The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Culmore Manor Care Centre

Provider: Ann's Care Homes

Date of Inspection: 23 January 2025

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider:	Ann's Care Homes
Responsible Individual:	Mrs Charmaine Hamilton
Registered Manager:	Mrs Kelly McCready
Service Profile: Culmore Manor Care Centre is a nursing home registered to provide general nursing care for up to 56 patients. The home is a two storey building. Patient bedrooms, lounges, dining rooms and bathroom/toilets are located over both floors.	

2.0 Inspection summary

An unannounced inspection took place on 23 January 2025, from 10.10am to 4.15pm. The inspection was completed by two pharmacist inspectors and focused on medicines management within the home.

The findings of the medicines management inspection on 11 September 2024 evidenced that safe systems were not in place for some aspects of medicines management. Areas for improvement were identified in relation to the management of insulin, medicine audit, medicine administration records and deficits in the downstairs treatment room. The management team were given a period of time to address the issues identified. This follow-up inspection was undertaken to evidence if the necessary improvements had been implemented and sustained.

Improvements in the systems in place for the management of medicines were observed. Medicines were stored safely and securely, the deficits in the downstairs treatment room had been addressed and medicine administration records were accurately completed. However, two areas for improvement in relation to the management of insulin and medicine audit have been stated for a second time. Two new areas for improvement were identified in relation to the length of the medicine round and the management of medicines for new admissions to the home.

Two areas for improvement identified at the last care inspection in relation to storage of prescribed supplements and ensuring that prescribed medicines are individually labelled were assessed as met. The remainder of the areas for improvement identified at the last care inspection were carried forward for review at the next inspection.
As a consequence of the inspection findings, RQIA invited the responsible individual and members of the management team, to attend an enhanced feedback meeting on 10 February 2025. At the meeting, the responsible individual and manager provided RQIA with an action plan detailing the actions planned and taken to date. The actions necessary to achieve full

compliance with the regulations and standards were discussed. RQIA accepted the action plan and assurances provided by the management team and will carry out a further inspection to assess compliance. Failure to implement and sustain the necessary improvements may lead to enforcement action.

Details of the inspection findings, including areas for improvement stated for a second time, new areas for improvement identified and areas for improvement carried forward for review at the next inspection, can be found in the main body of this report and in the quality improvement plan (QIP) (Section 4.0).

Patients were observed to be relaxed and comfortable in the home and in their interactions with staff. It was evident that staff were knew the patients well.

RQIA would like to thank the staff for their assistance throughout the inspection.

3.0 The inspection

3.1 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 against the regulations and standards, 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 areas for improvement identified at previous inspections where applicable, registration information, and any other written or verbal information received from patients, relatives, staff or the commissioning trust.

Throughout the inspection process, inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

3.2 What people told us about the service and their quality of life

Staff said they had worked hard to implement and sustain improvements identified at the last medicines management inspection and had received help and support from senior management to do so. They said that the team communicated well and the management team were readily available to discuss any issues and concerns should they arise.

RQIA did not receive any completed questionnaires or responses to the staff survey following the inspection.

3.3 Inspection findings

The management of insulin

Following the last medicines management inspection, it was evident that action had been taken to improve systems for the management of insulin.

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

However, one in use insulin pen device was not individually labelled and did not have the date of opening recorded to facilitate audit and disposal at expiry. In addition, one personal medication record did not include details of prescribed insulin. An area for improvement identified at the last inspection was stated for a second time.

Governance and audit

Management and staff audited the management and administration of medicines on a regular basis within the home. There was evidence that the findings of the audits had been discussed with staff and addressed. In addition, nurses maintained running balances for boxed medicines, however these were not being used effectively, many had gaps or were inaccurate.

There was evidence that the auditing systems had led to some improvements in the management of medicines. However, discrepancies were noted in medicines for three patients recently admitted to the home including one out of stock medicine, one patient being administered the wrong dose of a medicine and one medicine labelled with the incorrect dose. The manager was requested to investigate these discrepancies; incident reports were submitted to RQIA on 29 January 2025 and 5 February 2025. An area for improvement was identified.

The discrepancies identified at the inspection had not been identified through the home's internal audit processes. An area for improvement was stated for a second time.

Medicine administration records

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.

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

Medicine storage

The deficits in the downstairs treatment room identified at the last inspection had been addressed.

The medicine 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. Temperatures of medicine storage areas were monitored and recorded to

ensure that medicines were stored appropriately. Satisfactory arrangements were in place for medicines requiring cold storage and the storage of controlled drugs. Some gaps in the medicine refrigerator records were highlighted to the manager for ongoing monitoring.

Prescribed medicines, including nutritional supplements, inhalers and eye drops, were observed to be stored securely and individually labelled. The date of opening was recorded on the majority of medicines to facilitate audit and disposal at expiry. The manager agreed to continue to monitor this through audit.

Other areas 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 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 confirm that they were accurate. A small number of minor discrepancies were highlighted to nurses for immediate corrective action and on-going vigilance.

Copies of patients' prescriptions/hospital discharge letters were retained so that any entry on the personal medication record could be checked against the prescription.

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.

The management of distressed reactions, pain and thickening agents was reviewed. Care plans generally contained sufficient detail to direct the required care. Two care plans required an update to reflect the most recent prescribed medicine. Assurances were provided that this would be actioned immediately. The audits completed indicated that these medicines were administered as prescribed.

The morning medicines round on the first floor was not completed until 12.30pm. Medicines must be administered at the prescribed time. Measures should be implemented to ensure nurses are afforded protected time to complete the medication round in a timely manner. An area for improvement was identified.

It was agreed that the findings of this inspection would be discussed with staff to facilitate ongoing improvement.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	5*	9*

* the total number of areas for improvement includes two that have been stated for a second time and ten which were carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Kelly McCready, Registered Manager and the regional manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** Second time **To be completed by:** Immediate and ongoing (23 January 2025)	The registered person shall ensure safe systems are in place for the management and administration of insulin. Ref: 2.0 & 3.3
	Response by registered person detailing the actions taken: The registered manager with nursing staff completed a full review of residents on prescribed insulin. The resident who was self administering had their kardex updated following inspection to reflect same however since then this has been reviewed to have insulin administered by nursing staff. The identified insulin pen with no label was put in place following inspection and this has remained compliant on spot checks. Saunders E-learning platform was reset for all nurses to re-complete Diabetes awareness training and management, administration and medication training. Medication competency assessments with one supervised practice recompleted. Request made to providing pharmacy to provide face to face training.
Area for improvement 2 **Ref:** Regulation 13 (4) **Stated:** Second time **To be completed by:** Immediate and ongoing (23 January 2025)	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. Ref: 2.0 & 3.3
	Response by registered person detailing the actions taken: A Review of auditing systems was undertaken, this included the trial of removing the tally counts and replace by a daily audit which ensured all resident medications are audited a minimum of weekly.Tally account then put back in place for boxed medication following disccussion with nurses Home manager monthly medication audit continues as well as an additional weekly audit focusing soley on areas highlighted at inspection. Findings from audits cascaded to nurses for learning. A meeting with providing pharmacy has taken place and included reviewing of medications that need to maximise the use of pillpac system for medicine management. Request has been made to receive bi monthly audit by providing pharmacy.

Area for improvement 3 **Ref:** Regulation 13 (7) **Stated:** Third time **To be completed by:** 26 November 2024	The registered person shall ensure that IPC deficits identified during the inspection are addressed. **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.** Ref: 2.0
Area for improvement 4 **Ref:** Regulation 12 (1) (a) (b) **Stated:** First time **To be completed by:** 26 November 2024	The registered person shall ensure that patients requiring bedrails have a suitable risk assessment completed and consent for the use of bedrails. **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.** Ref: 2.0
Area for improvement 5 **Ref:** Regulation 13 (1) (a) (b) **Stated:** First time **To be completed by:** 26 November 2024	The registered person shall ensure that head injury observations are obtained and recorded in line with the home's policy, following a fall where there is a suspected and/or actual head injury. **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.** Ref: 2.0
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 28 **Stated:** First time **To be completed by:** Immediate and ongoing (23 January 2025)	The registered person shall ensure that measures are implemented to ensure nurses are afforded protected time to complete the medication round in a timely manner. Ref: 2.0 & 3.3 **Response by registered person detailing the actions taken:** On the day of inspection the finishing time of medication administration was later than the perusal, this was confirmed during discussions with other nursing staff. To ensure that nurses continue to administer medications in a timely manner, red aprons were purchased which notes on the front and back Do Not Disturb, phone calls are only transferred if urgent. Timings for completing medications are spot checked.

Area for improvement 2 **Ref:** Standard 28 **Stated:** First time **To be completed by:** Immediate and ongoing (23 January 2025)	The registered person shall ensure that arrangements are in place to ensure the safe management of medicines during a resident's admission or readmission to the home. Ref: 2.0 & 3.3
	Response by registered person detailing the actions taken: Nurses have been reminded that all new admissions or readmission to the home that all medications are to be signed in effectively - the count for each medication needs to be clear. Also to ensure that dates and times of opening are accurately recorded on label with nurse initials thus allowing for ease of auditing. Relatives to be advised on admission and reminded ongoing that medications are not to be brought in and left with resident. To minimise out of stock, Nurses are to be proactive in monioring stock control to oversee that prescribed medications are in place. HM to be advised should out of stock medications arise to support nurses in the escalation process with GP and pharmacy.
Area for improvement 3 **Ref:** Standard 41 **Stated:** First time **To be completed by:** 26 November 2024	The registered person shall ensure that the number of staff required in accordance with the assessed needs of the patients is accurately reflected within the staff duty rota.
	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: 2.0
Area for improvement 4 **Ref:** Standard 41 **Stated:** First time **To be completed by:** 26 November 2024	The registered person shall ensure that there is only one copy of the staff duty rota and that the nurse in charge is highlighted.
	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: 2.0
Area for improvement 5 **Ref:** Standard 12 **Stated:** First time **To be completed by:** 26 November 2024	The registered person shall ensure that the mid-morning tea trolley is reviewed to include snacks for patients who require a modified and/or varied diet.
	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: 2.0

Area for improvement 6 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 26 November 2024	The registered person shall ensure that a system is implemented to monitor food items within the communal dining room fridges.
	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: 2.0
Area for improvement 7 **Ref:** Standard 37.5 **Stated:** First time **To be completed by:** 26 November 2024	The registered person shall ensure that any record retained in the home which details patient information is stored securely in accordance with GDPR and best practice.
	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: 2.0
Area for improvement 8 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 26 November 2024	The registered person shall ensure that medical equipment such as needles are securely stored.
	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: 2.0
Area for improvement 9 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 26 December 2024	The registered person shall ensure that where deficits have been identified during an environmental audit, that an action plan, time frame, person responsible and follow up is completed.
	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: 2.0

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

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel: 028 9536 1111

Email: info@rqia.org.uk

Web: www.rqia.org.uk

Twitter: @RQIANews