

# Inspection Report

18 August 2022



## Whiteabbey Care Home

Type of service: Nursing Home (NH)

Address: 104-106 Doagh Road, Newtownabbey, BT37 9QP

Telephone number: 028 9085 3021

[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> Beaumont Care Homes Limited  <b>Responsible Individual:</b> Mrs Carol Cousins	<b>Registered Manager:</b> Mrs Anne McCracken (Acting)
<b>Person in charge at the time of inspection:</b> Mrs Anne McCracken	<b>Number of registered places:</b> 59
<b>Categories of care:</b> Nursing Home (NH) I – old age not falling within any other category PH – physical disability other than sensory impairment 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> 44
<b>Brief description of the accommodation/how the service operates:</b>  Whiteabbey Care Home is a registered nursing home which provides nursing care for up to 59 patients. The home is divided into two units, one on the ground floor and one on the first floor. Patient bedrooms are located over the two floors.	

## 2.0 Inspection summary

An unannounced inspection took place on 18 August 2022, from 10.20am to 4.15pm. This was completed by two pharmacist inspectors and focused on medicines management within the home.

RQIA received information on 19 July 2022 in relation to out of stock medicines in Whiteabbey Care Home which had resulted in missed doses of critical medicines for some patients. RQIA sought immediate assurances from the management team in Whiteabbey Care Home that action had been taken to ensure all patients had a continuous supply of their prescribed medicines. Management within the home confirmed that all prescribed medicines were available for all patients and that a full medicines management audit was being completed. This inspection was undertaken to review the medicines management systems in place and ensure that the management of medicines was safe.

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. Shortfalls were identified in the management of the high risk medicines warfarin and insulin. Discrepancies were identified in the administration of a number of medicines and safe systems were not in place for the management of medicines for new admissions to the home. Deficits were also identified in the care plans for distressed reactions and crushing medicines to aid administration. The medicine audit process had not been effective in identifying the issues raised at the inspection and nurses had failed to appropriately escalate any deficits.

Following the inspection the findings were discussed with the Senior Pharmacist Inspector in RQIA. As a consequence of the inspection findings, RQIA invited the responsible individual Mrs Carol Cousins, to attend a serious concerns meeting on 24 August 2022.

The meeting was attended virtually by Mrs Carol Cousins, Responsible Individual, Mrs Anne McCracken, Manager and Mrs Ruth Burrows, Regional 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 26 August 2022. 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 Whiteabbey 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 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 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 inspectors spoke to staff and management about they plan, deliver and monitor the management of medicines.

### **4.0 What people told us about the service**

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

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

Staff spoken with said that staffing levels could be improved so that they could complete the medication round in a timely manner without interruptions. They also said that communication between staff involved in the management of medicines could be improved so that any issues can be effectively escalated to management and resolved in a timely manner. This feedback was raised with the regional manager at the inspection and with the management team during the meeting on 24 August 2022.

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 5 July 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 12 (1) <b>Stated:</b> Third time	The registered person shall ensure that repositioning records evidence the delivery of pressure area care as prescribed in the patients care plan.	<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 12 (1) (a) (b) <b>Stated:</b> Second time	The registered person shall ensure supplementary care records for patients who require enteral feeding evidence the following: <ul style="list-style-type: none"> <li>• Mouth care as prescribed in the patients plan of care</li> </ul>	<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>	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 20 (1) (c)(i)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that newly appointed staff are provided with a robust induction programme, and this is completed in a timely manner, signed off by the Manager and available for inspection in staff recruitment records.</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><b>Carried forward to the next inspection</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 20 (1) (c)(i)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all staff receive and complete mandatory training appropriate to their job role.</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><b>Carried forward to the next inspection</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13 (1)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that neurological observations are managed in line with best practice guidance in the event of an actual/suspected head injury.</p> <p>This specifically relates to:</p> <ul style="list-style-type: none"> <li>• The contemporaneous and accurate recording of clinical observations by registered nurses</li> <li>• If observations are stopped before the recommended timeframe a clear rationale must be recorded.</li> </ul> <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><b>Carried forward to the next inspection</b></p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 13 (4) (a)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure thickening agents are securely stored when not in use.</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><b>Carried forward to the next inspection</b></p>

<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 27 (4) (c)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all corridors are kept clear and unobstructed at all times.</p> <hr/> <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><b>Carried forward to the next inspection</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 4</p> <p><b>Stated:</b> Third time</p>	<p>The registered person shall ensure the following in regard to those patients who are assessed as requiring a pressure relieving mattress:</p> <ul style="list-style-type: none"> <li>• The type of mattress in use must reflect the patients assessed need.</li> <li>• The mattress should be set correctly to meet the assessed need of the patient.</li> <li>• The type of mattress and correct setting must be documented correctly on the patients repositioning charts.</li> </ul> <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 41.7</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that competency and capability assessments for nurses in charge of the home in the absence of the Manager are kept up to date and regularly reviewed.</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 3</b></p> <p><b>Ref:</b> Standard 4.1</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission.</p> <p>The care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.</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 4</b> <b>Ref:</b> Standard 12 <b>Stated:</b> First time	<p>The registered person shall review the dining experience for patients to ensure:</p> <ul style="list-style-type: none"> <li>• The menu is appropriately displayed in both dining rooms</li> <li>• The service of food in the downstairs dining room is reviewed so that the food is not plated and served at one time to ensure the food patients receive is at the required temperature.</li> </ul> <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>	<b>Carried forward to the next inspection</b>
<b>Area for improvement 5</b> <b>Ref:</b> Standard 12 <b>Stated:</b> First time	<p>The registered person shall ensure fluid recording charts are accurately and comprehensively maintained at all times and reconciled daily.</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></p>	<b>Carried forward to the next inspection</b>
<b>Area for improvement 6</b> <b>Ref:</b> Standard 44 <b>Stated:</b> First time	<p>The registered person shall ensure the identified laundry floor is either repaired or replaced.</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></p>	<b>Carried forward to the next inspection</b>
<b>Area for improvement 7</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time	<p>The registered person shall ensure that all governance audits evidence oversight by the home Manager.</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></p>	<b>Carried forward to the next inspection</b>

<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Standard 16.11</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure complaint records are accurately and comprehensively maintained at all times to include details of all communication with the complainant, investigation, actions taken or identified and the complaint outcome.</p>	<p><b>Carried forward to the next inspection</b></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></p>	<p><b>Carried forward to the next inspection</b></p>	
<p><b>Area for improvement 9</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p>		<p>The registered person shall ensure identified actions from the monthly monitoring visits are actioned within the specified timeframe.</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></p>		

## 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.

The majority of personal medication records reviewed at the inspection were accurate and up to date. A small number of inaccuracies were highlighted to the manager for action/review. 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 confirm that they were 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 nurses 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 nurses 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 for two patients. Directions for use were clearly recorded on the personal medication records. Supplementary administration records included the reason for and outcome of each administration. However, patient centred care plans directing the use of these medicines were not in place to direct nurses. An area for improvement was identified.

The management of pain was discussed. Nurses 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 and nutritional supplements were reviewed. Speech and language assessment reports and care plans were in place. Records of prescribing and administration which included the recommended consistency levels were maintained.

Some patients cannot take food and medicines orally; it may be necessary to administer food and medicines via an enteral feeding tube. The management of medicines and nutrition via the enteral route was examined. An up to date regimen detailing the prescribed nutritional supplement and recommended fluid intake was in place. Records of administration of the nutritional supplement and water were maintained.

The management of insulin was reviewed for one patient. A care plan was in place which contained sufficient detail to direct staff if the patient's blood sugar was outside the recommended range. However, recent changes to the insulin regimen had not been accurately documented and updated on the personal medication record which could lead to the administration of an incorrect dose. The supplementary insulin administration records evidenced the correct dose had been signed as administered however this could not be audited as the date of opening was not recorded on insulin pen devices. 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 received in writing. This ensures that nurses refer to the current dosage directions and warfarin is administered correctly. Review of the supplementary warfarin administration records indicated that the latest blood result and warfarin dosage directions had not been recorded; it could therefore not be evidenced that the correct warfarin dose had been administered for the previous two days. The nurse on duty contacted the GP surgery and obtained the latest prescribed dose which confirmed the correct dose had been administered.

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.

As stated in Section 2.0, RQIA had received information in relation to out of stock medicines which had resulted in missed doses of critical medicines for some patients. The records reviewed during this inspection showed that medicines were now available for administration when patients required them. The regional manager advised that in addition to reviewing the home's procedures for ordering medicines, a meeting had been held with the community pharmacy team to improve systems and processes to ensure that patients had a continuous supply of their prescribed medicines.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each patient could be easily located. Medicines must be stored below 25°C to maintain their efficacy and stability. Temperatures of the medicine storage areas were observed to be above 25°C on the day of the inspection. This was discussed with the regional manager who gave an assurance that the temperature of the treatment rooms would be monitored daily and corrective action taken if the temperature is above 25°C.

There was evidence that the single-use medicine cups used to administer medicines were being washed and re-used. The regional manager gave an assurance that this practice would stop.

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 patients to ensure that they are receiving the correct prescribed treatment.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. There were satisfactory arrangements in place for the management of controlled drugs. The receipt, administration and disposal of controlled drugs were accurately recorded in the controlled drug record book.

It is important that nurses follow safe medication administration processes to ensure that medicines are administered to the right patient at the right time. Medicine doses must not be unduly delayed as this may cause harm to the patient. The time of administration must be accurately recorded to ensure that correct dosage intervals are achieved.

The morning medicines round on the first floor was not completed until 12.30pm; the medication administration records indicated that the medicines had been administered at 10.00am. The regional manager advised during the serious concerns meeting that staffing levels on the first floor had been reviewed to ensure that nurses had protected time to complete the medication administration round in a timely manner. Medicines must be administered at the prescribed time and medication administration records must be accurately maintained. An area for improvement was identified.

Occasionally, patients may require their medicines to be crushed to assist administration. To ensure the safe administration of these medicines, this should only occur following a review with a pharmacist or GP and should be detailed in the patient's care plans. While it was noted that some patients required medicines to be crushed to aid administration, there was no evidence that the suitability of crushing these medicines had been confirmed. Some medicines are unsuitable for crushing as it may affect their stability and absorption and therefore it is important that this is discussed with a pharmacist. An area for improvement was identified.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out including: daily running stock balances of all medicines, daily alerts for out of stock medicines and a monthly managerial medicines management audit. As stated in Section 2.0, a recent audit of all patients' medicines had been undertaken to ensure all patient's had a supply of their prescribed medicines.

The audits completed at the inspection indicated that some medicines had not been administered as prescribed. Two medicines for two different patients had been administered on the morning of the inspection when they were not due for administration until later in the day. A satisfactory explanation for this was not provided by the nursing staff. Another medicine had not been administered to a patient for two days despite it being in stock.

Whilst daily running stock balances were in place for all medicines to monitor administration, it was noted that when discrepancies were identified by nurses, corrective action had not been taken and it had not been escalated to the manager. 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. 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.

Shortfalls in the management of medicines for patients new to the home were identified. For one patient discrepancies were identified between the medicines brought in by the patient on admission and the list received from the GP. Staff in the home had failed to recognise all of the

prescribed medicines had not been received on admission which led to missed doses of four medicines for a period of 20 days.

In this instance, the manager was requested to investigate the discrepancies, report to the prescriber for guidance and forward an incident report of the findings and action taken to prevent a recurrence to RQIA. The incident report was received by RQIA on 22 August 2022. Such non-administration of prescribed medicines has the potential to adversely affect the health and well-being of patients.

For one other patient, an accurate list of medicines had not been obtained from the GP on admission and it could therefore not be evidenced that the patient was receiving all of their prescribed medicines. The registered person must review the management of medicines on admission to the home. Any discrepancies must be followed up in a timely manner and escalated appropriately to ensure that medicines are administered as prescribed. An area for improvement was identified.

### **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.

Although auditing systems were in place, the findings of this inspection indicate they were not effective. Some of the medication errors identified at this inspection and the previous incidents submitted to RQIA involving out of stock medicines would have been clear to all nurses involved in the administration of medicines from observation of the medicine related records. However, they had not taken corrective action or escalated the errors to the manager. Nurses should receive guidance on the action to be taken when an error is identified. 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 they 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 regional manager advised that all staff with responsibility for managing medicines had received training and competency assessments following the recent incidents involving out of stock medicines. Records of the training and competency assessments were available for review. However, the findings of this inspection and the practices observed indicate the training has not been effective in improving practice. As stated in Section 5.2.5, nurses should receive further training and guidance on the action to be taken when a medication error is identified.



## 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>	12*	12*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Anne McCracken, Manager and Mrs Ruth Burrows, Regional 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 12 (1)  <b>Stated:</b> Third time  <b>To be completed by:</b> With immediate effect (5 July 2022)	The registered person shall ensure that repositioning records evidence the delivery of pressure area care as prescribed in the patients care plan.
	<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 12 (1) (a) (b)  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect (5 July 2022)	The registered person shall ensure supplementary care records for patients who require enteral feeding evidence the following: <ul style="list-style-type: none"> <li>• Mouth care as prescribed in the patients plan of care</li> </ul>
	<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 20 (1) (c)(i)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 August 2022	The registered person shall ensure that newly appointed staff are provided with a robust induction programme, and this is completed in a timely manner, signed off by the Manager and available for inspection in staff recruitment records.
	<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 4</b>  <b>Ref:</b> Regulation 20 (1) (c)(i)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 August 2022	The registered person shall ensure that all staff receive and complete mandatory training appropriate to their job role.
	<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

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (5 July 2022)</p>	<p>The registered person shall ensure that neurological observations are managed in line with best practice guidance in the event of an actual/suspected head injury.</p> <p>This specifically relates to:</p> <ul style="list-style-type: none"> <li>• The contemporaneous and accurate recording of clinical observations by registered nurses</li> <li>• If observations are stopped before the recommended timeframe a clear rationale must be recorded.</li> </ul>
	<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 6</b></p> <p><b>Ref:</b> Regulation 13 (4) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (5 July 2022)</p>	<p>The registered person shall ensure thickening agents are securely stored when not in use.</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 7</b></p> <p><b>Ref:</b> Regulation 27 (4) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (5 July 2022)</p>	<p>The registered person shall ensure that all corridors are kept clear and unobstructed at all times.</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 8</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 safe systems are in place for the management of insulin.</p> <p>Ref: 5.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b> The identified residents personal medication record now reflects the correct insulin dose and the focus medications audit introduced provides governance oversight to ensure this compliance is maintained. Insulin pens are now labelled to denote ownership.</p>



<p><b>Area for improvement 9</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 safe systems are in place for the management of warfarin.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> The management of warfarin has been reviewed in the Home. Supervisions have taken place with nursing staff around following safe warfarin management procedures. Warfarin is one of the focus medications included in the revised audit system to provide an additional level of governance in respect of warfarin management.</p>
<p><b>Area for improvement 10</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 medicines are administered at their prescribed time and medication administration records accurately maintained.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> A review of nursing staff allocated to the morning shift in the Home has been undertaken and an additional registered nurse has been added to the staffing rota for the 8am-2pm shift. There is evidence that this has addressed the concern that medications may not have been administered in line with prescribed times. Further, in respect of early morning medications, a system is now in place to detail the accountabilities of nursing staff around the administration of those medications that lie outside the 8am-2pm, 6pm-10pm medication rounds. Administration of medications records are being monitored through an enhanced audit process which is currently auditing every resident's medication on a weekly basis and focus medications on a daily basis. The weekly medication audits will gradually be stepped back to monthly.</p>
<p><b>Area for improvement 11</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 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 &amp; 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> The medicines management improvement plan includes enhanced medication audit systems, weekly audits of each individual resident's medicines management including administration records and daily audits of focus medications. This has resulted in positive improvements to the safe management of medications and the weekly audits will gradually</p>

	be reduced to fall in line with the monthly medication audit system going forward.
<p><b>Area for improvement 12</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 must review the management of medicines on admission to the home. Medicine regimens must be confirmed in writing from the prescriber and any discrepancies must be followed up in a timely manner to ensure that medicines are administered as prescribed.</p> <p>Ref: 5.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> A new resident admission TRaCA will be used going forward for robust oversight of the medicine regimes for new admissions. The 24 shift report is being used as a working document by the Registered Manager to direct her attention and oversight to checking medications for any new admission or residents returning from hospital.</p>

<b>Action required to ensure compliance with Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> Third time  <b>To be completed by:</b> With immediate effect (5 July 2022)	The registered person shall ensure the following in regard to those patients who are assessed as requiring a pressure relieving mattress: <ul style="list-style-type: none"> <li>• The type of mattress in use must reflect the patients assessed need.</li> <li>• The mattress should be set correctly to meet the assessed need of the patient.</li> <li>• The type of mattress and correct setting must be documented correctly on the patients repositioning charts.</li> </ul>
	<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>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 41.7  <b>Stated:</b> First time  <b>To be completed by:</b> 31 July 2022	The registered person shall ensure that competency and capability assessments for nurses in charge of the home in the absence of the Manager are kept up to date and regularly reviewed.
	<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>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 4.1  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect (5 July 2022)	The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission.
	<p>The care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.</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></p> <p>Ref: 5.1</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (5 July 2022)</p>	<p>The registered person shall review the dining experience for patients to ensure:</p> <ul style="list-style-type: none"> <li>• The menu is appropriately displayed in both dining rooms</li> <li>• The service of food in the downstairs dining room is reviewed so that the food is not plated and served at one time to ensure the food patients receive is at the required temperature.</li> </ul>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (5 July 2022)</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></p> <p>Ref: 5.1</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 44</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2022</p>	<p>The registered person shall ensure fluid recording charts are accurately and comprehensively maintained at all times and reconciled daily.</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2022</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></p> <p>Ref: 5.1</p>

<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Standard 16.11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2022</p>	<p>The registered person shall ensure complaint records are accurately and comprehensively maintained at all times to include details of all communication with the complainant, investigation, actions taken or identified and the complaint outcome.</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 9</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2022</p>	<p>The registered person shall ensure identified actions from the monthly monitoring visits are actioned within the specified timeframe.</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 10</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2022</p>	<p>The registered person shall ensure detailed care plans are in place for the management of distressed reactions.</p> <p>Ref: 5.2.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> A care plan for the management of distressed reactions is in place for the identified residents. Details of the medication prescribed are specific to the Resident which fully reflects the situations when medication should be used. The distressed reaction care plan will be reviewed as a minimum on a monthly basis. Compliance will be monitored through the audit process.</p>
<p><b>Area for improvement 11</b></p> <p><b>Ref:</b> Standard 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 detailed care plans are in place on occasions when medicines are crushed to assist administration. The suitability of crushing tablets must be confirmed with the pharmacist.</p> <p>Ref: 5.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> A review of the medications that were being crushed has taken place. The Home has the support of the NHSCT Community Pharmacist. There is currently one resident that requires some of their medicines to be crushed. The suitability of crushing medications has been confirmed with the dispensing Pharmacist and a care plan is in place to support the administration of the prescribed medication by crushing method. For those</p>

	<p>medications that can't be crushed an alternative is being sourced via the GP.</p>
<p><b>Area for improvement 12</b></p> <p><b>Ref:</b> Standard 39</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 September 2022</p>	<p>The registered person shall ensure that nurses receive guidance on the action to be taken when they identify a shortfall in the management or administration of medicines.</p> <p>Ref: 5.2.5 &amp; 5.2.6</p> <p><b>Response by registered person detailing the actions taken:</b> The Beaumont Care Homes Medication Policy has been issued to all registered nursing staff who have confirmed they have read the policy and the how to guides that have been issued.</p> <p>Medicine Competency Assessments have been completed with registered nursing staff currently working on the rota and this will be an ongoing process.</p> <p>Supervisions have taken place regarding the management of out of stock medications.</p> <p>Registered nurses are now required to sign on the 24 hour shift report that they have checked their administration of medicine recording prior to concluding their shift. The 24 hour shift report provides an opportunity for nursing staff to record out of stock medications and actions taken. The escalation processes that nurses must follow where there is an out of stock medication or a medication management issue/error, has been reinforced with nursing staff and is being monitored by the Registered Manager and the Regional Manager.</p>

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



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Authority

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