

# Inspection Report

## 16 November 2023



## Clonmore House

Type of service: Residential Care Home

Address: 22-28 Crossreagh Drive, Rathcoole, Newtownabbey, BT37 9DY

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

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Northern Health and Social Care Trust	<b>Registered Manager:</b> Mrs Tracey McCartney
<b>Responsible Individual:</b> Mrs Jennifer Welsh	<b>Date registered:</b> 14 July 2023
<b>Person in charge at the time of inspection:</b> Mrs Tracey McCartney	<b>Number of registered places:</b> 42
<b>Categories of care:</b> Residential Care (RC): I – old age not falling within any other category	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 16
<b>Brief description of the accommodation/how the service operates:</b>  Clonmore House is a residential care home registered to provide health and social care for up to 42 residents. Accommodation is provided over two floors. All residents have their own bedrooms and access to communal lounges, bathrooms and a dining room.	

## 2.0 Inspection summary

An unannounced inspection took place on 16 November 2023, from 10.15am to 2.00pm. This was completed by a pharmacist inspector. The inspection 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 and will be followed up at the next care inspection.

Review of medicines management found that medicine records were well maintained. Medicines were stored safely and securely and the majority of medicines were being administered as prescribed. Four new areas for improvement were identified in relation to care plans for the management of chronic pain, reporting medicines incidents appropriately, ensuring a continuous supply of prescribed medicines for all residents and implementing a robust medicines management audit.

RQIA would like to thank the residents 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 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 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**

The inspector met with senior care staff and the manager. Staff expressed satisfaction with how the home was managed. They said that they had the appropriate training to look after residents and meet their needs.

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

Feedback methods included a staff poster and paper questionnaires which were provided to the manager for any resident 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 care last inspection on 26 June 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Regulation 14(2) (a) <b>Stated:</b> Second time	The registered person shall ensure all cleaning chemicals are stored safely and securely.	<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 21 (1) (b) <b>Stated:</b> First time	The registered person shall put a system in place to ensure a checklist evidencing all pre-employment checks are completed, and is available for inspection.	<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>	
Action required to ensure compliance with Residential Care Homes Minimum Standards (2021)		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Standard 25.6 <b>Stated:</b> First time	The registered person shall ensure that the duty rota: <ul style="list-style-type: none"> <li>includes the first and surname of all staff</li> <li>identifies the person in charge of the home in the absence of the manager</li> <li>does not contain entries or amendments made in pencil.</li> </ul>	<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 13  <b>Stated:</b> First time	The registered person shall ensure that staff training on Care of Substances Hazardous to Health (COSHH) is embedded into practice and evaluated as part of quality improvement.	<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 13  <b>Stated:</b> First time	The registered person shall ensure that a structured program of activities is offered to residents and that a record is kept of all activities that take place in 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 4</b>  <b>Ref:</b> Standard 20.10  <b>Stated:</b> First time	The registered person shall ensure that working practices are systematically audited and these audits are complete and dated correctly.	<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?

Residents in care homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times the residents' 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.

Residents in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each resident. 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.

The personal medication records reviewed at the inspection were accurate and up to date. 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.

Copies of residents' prescriptions/hospital discharge letters were retained in the home so that any entry on the personal medication record could be checked against the prescription. This is good practice.

Residents 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 resident's distress and if the prescribed medicine is effective for the resident.

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 record. Assurances were provided that a care plan for one resident would be updated to include the most recent prescribed medicine. Staff knew how to recognise a change in a resident's behaviour and was aware that this change may be associated with pain or other factors. These medicines were used infrequently.

The management of pain was discussed. Staff advised that they were familiar with how each resident expressed their pain and that pain relief was administered when required. However, care plans were not in place to direct staff. 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 resident'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 some residents had missed one or more doses of a prescribed medicine because the medicines were unavailable in the home. One resident had missed four doses of a critical medicine and two medicines for another resident had been out of stock for seven days. The manager advised the medicines had been ordered in a timely manner but there had been a delay in receiving the medicines. The manager and staff were reminded that missed doses have the potential to affect the health and well-being of the residents. Residents must have a continuous supply of their prescribed medicines. Staff had not recognised these omissions as medication related incidents which must be investigated to identify learning and improvements implemented and reported to the appropriate authorities, including RQIA. Incident report forms were submitted to RQIA following the inspection. Two areas for improvement have been identified. See also Section 5.2.5.

The medicines storage area was observed to be securely locked to prevent any unauthorised access. It was tidy and organised so that medicines belonging to each resident could be easily located. A medicine refrigerator and controlled drugs cabinet were available for use as needed.

Satisfactory arrangements were in place for the safe disposal of 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 residents to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed. The records reviewed were found to have been fully and accurately completed. The records were filed once completed and were readily available for audit and review.

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 the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs. Staff were reminded that controlled drugs for disposal must be returned to the community pharmacy.

The audits completed at the inspection indicated that the majority of medicines were administered as prescribed. However, as detailed in Section 5.2.2, a number of medicines had been omitted as they were unavailable. This had not been escalated to management or identified through the home's auditing systems. A robust audit system which covers all aspects of medicines management should be developed and implemented to ensure that safe systems are in place and any learning from errors/incidents can be actioned and shared with relevant staff. 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.

A review of records indicated that satisfactory arrangements were in place to manage medicines for new residents or residents returning from hospital. Written confirmation of the resident's medicine regime was obtained at or prior to admission and details shared with the community pharmacy. The medicine records had been accurately completed.



### 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.

There had been no medicine related incidents reported to RQIA since the last medicines inspection. However, the findings of this inspection indicate that the auditing system is not robust and hence incidents may not be identified. In addition, staff had not recognised the omission of medicines as medication related incidents which must be reported to RQIA (see Section 5.2.2 and 5.2.3). The inspector shared guidance on reporting medicine related incidents to RQIA with the manager for sharing with all staff.

### 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 residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and they are supported.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Ongoing review was monitored through supervision sessions with staff and at annual appraisal.

It was agreed that the findings of this inspection would be shared with all staff for ongoing improvement.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes (Northern Ireland) 2005 and The Residential Care Homes Minimum Standards 2022.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	4*	6*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Tracey McCartney, 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 Residential Care Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14(2) (a)  <b>Stated:</b> Second time  <b>To be completed by:</b> 26 June 2023	The registered person shall ensure all cleaning chemicals are stored safely and securely.
	<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 21 (1) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> From date of inspection (26 June 2023)	The registered person shall put a system in place to ensure a checklist evidencing all pre-employment checks are completed, and is available for inspection.
	<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> From date of inspection (16 November 2023)	The registered person shall ensure that all residents have a continuous supply of their prescribed medicines.  Ref: 5.2.2, 5.2.3 & 5.2.5
	<b>Response by registered person detailing the actions taken:</b> The registered manager will ensure that all residents have a continuous supply of their prescribed medicines by completing daily audits of supply . The registered manager will also ensure that a daily follow up will be carried out with GPs to ensure timely response to requests.

<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> First time  <b>To be completed by:</b> From date of inspection (16 November 2023)	The registered person shall ensure medicines incidents are reported appropriately, including to RQIA and the prescriber.  Ref: 5.2.2 & 5.2.5
	<b>Response by registered person detailing the actions taken:</b> The registered mananager has reminded all staff of the incident reporting procedure including reporting to RQIA. There has been a meeting with all senior care assistants and they have been reminded of their responsibility in relation to medicine management including the reporting of out of stock medication and the need to report in accordance with policy and procedures.

<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 25.6  <b>Stated:</b> First time  <b>To be completed by:</b> From date of inspection (26 June 2023)	The registered person shall ensure that the duty rota: <ul style="list-style-type: none"> <li>• includes the first and surname of all staff</li> <li>• identifies the person in charge of the home in the absence of the manager</li> <li>• does not contain entries or amendments made in pencil.</li> </ul>
	<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
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time  <b>To be completed by:</b> From date of inspection (26 June 2023)	The registered person shall ensure that staff training on Care of Substances Hazardous to Health (COSHH) is embedded into practice and evaluated as part of quality improvement.
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<b>Area for improvement 3</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time  <b>To be completed by:</b> From date of inspection (26 June 2023)	The registered person shall ensure that a structured program of activities is offered to residents and that a record is kept of all activities that take place in the home.
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	Ref: 5.1
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 20.10  <b>Stated:</b> First time  <b>To be completed by:</b> From date of inspection (26 June 2023)	The registered person shall ensure that working practices are systematically audited and these audits are complete and dated correctly.
	<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
<b>Area for improvement 5</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> First time  <b>To be completed by:</b> From date of inspection (16 November 2023)	The registered person shall ensure that care plans are in place to direct staff when a resident is prescribed medicines to manage chronic pain.  Ref: 5.2.1
	<b>Response by registered person detailing the actions taken:</b> Care plans have been updated and are now in place to direct staff when a resident is on prescribed medication to manage chronic pain.
<b>Area for improvement 6</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time  <b>To be completed by:</b> From date of inspection (16 November 2023)	The registered person shall implement a robust medicines management audit which covers all aspects of medicines management to ensure that safe systems are in place and any learning from errors/incidents can be actioned and shared with relevant staff.  Ref: 5.2.3 & 5.2.5
	<b>Response by registered person detailing the actions taken:</b> The medicines management audit has been updated to ensure that there is a robust system in place to allow for timely and meaningful audits in relation to medicines management.

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



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