably practicable that all parts of the home which patients have access are free from hazards to their safety.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by:</p>	<p>The registered person shall ensure that IPC deficits identified during the inspection are addressed.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>

With immediate effect (27 September 2022)	Ref: 5.1
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 38 Stated: Second time To be completed by: With immediate effect (27 September 2022)	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.
	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
Area for improvement 2 Ref: Standard 23 Stated: Second time To be completed by: With immediate effect (27 September 2022)	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.
	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
Area for improvement 3 Ref: Standard 23 Stated: First time To be completed by: With immediate effect (27 September 2022)	The registered person shall ensure that where a patient requires wound care the care records accurately reflect the action to be taken. Specific reference to ensuring that: <ul style="list-style-type: none"> • the type of dressing/treatment to be used is clearly and consistently recorded throughout relevant care records • the frequency of dressing renewal and/or skin care treatment is clearly and consistently documented throughout all relevant care records • an assessment of the wound is completed following each dressing renewal and in accordance with the recommended frequency or dressing renewal within the care plan.
	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

<p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (27 September 2022)</p>	<p>The registered person shall ensure the following in relation to patients nutritional needs:</p> <ul style="list-style-type: none"> • that staff are knowledgeable regarding patients dietary needs in accordance with IDDSI terminology as per SALT recommendations • care records contain the correct dietary needs as per SALT recommendations.
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 5</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (27 September 2022)</p>	<p>The registered person shall ensure that where quality assurance audits have an action plan that these are followed up to ensure that the action has been addressed.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>



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