

# Inspection Report

21 April 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

<p><b>Organisation/Registered Provider:</b> Ann's Care Homes Limited</p> <p><b>Responsible Individual:</b> Mrs Charmaine Hamilton</p>	<p><b>Registered Manager:</b> Ms Anne Martina Mullan</p> <p><b>Date registered:</b> 3 February 2014</p>
<p><b>Person in charge at the time of inspection:</b> Ms Martina Mullan</p>	<p><b>Number of registered places:</b> 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><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 [</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 42</p>
<p><b>Brief description of the accommodation/how the service operates:</b> This home provides nursing care for up to 44 patients. Patient bedrooms and living areas are located over two floors. There is a designated dementia unit on the ground floor; all other categories of care as listed above are facilitated on the first floor. Patients have access to communal lounges, dining areas and an outdoor space.</p>	

## 2.0 Inspection summary

An unannounced follow-up inspection took place on 21 April 2022 from 10.40am to 3.50pm by a pharmacist inspector.

This inspection was undertaken to assess progress made with the areas for improvement identified at the last medicines management inspection on 13 January 2022.

The areas for improvement identified at the last care inspection on 19 August 2021, will be reviewed by the care inspector at the next inspection.

There was evidence that medicines management was under review and development. Staff had received further training in medicines management and new auditing processes had been commenced. Action plans were in place to address any deficits that were identified. The findings of this inspection indicated that there had been some improvements made. However, ongoing progress is necessary to ensure that all medicine related areas for improvement are fully addressed. One area for improvement was assessed as met and four have been assessed as partially met and are stated for a second time.

The following areas were examined during the inspection:

- medicines records
- governance and audit
- medicines storage and disposal

RQIA would like to thank the 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 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. 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**

Patients were observed to be relaxed and content in their surroundings. Staff interactions with patients were kind, supportive and friendly.

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

Staff they said that they had the appropriate training to look after patients and meet their needs.

## 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 13 January 2022		
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 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>Area for Improvement 2</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 3</b> <b>Ref:</b> Regulation 13(4) <b>Stated:</b> First 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.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence of improvement in the completion of some but not all records. This area for improvement has been stated for a second time. See Section 5.2.1	

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13(4)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that medication administration records are accurately maintained for all medicines.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> There was evidence of the action taken and work being progressed for medicines administration; however, ongoing improvement is necessary. This area for improvement has been stated for a second time. See Section 5.2.1</p>	<p><b>Partially met</b></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>The registered person shall develop and implement an effective auditing process for medicines management.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> There was evidence of a new auditing programme; however, not all shortfalls were being identified and reported to management. This area for improvement has been stated for a second time. See Section 5.2.2</p>	<p><b>Partially met</b></p>
<p><b>Action required to ensure compliance with Care Standards for Nursing Homes, April 2015</b></p>		<p><b>Validation of compliance</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>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> <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><b>Carried forward to the next inspection</b></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>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>Carried forward to the next inspection</b></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>	
<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>	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Medicines were labelled appropriately, stored safely and securely; and dates were monitored. See Section 5.2.3.	
<b>Area for improvement 5</b> <b>Ref:</b> Standard 28 <b>Stated:</b> First 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.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the disposal process for controlled drugs had been completed, but some Schedule 3 and 4 controlled drugs were not being denatured. See Section 5.2.3.	

## 5.2 Inspection findings

### 5.2.1 Medicine Records

The sample of personal medication records reviewed showed some improvement. They had been rewritten after the last inspection and typed records were in use in one unit to assist with legibility. Two staff had signed the records and new medicine entries, to verify their accuracy. However, discrepancies were noted and discussed. The area for improvement is stated for a second time. The manager investigated these discrepancies immediately after the inspection and forwarded a report of the findings and action to be taken to RQIA.

The majority of printed medication administration records correlated with the associated personal medication records; however, there were incomplete records for some medicines, as there were gaps in administration and missing signatures. This area for improvement is stated for a second time.

In relation to record keeping regarding delegated tasks, new processes had been put in place for care staff to record the administration of topical medicines and thickening agents.

### 5.2.2 Governance and Audit

Following the last medicines management inspection, management advised that all staff were made aware of the areas for improvement and the systems being implemented to ensure that they were addressed. Staff competency in medicines management was reassessed.

There was evidence that the audit process had been revised. The majority of the audits completed at the inspection were satisfactory indicating medicines had been administered as prescribed. However, a few discrepancies were noted. The internal audits completed by staff also showed discrepancies, but these had not been brought to the manager's attention. The need for effective auditing including oversight by the manager and action plans to drive improvement is required to ensure the safe management of medicines. This was discussed in detail with the manager. The area for improvement has been stated for a second time.

Management forwarded a new action plan following the inspection, detailing how the issues would be addressed and monitored. It was suggested that medicines management was included in the monitoring visits which are undertaken each month.

### 5.2.3 Storage and disposal

The storage of medicines had been reviewed. Medicines were stored safely and securely and in accordance with the manufacturers' instructions. They were labelled and marked with the date of opening. Expiry dates were monitored to ensure that medicines were replaced as needed.

In relation to the disposal of medicines and controlled drugs, specific clinical waste bins were in place. The staff advised that controlled drugs in Schedules 2 to 4 (Part 1) were denatured prior to disposal, but the records did not evidence that this had occurred for all controlled drugs in Schedules 3 and 4 (Part 1). This area for improvement is stated for a second time.

## 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*	4*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Martina Mullan, Registered Manager and the regional 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 Homes Regulations (Northern Ireland) 2005

<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Regulation 14(2)(c)</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 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 &amp; Safety Executive Northern Ireland (L8).</p>
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Regulation 15(2)(a)(b)</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 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><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></p> <p>Ref: 5.1</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13(4)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect (21 April 2022)</p>	<p>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.</p> <p>Ref: 5.1 &amp; 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> A full review of all personal medication records was undertaken by the Home Manager. Any discrepancies were amended. Supervision of all nurses has been completed in relation to the importance of maintaining up to date records and that they correlate with the MAR sheet.</p> <p>A full retyping of Kardex's are diarised 6monthly including updating of photographs.</p> <p>The medication audit completed on one resident per night has now been amended where an added column requests the nurse ensures the MARS correlates with the Kardex to identify any updates.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13(4)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect (21 April 2022)</p>	<p>The registered person shall ensure that medication administration records are accurately maintained for all medicines.</p> <p>Ref: 5.1 &amp; 5.2.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> A full review of all medicine administration records was completed by the Home Manager, with reference to spelling mistakes. The amendments were given to the Nursing Staff to update and these were then rechecked by the Home Manager.</p> <p>The medication audits completed by night nurses are now left in managers office with any discrepancies communicated and highlighted.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13(4)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect (21 April 2022)</p>	<p>The registered person shall develop and implement an effective auditing process for medicines management.</p> <p>Ref: 5.1 &amp; 5.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The audit tool used for the nightly medication check was updated with a column where the nurse is signing the audit to state that the Kardex correlates with the MAR.</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> <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 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> <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 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 28</p> <p><b>Stated:</b> Second time</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: 5.1 &amp; 5.2.3</p>
<p><b>To be completed by:</b> With immediate effect (21 April 2022)</p>	<p><b>Response by registered person detailing the actions taken:</b> A notice has been placed on the door of the CD cupboard with a list of controlled drugs in Schedules 2, 3 and 4 (Part 1) are denatured in the Doom kit and recorded in the disposal of medications book.</p> <p>During the monthly medication audit by management the destroyed medications book is checked to ensure appropriate denaturing is taking place.</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)  
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care