

# Inspection Report

**Name of Service:** Mount Lens Care Home

**Provider:** Beaumont Care Homes Limited

**Date of Inspection:** 17 June 2025 & 20 June 2025

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Beaumont Care Homes Ltd
<b>Responsible Individual:</b>	Mrs Ruth Burrows
<b>Registered Manager:</b>	Ms Paulene Rogers
<b>Service Profile:</b> Mount Lens Care Home is a nursing home which is registered to provide nursing care for up to 31 patients. Patients' bedrooms, communal lounges and dining rooms are located over two floors in the home. Patients have access to an enclosed courtyard area.	

## 2.0 Inspection summary

An unannounced inspection took place on 17 June 2025, from 10.05am to 2.00pm and on 20 June 2025 from 10.15am to 1.30pm. The inspection was completed by a pharmacist inspector and a finance inspector. The inspection focused on medicines management and the management of patients' finances and property within the home.

The medicines management inspection was undertaken to evidence how medicines are managed in relation to the regulations and standards and to determine if the home is delivering safe, effective and compassionate care and is well led in relation to medicines management. The areas for improvement identified at the last care inspection were carried forward for review at the next inspection.

Mostly satisfactory arrangements were in place for the safe management of medicines. Medicines were stored securely, however improvements were necessary in relation to the temperature of the medicines storage area. Medicine related care plans were well maintained. There were effective auditing processes in place to ensure that staff were trained and competent to manage medicines and patients were administered their medicines as prescribed. The majority of records were well maintained, however, improvements were necessary in the standard of maintenance of the personal medication records.

Whilst areas for improvement were identified, there was evidence that patients were being administered their medicines as prescribed.

The finance inspection was undertaken on 20 June 2025 to evidence how patients' finances are managed in relation to the regulations and standards and to determine if the home is delivering safe, effective and compassionate care and is well led in relation to the

management of patients' finances. One area for improvement was identified during the finance inspection in relation to patients' written agreements.

Details of the inspection findings, including areas for improvement carried forward for review at the next inspection and new areas for improvement identified, 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 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, 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 expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after patients and meet their needs. They said that the team communicated well and the management team were readily available to discuss any issues and concerns should they arise.

Staff advised that they were familiar with how each patient liked to take their medicines. They stated medication rounds were tailored to respect each individual's preferences, needs and timing requirements.

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

### 3.3 Inspection findings

#### 3.3.1 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.

In line with best practice, a second member of staff should check and sign the personal medication records when they were written and updated to confirm that they are accurate. Several of the personal medication records reviewed were missing second verification signatures and dates of writing. Some medicines which were prescribed for use when required, did not have the when required direction clearly indicated on the personal medication record, this could result in unnecessary administration. An area for improvement was identified.

In addition, a small number of obsolete personal medication records had not been cancelled and archived. This is necessary to ensure that staff do not refer to obsolete directions in error and administer medicines incorrectly. This was addressed during the inspection.

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, thickening agents and insulin was reviewed. Care plans contained sufficient detail to direct the required care. Medicine records were well maintained. The audits completed indicated that medicines were administered as prescribed.

#### 3.3.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicine 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.

Records reviewed showed that medicines were available for administration when patients required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

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. Satisfactory arrangements were in place for medicines requiring cold storage, the storage of controlled drugs and the safe disposal of medicines.

Medicines must be stored in line with the manufacturers recommendations to ensure stability and efficacy. The temperature in medicine storage areas must be recorded and maintained below 25°C. Temperature records indicated that the upstairs medicines storage area temperature regularly exceeded 25°C. This was discussed with the manager and an area for improvement was identified.

### **3.3.3 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.

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

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs. Staff were reminded that when controlled drugs are denatured, the balance in the controlled drug record book must be brought to zero. It was agreed that this would be discussed with staff, actioned immediately and monitored through the audit process.

Occasionally, patients may require their medicines to be crushed or added to food/drink 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 plan. Care plans contained sufficient detail to describe how the patient's medicines were administered and appropriate arrangements were in place.

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. The date of opening was recorded on medicines to facilitate audit and disposal at expiry. The audits completed at the inspection indicated that medicines were being administered as prescribed.

### **3.3.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?**

People who use medicines may follow a pathway of care that can involve both health and social

care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

A review of records indicated that satisfactory arrangements were in place to manage medicines at the time of admission or for patients returning from hospital. Written confirmation of prescribed medicines was obtained at or prior to admission and details shared with the GP and community pharmacy. Medicine records had been accurately completed and there was evidence that medicines were administered as prescribed. The manager was reminded of the need for verification of transcribed personal medication records. (See Section 3.3.1.)

### **3.3.5 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.

Management and staff were familiar with the type of incidents that should be reported. 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 the learning shared with staff in order to prevent a recurrence.

The audits completed at the inspection indicated that the medicines were being administered as prescribed.

### **3.3.6 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.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Medicines management policies and procedures were in place.

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

### 3.3.7 Management of patients' finances and property

A safe place was provided within the home for the retention of patients' monies and valuables. There were satisfactory controls around the physical location of the safe place and the members of staff with access to it. A review of a sample of records of patients' monies and valuables confirmed that the records were up to date at the time of the inspection.

A bank account was in place to retain patients' personal monies. A review of a sample of statements from the bank account evidenced that the account only contained patients' monies. A sample of records of withdrawals from the bank account was reviewed; the amounts withdrawn reflected the amounts recorded as lodged at the home.

Comfort fund monies were held on behalf of patients. These are monies donated to the home for the benefit of all patients. The comfort fund monies were retained in a separate bank account from the patients' personal monies.

Records confirmed that reconciliations (checks) between the monies and valuables held on behalf of patients and the records of monies and valuables held were undertaken on a weekly basis. Reconciliations of the patients' bank account and the comfort fund bank account were undertaken on a monthly basis. The records were signed by the member of staff undertaking the reconciliations and countersigned by a senior member of staff.

Discussions with staff confirmed that no member of staff was the appointee for any patient, namely a person authorised by the Department for Communities to receive and manage the social security benefits on behalf of an individual.

Three patients' finance files were reviewed. Written agreements were retained within two of the files, no agreement was available for the remaining patient. The two agreements reviewed included a list of the services provided to patients as part of their weekly fee. A third party contribution (top up) was paid on behalf of a number of care managed patients as part of their weekly fee. Discussions with the manager confirmed that the top up was not for any additional services provided to patients but the difference between the tariff for the home and the regional rate paid by the Health and Social Care Trust.

It was noticed that the written agreements reviewed did not show the current weekly fee paid by, or on behalf of, the patients. The current amount of the top up paid on behalf of the patients was also not shown within the agreements. One of the agreements was not signed by the patient, or their representative, and a representative from the home. These findings were discussed with the manager and an area for improvement in relation to patients' written agreements was identified.

A review of a sample of records of fees received on behalf of two patients evidenced that the records were up to date at the time of the inspection. Discussions with staff confirmed that no patient was paying an additional amount towards their fee over and above the amount agreed with the Health and Social Care Trusts.

A sample of records of monies deposited at the home on behalf of two patients evidenced that the records were up to date at the time of the inspection. In line with good practice the person depositing the monies had signed the records along with a member of staff. The person depositing the monies was issued with a receipt.

A review of a sample of records of purchases undertaken on behalf of patients showed that the records were up to date. Two signatures were recorded against each entry in the patients' records and receipts from the transactions were retained for inspection.

A review of a sample of records of payments to both the hairdresser and podiatrist evidenced that the records were up to date. Receipts from the transactions were retained for inspection. Good practice was observed as the hairdresser and podiatrist had signed the records, along with a member of staff, to confirm that the treatments took place.

A review of a sample of transactions from the comfort fund confirmed that purchases from the fund were for the benefit of all patients. Receipts from the purchases were available for inspection.

The inspector commended the manager and administrator for the controls surrounding transactions undertaken on behalf of patients and the level of record keeping which aided the audit process.

A review of two patient's files evidenced that property records were in place for both patients. The records were updated with additional items brought into the patients' rooms. The records were checked and signed by two members of staff.

Discussions with staff confirmed that no transport scheme was in place at the time of the inspection.

#### 4.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	5*	11*

\* the total number of areas for improvement includes thirteen which were carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Paulene Rogers, Registered 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 21 (1) (b) Schedule 2  <b>Stated:</b> Second time  <b>To be completed by:</b> 7 May 2025	<p>The registered person shall ensure that all pre-employment checks are completed before any staff commence working in the home and evidence retained of managerial oversight of all such records.</p> <p>This includes arrangements for temporary/agency staff employed to work in the home.</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: 2.0</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27 (2) (d)  <b>Stated:</b> Second time  <b>To be completed by:</b> 7 July 2025	<p>The registered person shall ensure the environmental deficits identified on inspection are addressed without delay. A suitable and achievable time bound program for this work should be submitted, along with the returned QIP, for information and comment.</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: 2.0</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> Second time  <b>To be completed by:</b> 7 May 2025	<p>The registered person shall ensure a system is implemented to monitor staff practice in relation to the appropriate use of personal protective equipment including donning and doffing and staff knowledge and practice regarding hand hygiene.</p> <p>Where deficits are identified during the monitoring system, an action plan should be put in place to drive the necessary improvement.</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: 2.0</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 27 (2) (d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 May 2025</p>	<p>The registered person shall implement a system to ensure all parts of the home are clean. This should include a review of the staffing levels for housekeeping staff.</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>Ref: 2.0</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 12 (2) and (3)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 May 2025</p>	<p>The registered person shall ensure a system is put in place to ensure that all patient equipment is clean.</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>Ref: 2.0</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes, December 2022</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 29</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 17 June 2025</p>	<p>The registered person shall ensure that the date of writing is recorded on personal medication records and that transcriptions are verified and signed by two members of staff.</p> <p>Ref: 3.3.1 &amp; 3.3.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The date of writing is now being recorded on personal medication records and the transcriptions are being verified and signed by two staff members. This has now been incorporated within the weekly medication audit. The Manager is monitoring this as part of the Manager's Walkabout Audit and any areas of deficit will be addressed via a timebound action plan. The provider will monitor compliance as part of the Regulation 29 visit.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 17 June 2025</p>	<p>The registered person shall ensure that medicines are stored in accordance with the manufacturers' instructions. This area for improvement relates to the temperature of the first floor medicines storage area.</p> <p>Ref: 3.3.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The Estates Team are currently gathering information and costs for an appropriate air conditioning unit for the treatment room. Once these have been reviewed and agreed, they will be sent for approval. In the interim, fans are in situ to be used to cool and regulate the temperature within appropriate range. The temperature of the medicine's storage space continues to be monitored and recorded on a daily basis. The Manager is following up on progress weekly. The Provider will monitor compliance as part of the regulatory visit.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2025</p>	<p>The registered person shall ensure that copies of written agreements are retained in all patients' files.</p> <p>The agreements should show the current weekly fee paid by, or on behalf of, patients (including the current amount of the third party contribution).</p> <p>Written agreements should be signed by the patient, or their representative, and a representative from the home. Where a patient, or their representative is unable to sign or chooses not to sign, this should be recorded in the patient's file.</p> <p>Ref: 3.3.7</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> All resident files have been checked and any residents who do not have a written agreement in place have been identified. A timebound action plan is in place to address deficits found to ensure that all residents have the appropriate signed agreement in place. This agreement will include details on the total of current weekly fee &amp; Third-party contribution (if applicable). Compliance will be monitored as part of the Providers regulation 29 visit</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 39.1</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 7 May 2025</p>	<p>The registered person shall ensure that all staff newly appointed, including agency staff, complete a structured orientation and induction programme in a timely manner and that records are retained for inspection.</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: 2.0</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 7 May 2025</p>	<p>The registered person shall ensure activities are planned and delivered to provide structure to the patient's day. A contemporaneous record of activities delivered must be retained.</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: 2.0</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 4.9</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 7 May 2025</p>	<p>The registered person shall ensure contemporaneous records are maintained.</p> <p>This area for improvement is made with specific reference to completion of all supplementary care records.</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: 2.0</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 46.2</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 7 May 2025</p>	<p>The registered person shall ensure that the environment in the home is managed to minimise the risk and spread of infection.</p> <p>This area for improvement specifically related to the cleaning of the environment and management of storage space within the home.</p> <hr/> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref: 2.0</p>

<p><b>Area for improvement 8</b></p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 7 May 2025</p>	<p>The registered person shall ensure accurate records are kept of all staff working in the home over a 24-hour period. This includes staff providing 1-1 care.</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: 2.0</p>
<p><b>Area for improvement 9</b></p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 7 May 2025</p>	<p>The registered person shall ensure the dining experience is reviewed to ensure the quality of the experience for the patients. This review should also consider the standards around tableware, cutlery, crockery and glassware.</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: 2.0</p>
<p><b>Area for improvement 10</b></p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 7 May 2025</p>	<p>The registered person shall ensure that accurate care delivery records are retained for patients in receipt of one to one care. These records should be person centred and evidence that the activities delivered reflect the patient's individual likes and preferences.</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: 2.0</p>
<p><b>Area for improvement 11</b></p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 7 May 2025</p>	<p>The registered person shall ensure that nutritional supplements consumed by patients are recorded as part of their food/fluid intake records.</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: 2.0</p>

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



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