

# Inspection Report

20 June 2024



## Carlingford Lodge Care Home

Type of service: Nursing Home  
Address: 76 Upper Dromore Road, Warrenpoint, BT34 3PN  
Telephone number: 028 4175 9200

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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> Healthcare Ireland (No. 4) Limited  <b>Responsible Individual:</b> Ms Amanda Mitchell	<b>Registered Manager:</b> Mrs Erminia Suciu, not registered
<b>Person in charge at the time of inspection:</b> Mrs Erminia Suciu	<b>Number of registered places:</b> 58 This number includes a maximum of 25 patients in category of care NH-I and 33 patients in category NH-DE.
<b>Categories of care:</b> Nursing (NH): I – old age not falling within any other category DE – dementia	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 42
<b>Brief description of the accommodation/how the service operates:</b> Carlingford Lodge is a nursing home registered to provide nursing care for up to 58 patients. Patients are accommodated over two floors. Patients with dementia are cared for on the lower ground floor and patients requiring general nursing care are cared for on the ground floor. Patients have access to communal lounges, dining areas and outside space.  A residential care home occupies a corridor of the ground floor and the manager for this home manages both services.	

## 2.0 Inspection summary

An unannounced inspection took place on 20 June 2024, from 10.15 am to 3.30pm. This inspection was completed by two pharmacist inspectors and focused on the management of medicines in 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.

One of the areas for improvement identified at the last care inspection was reviewed and assessed as met at this inspection. The remaining areas for improvement identified at the last care inspection will be reviewed at the next inspection.

Review of medicines management found that medicine records 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 the majority of their medicines as prescribed. Two new areas for improvement were identified in relation to reviewing care plans to ensure they are patient-centred and provide sufficient detail to direct the required care and ensuring that prescribed medicines are stored safely and securely including prescribed external preparations and thickening agents.

Whilst areas for improvement were identified, it was concluded that overall, with the exception of a small number of medicines, patients were being administered their medicines as prescribed.

RQIA would like to thank the 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. Discussions took place 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 one patient, one relative, three nurses, the manager, the regional manager and the business support manager.

Nurses were warm and friendly and it was evident from discussions that they knew the patients well.

Nurses said they had worked hard to implement and sustain improvements in the management of medicines and received help and support from senior management, the community pharmacist and Trust pharmacist in order 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.

The relative we spoke with provided details of a number of concerns she had already reported to the home management, the Trust and RQIA. The relative gave consent for the issues to be discussed with the management team. The issues were also discussed with the aligned care inspector, estates team and senior colleagues in RQIA for ongoing review.

The patient advised that they were very happy in the home. They said that everything was great including staff and the other residents.

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 responses 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 care inspection on 6 and 7 March 2024		
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 20 (1) (a) <b>Stated:</b> First time	The registered person shall review the staffing arrangements in the home to include the deployment of staff and working practices to ensure the needs of patients are met.	<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>Stated:</b> First time	The registered person shall review oral care delivery in the home and demonstrate where oral care plans direct twice daily care; the supplementary care records evidence when this has been delivered or offered.	<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 12 (1) (a) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that daily evaluations of care are recorded at appropriate times and meaningfully evaluate the care delivery of the shift period worked identifying actions taken in response to any discrepancies.</p>	<p><b>Carried forward to the next inspection</b></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 14 (2) (a) and (c)</p> <p><b>Stated:</b> First time</p>		<p>The registered person shall ensure that cleaning products and staffs' personal belongings are not accessible to patients, in any part of the home 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>Met</b></p>	
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13 (1) (a) (b)</p> <p><b>Stated:</b> First time</p>		<p>The registered person shall ensure that topical preparations in the home are dated on opening and disposed of in accordance with manufacturer's guidelines.</p>
<p><b>Action taken as confirmed during the inspection:</b> There was evidence that the date of opening was recorded on topical preparations and that they were disposed of in accordance with manufacturer's guidelines.</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 (7)</p> <p><b>Stated:</b> First time</p>		<p>The registered person shall ensure that the infection control issues identified during the inspection are managed to prevent the risk and spread of infection.</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>		

<b>Action required to ensure compliance with Care Standards for Nursing Homes, December 2022</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time	The registered person shall ensure that patients' care plans give clear directions to staff on actions to take should any of the following happen: <ul style="list-style-type: none"> <li>• Patients' bowels do not open as normal.</li> <li>• Fluid targets have not been met.</li> </ul>	<b>Carried forward to the next inspection</b>
<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>		
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 47 Criteria (3)  <b>Stated:</b> First time	The registered person shall ensure that all items stored within storage areas are stored in a safe manner and in accordance with safe working practices.	<b>Carried forward to the next inspection</b>
<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>		

## 5.2 Inspection findings

### 5.2.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

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 personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to 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 staff on when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the 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. Directions for use were clearly recorded on the personal medication records. Nurses on duty knew how to recognise a change in a patient's behaviour and were aware that this change may be associated with pain, infection, constipation etc. Records included the reason for and outcome of each administration. However, the care plans in place did not provide sufficient detail to direct the required care. See also Section 5.2.3. An area for improvement was identified.

The management of pain was reviewed. 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 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. It was noted that records of administration by care staff were not maintained. The regional manager advised that computerised care records were being implemented in the home in the coming weeks and that this would be addressed and monitored through the home's audit process.

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 the recommended range. Nurses were reminded that in use insulin pen devices should have the date of opening recorded to facilitate audit and disposal on expiry.

### **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.

The records inspected showed that medicines were available for administration when patients required them. Nurses advised that robust systems were now in place to ensure that any potential out of stocks were identified and followed up without delay to ensure that all patients had a continuous supply of their prescribed medicines. They advised that they had a good

relationship with the community pharmacist and that medicines were supplied in a timely manner.

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. Appropriate arrangements were in place for monitoring the room and refrigerator temperatures.

The majority of external preparations and thickening agents were observed to be stored securely. However, a small number were observed in unlocked cupboards in patients' bedrooms; this was to facilitate administration by relatives. Management advised that the keys to these cupboards would be sourced. An area for improvement was identified.

Satisfactory 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.

A sample of the medicines administration records was reviewed. Most of the records were found to have been completed in a satisfactory manner. A small number of missed signatures were brought to the attention of the manager for ongoing close monitoring. The records were filed once completed and were readily retrievable for audit/review.

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 plans.

A small number of patients had their medicines administered covertly; this had been authorised by the prescriber in consultation with family. Care plans were in place, however, they did not provide details on how the medicines were to be administered. As identified in Section 5.2.1 care plans should be patient-centred and provide sufficient detail to direct the required care. 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 the majority of controlled drugs were maintained to the required standard in controlled drug record books. It was noted that three controlled drugs which were administered infrequently were not recorded in the controlled drug record book. Records of receipt and administration of these medicines were recorded on the medicine administration record and in the controlled drug daily count book. This was highlighted to nurses who actioned this immediately. The regional manager also advised that senior care assistants would receive training on how to witness the administration of controlled drugs in order to streamline this process.

Management and staff audited medicine administration on a regular basis within the home. The majority of audits completed at the inspection indicated that medicines were administered as prescribed. Dates of opening were recorded on medicines (not supplied in the monitored

dosage system) to facilitate audit activity and disposal at expiry. One discrepancy was highlighted to the manager for investigation. An incident report was received on 21 June 2024 and satisfactory action had been taken.

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

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

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

#### **5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?**

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident.

The auditing system in place helps nurses to identify medicine related incidents. Management and nurses 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.

#### **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.

Staff in the home had received a structured induction which includes medicines management when this forms part of their role. Competency had been assessed following induction and annually thereafter. Records of staff induction, update training and competency assessments in relation to medicines management were available for inspection.

Nurses, care staff and catering staff had recently received dysphagia awareness training. Medicines management training was also being provided by a pharmacist on the day of the inspection. There was evidence that nurses received regular clinical supervision regarding medicines.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Care Standards for Nursing Homes, December 2022.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	5*	4*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Erminia Suci, 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 Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 20 (1) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> 30 April 2024	<p>The registered person shall review the staffing arrangements in the home to include the deployment of staff and working practices to ensure the needs of patients are met.</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: 5.1</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 12 (1) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 March 2024	<p>The registered person shall review oral care delivery in the home and demonstrate where oral care plans direct twice daily care; the supplementary care records evidence when this has been delivered or offered.</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: 5.1</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 12 (1) (a) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 30 April 2024	<p>The registered person shall ensure that daily evaluations of care are recorded at appropriate times and meaningfully evaluate the care delivery of the shift period worked identifying actions taken in response to any discrepancies.</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: 5.1</p>
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 14 (2) (a) and (c)  <b>Stated:</b> First time  <b>To be completed by:</b> 7 March 2024	<p>The registered person shall ensure that cleaning products and staffs' personal belongings are not accessible to patients, in any part of the home when not in use.</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: 5.1</p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 March 2024</p>	<p>The registered person shall ensure that the infection control issues identified during the inspection are managed to prevent the risk and spread of infection.</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: 5.1</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 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 March 2024</p>	<p>The registered person shall ensure that patients' care plans give clear directions to staff on actions to take should any of the following happen:</p> <ul style="list-style-type: none"> <li>• Patients' bowels do not open as normal.</li> <li>• Fluid targets have not been met.</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>Ref: 5.1</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 47 Criteria (3)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 March 2024</p>	<p>The registered person shall ensure that all items stored within storage areas are stored in a safe manner and in accordance with safe working practices.</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 3</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing (20 June 2024)</p>	<p>The registered person shall ensure that care plans (for distressed reactions and adding medicines to food/drinks) are reviewed and updated to ensure that they are patient-centred and provide sufficient detail to direct the required care.</p> <p>Ref: 5.2.1, 5.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Review of resident individual care plans in relation to the management of distressed reactions have been commenced to include detail for recognising and identifying triggers that may lead to an individual's distress and the interventions required to direct the care to manage presenting behaviours.</p> <p>Records of administration of thickening agents added to food/drinks to achieve required IDDSI level are now recorded</p>

	<p>by care staff detailing name of thickening agent, IDDSI level. This is completed using paper records as interim measure until computerised system has been implemented. Resident care plans have also been reviewed to reflect medicines which are added to food/drinks.</p>
<p><b>Area for improvement 4</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that prescribed medicines are stored securely including external preparations and thickening agents.  Ref: 5.2.2</p>
<p><b>To be completed by:</b> Immediate and ongoing (20 June 2024)</p>	<p><b>Response by registered person detailing the actions taken:</b> Prescribed medicines including external preparations and thickening agents are securely stored within treatment room or by choice within individual resident's locked cupboard</p>

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



The **Regulation** and  
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