

Inspection Report

8 December 2022



Croagh Patrick Care Home

Type of service: Nursing Home
Address: Miller Hill, 235 Millisle Road, Donaghadee, BT21 0LN
Telephone number: 028 9188 8383

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Beaumont Care Homes Limited Responsible Individual: Mrs Carol Cousins	Registered Manager: Ms Karen Blair, registration pending
Person in charge at the time of inspection: Ms Angie Lanut, Nurse in charge, 10.30am – 2.00pm Ms Karen Blair, 2.00pm onwards	Number of registered places: 67
Categories of care: Nursing (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 TI – terminally ill	Number of patients accommodated in the nursing home on the day of this inspection: 45
Brief description of the accommodation/how the service operates: Croagh Patrick Care Home is a nursing home which is registered to provide care for up to 67 patients. Patients' bedrooms, communal lounges and dining rooms are located over both floors of the home. Patients have access to a large garden with patios and seating areas.	

2.0 Inspection summary

An unannounced inspection took place on 8 December 2022, from 10.30am to 4.00pm. The inspection was completed by two pharmacist inspectors and 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.

Following discussion with the aligned care inspector it was agreed that eight of the nine areas for improvement identified at the last care inspection would be followed up at the next inspection.

Review of medicines management found that patients were being administered their medicines as prescribed and the majority of records were well maintained. Arrangements were in place to ensure that staff were trained and competent in medicines management. However, areas for improvement were identified in relation to hand-written medication administration records, distressed reactions, thickening agents, monitoring the temperature of the medicine refrigerators and the audit system.

Based on the inspection findings and discussions held, RQIA are satisfied that Croagh Patrick is providing safe and effective care in a caring and compassionate manner; and that the service is will led by the management team in relation to medicines management.

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 the home was 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. To complete the inspection the following were reviewed: a sample of medicine related records, storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. The inspectors 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 inspectors met with the care home assistant practitioner (CHAP), three nurses and the manager.

Staff were warm and friendly and it was evident from discussions that they knew the patients well. Agency nurses advised that they had received a thorough induction and detailed handover. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

The staff members spoken with expressed satisfaction with how the home was managed and the training received. They said that the team communicated well and the manager was readily available to discuss any issues and concerns should they arise.

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 3 & 4 October 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20(1)(a) Stated: First time	The registered person shall ensure that all nurses and the CHAP undertake medicine competency assessments as per the home's planned annual medication competency schedule.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. See Section 5.2.6	
Area for improvement 2 Ref: Regulation 20 (1)(a) (b) Stated: First time	The registered person shall ensure that satisfactory staffing levels are maintained in all departments of the home. Planned staffing levels should include suitably experienced staff and an adequate skill mix in order to ensure that patients' needs can be met effectively, consistently and in a timely manner.	Carried forward to the next inspection
	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.	
Area for improvement 3 Ref: Regulation 12 (1) (a)(b)(c) Stated: First time	The registered person shall ensure that care plans developed to manage the prevention of pressure damage include details of the recommended use of pressure relieving mattresses/cushions and/or the recommended frequency of repositioning for individual patients.	Carried forward to the next inspection

	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.	
Area for improvement 4 Ref: Regulation 27 (2) (d)(g)(l) Stated: First time	The registered person shall ensure that: <ul style="list-style-type: none"> • sufficient numbers of suitable chairs are available in communal lounges • flooring is replaced in the ground floor visitor's toilet • stair carpets are maintained in good condition and/or replaced as necessary to reduce the risk of trips and slips • supplies and equipment are stored in appropriate areas of the home. 	Carried forward to the next inspection
	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.	
Action required to ensure compliance with Care Standards for Nursing Homes, April 2015		Validation of compliance
Area for improvement 1 Ref: Standard 37 Stated: Second time	The registered person shall ensure that any record retained in the home which details patient information is stored safely and in accordance with DHSSP policy, procedures and guidance and best practice standards.	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 2 Ref: Standard 4.9 Stated: First time	The registered person shall ensure that records relating to wound care are completed consistently and contemporaneously.	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 12	The registered person shall ensure that: <ul style="list-style-type: none"> • there is a suitable system in place to ensure that patients are provided with the correct consistency of diet 	Carried forward to the next inspection

Stated: First time	<ul style="list-style-type: none"> any variations to the planned menu are consistently recorded and available for review the menu on display for patients is updated if changes are made. 	
Area for improvement 4 Ref: Standard 4 Stated: First time	The registered person shall ensure that all required patient details are completed on the supplemental record booklets in use for individual patients.	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 5 Ref: Standard 45 Stated: First time	The registered person shall ensure that equipment cleaning records are kept up to date and that equipment is cleaned according to the schedule and/or also when required.	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 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 a GP, a 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 personal medication records reviewed at the inspection were accurate and up to date. In line with safe practice, a second nurse had checked and signed the personal medication records when they were written and updated to confirm that they were accurate. Nurses were reminded that the date of writing should be recorded on all personal medication records and that obsolete personal medication records should be cancelled and archived to ensure that they are not referred to in error. It was agreed that this would be actioned following the inspection, discussed with all nurses and monitored through the audit process.

All patients should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets etc.

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 staff when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the patient's distress and if the prescribed medicine is effective for the patient.

The management of medicines prescribed on a "when required" basis for distressed reactions was reviewed. Staff knew how to recognise signs, symptoms and triggers which may cause a change in the patient's behaviour and were aware that this change may be associated with pain, infection or constipation. Care plans directing the use of these medicines were available and directions for use were clearly recorded on the personal medication records. Records of administration were clearly recorded. However, the reason for and outcome of administration had not been recorded on all occasions. For a number of patients these medicines were required every day; this had not been referred to the prescriber for review. An area for improvement was identified.

Nurses advised that they were familiar with how each patient expressed their pain and that pain relief was administered when required. Care plans included details of prescribed medicines and were reviewed monthly. There was evidence that analgesia was administered as prescribed.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the patient.

The management of thickening agents was reviewed. Speech and language assessment reports and care plans were in place. Records of prescribing and administration, which included the recommended consistency level, were maintained by nursing staff. Care assistants were also responsible for the administration of thickening agents; their records were found to be incomplete and did not include details of the recommended consistency level. An area for improvement was identified.

Care plans were in place when patients required insulin to manage their diabetes. There was sufficient detail in the care plans to direct staff if the patient's blood sugar levels were outside their target range.

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 reviewed. Up to date regimens detailing the prescribed nutritional supplement and recommended fluid intake were in place. Records of administration of the nutritional supplement and water were maintained. Nurses advised that they had received training and felt confident to manage medicines and nutrition via the enteral route. It was agreed that fluid intake charts would be maintained from the date of the inspection to provide evidence that the recommended fluid intake was achieved each day.

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.

Nurses advised that although they had a good relationship with the community pharmacy medicines were not always supplied in a timely manner. Systems had recently been reviewed to ensure that medicines were ordered on time and received without delay. The records inspected showed that medicines were available for administration when patients required them. There was no evidence that medicines had been omitted due to stock supply issues.

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 which require cold storage must be stored between 2°C and 8°C to maintain their stability and efficacy. In order to ensure that this temperature range is maintained it is necessary to monitor the maximum and minimum temperatures of the medicines refrigerator each day and to then reset the thermometer. Review of the daily temperature recordings in both treatment rooms showed that the refrigerator temperatures were not monitored each day. Although this had been identified through the home's audits appropriate corrective action had not been taken. An area for improvement was identified.

Appropriate arrangements were in place for the 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.

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 these

records was reviewed. The records had been completed in a mostly satisfactory manner. However, although verified and signed by two nurses, hand-written updates did not include the month and year and some records of receipt were unclear. An area for improvement was identified.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The records of receipt, administration and disposal of controlled drugs were maintained to the required standard in controlled drug record books.

Nurses and the CHAP maintained accurate running stock balances for all medicines after each administration. The audits completed at the inspection evidenced that medicines were administered as prescribed. Nurses also completed a monthly medicines management audit. Review of these monthly audits showed that although they covered the areas identified for improvement at this inspection, they had either not identified any issues or action plans had not been developed and implemented. The audit process was discussed in detail with the manager. 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.

There had been no recent admissions to the home. A review of records for patients returning from hospital indicated that satisfactory arrangements were in place. Hospital discharge letters were available. Medication changes had been accurately recorded on the personal medication records and verified by a second nurse. The audits showed that the medicines had been administered as prescribed.

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.

The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and learning shared with nurses in order to prevent a recurrence.

The home's audit system enabled nurses to identify medicine related incidents. Management and nurses were familiar with the type of incidents that should be reported.

5.2.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that patients are well looked after and receive their medicines appropriately, staff who administer medicines to patients must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and they are supported. Policies and procedures should be up to date and readily available.

The manager advised that all nurses and the CHAP had completed training on the management of medicines within the last year. Competency assessments had been completed in October 2022 and December 2022. Records were available for inspection.

It was agreed that the findings of this inspection would be shared with all nurses 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 Nursing Homes Regulations (Northern Ireland) 2005 and or the Care Standards for Nursing Homes, 2015.

	Regulations	Standards
Total number of Areas for Improvement	6*	7*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Karen Blair, 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 Home Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 20 (1)(a) (b) Stated: First time To be completed by: With immediate effect (4 October 2022)	<p>The registered person shall ensure that satisfactory staffing levels are maintained in all departments of the home. Planned staffing levels should include suitably experienced staff and an adequate skill mix in order to ensure that patients' needs can be met effectively, consistently and in a timely manner.</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>
Area for improvement 2 Ref: Regulation 12 (1) (a)(b)(c) Stated: First time To be completed by: With immediate effect (4 October 2022)	<p>The registered person shall ensure that care plans developed to manage the prevention of pressure damage include details of the recommended use of pressure relieving mattresses/cushions and/or the recommended frequency of repositioning for individual patients.</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>
Area for improvement 3 Ref: Regulation 27 (2) (d)(g)(l) Stated: First time To be completed by: 28 February 2023	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> • sufficient numbers of suitable chairs are available in communal lounges • flooring is replaced in the ground floor visitor's toilet • stair carpets are maintained in good condition and/or replaced as necessary to reduce the risk of trips and slips • supplies and equipment are stored in appropriate areas of the home. <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 (4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (8 December 2022)</p>	<p>The registered person shall ensure that records for the administration of thickening agents are accurately maintained and include the recommended consistency level.</p> <p>Ref: 5.2.1</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (8 December 2022)</p>	<p>Response by registered person detailing the actions taken: Supervision with Care Assistant staff is ongoing to ensure that the indication of the use of a thickening agent with the letter "T" and the recommended consistency level of 1,2,3,4,5,6,7 is recorded as T1, T2, T3, T4, T5, T6 OR T7 is recorded by circling on the food and fluid supplementary records. This supervision is being conducted by the Beaumont Care, Care Quality Manage who also is monitoring to ensure that the learning is being embedded into practice. The oversight of this practice will be monitored by the Home Managers Daily walkabout and through the completion of the Regulation 29 Report by the Operational Manager.</p> <p>The registered person shall ensure that the temperature of the medicine refrigerators is accurately monitored and recorded each day.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Supervision with RN staff is ongoing to ensure that the temperature of the medicine refrigerators is accurately monitored and recorded each day is embedded into practice. This supervision is being conducted by the Beaumont Care Quality Manager. The oversight of this practice will be monitored by the Home Managers Daily walkabout and through the completion of the Regulation 29 Report by the Operational Manager.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (8 December 2022)</p>	<p>The registered person shall ensure that hand-written medication administration records are clearly maintained and include the month and year.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Supervision with RN staff is ongoing to ensure that hand written medication administration records are clearly maintained and include the month and the year is embedded into practice. This supervision is being conducted by the Beaumont, Care Quality Manager. The oversight of this practice will be monitored by the Home Managers Daily walkabout and through the completion of the Regulation 29 Report by the Operational Manager. through the Regulation 29 Report.</p>

Action required to ensure compliance with Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 37 Stated: Second time To be completed by: With immediate effect (4 October 2022)	The registered person shall ensure that any record retained in the home which details patient information is stored safely and in accordance with DHSSP policy, procedures and guidance and best practice standards.
	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 4.9 Stated: First time To be completed by: With immediate effect (4 October 2022)	The registered person shall ensure that records relating to wound care are completed consistently and contemporaneously.
	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 12 Stated: First time To be completed by: With immediate effect (4 October 2022)	The registered person shall ensure that: <ul style="list-style-type: none"> • there is a suitable system in place to ensure that patients are provided with the correct consistency of diet • any variations to the planned menu are consistently recorded and available for review • the menu on display for patients is updated if changes are made.
	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 4 Ref: Standard 4 Stated: First time To be completed by: With immediate effect (4 October 2022)	The registered person shall ensure that all required patient details are completed on the supplemental record booklets in use for individual patients.
	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 5</p> <p>Ref: Standard 45</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (4 October 2022)</p>	<p>The registered person shall ensure that equipment cleaning records are kept up to date and that equipment is cleaned according to the schedule and/or also when required.</p> <hr/> <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 6</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (8 December 2022)</p>	<p>The registered person shall review and revise the management of distressed reactions to ensure that:</p> <ul style="list-style-type: none"> • the reason for and outcome of administration is recorded • regular use is referred to the prescriber for review <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: A review of the Home Manager Monthly Report which records the use of medications for the management of distressed reactions was conducted and the actions as a result of that review are:</p> <ol style="list-style-type: none"> 1 Some of the medication used is to be referred to the prescriber for a discussion regarding regular use administration. 2 Some medications have already been discontinued. 3 Medications have after discussion with the prescriber have been moved to regular use administration. Care Plan updated 4. New medications for the management of distressed reactions have been added to the Home Managers monthly audit. <p>The reason for and the outcome/effectiveness is recorded and evidenced on the Boots PRN Medication Record. The oversight of this practice will be monitored by the Home Managers Home Manager Monthly Report and through the completion of the Regulation 29 Report by the Operational Manager.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (8 December 2022)</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</p> <hr/> <p>Response by registered person detailing the actions taken: The Home Manager ensures that the Medication Audit is completed monthly on each Unit. If this is a delegated task, then the Home Manager will review the deficits identified and the action plan to address any identified deficits.</p>

	<p>The findings of any medication audits including the quarterly Boots Pharmacy Monitoring Visits and action plans are to be communicated to the Deputy Manager, Clinical Lead & RN Staff for learning.</p> <p>The oversight of this practice will be monitored through the completion of the Regulation 29 Report by the Operational Manager.</p>
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