

# Inspection Report

6 August 2024



## Carrickfergus Manor

Type of service: Nursing Home  
Address: 76 Dunluskin Gardens, Prince Andrew Way,  
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Telephone number: 028 9336 9780

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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> Kathryn Homes  <b>Responsible Individual:</b> Mrs Tracey Anderson	<b>Registered Manager</b> Ms Ildiko Tokes  <b>Date registered:</b> 2 February 2024
<b>Person in charge at the time of inspection:</b> Ms Ildiko Tokes, Manager	<b>Number of registered places:</b> 47
<b>Categories of care:</b> Nursing Home (NH): I – old age not falling within any other category PH – physical disability other than sensory impairment PH(E) - physical disability other than sensory impairment – over 65 years	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 46
<b>Brief description of the accommodation/how the service operates:</b> Carrickfergus Manor is a registered nursing home which provides nursing care for up to 47 patients. Patients' bedrooms, communal lounges and dining rooms are located within two units on the first floor of the home and patients can access an enclosed garden area from the ground floor.  There is a separately registered residential care home on the ground floor of the home; the registered manager manages both services.	

## 2.0 Inspection summary

An unannounced inspection took place on 6 August 2024, from 10.20am to 2.45pm. This was completed by a pharmacist inspector 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.

The inspection also assessed progress with the areas for improvement identified at the last medicines management inspection. The areas for improvement identified at the last care inspection have been carried forward for review at the next care inspection.

The outcome of this inspection concluded that improvements in some areas for the management of medicines were necessary. Areas for improvement are detailed in the quality improvement plan and include the management of insulin and the maintenance of medicine administration records.

The area for improvement identified at the last medicines management inspection in relation to the cold storage of medicines was assessed as not met and has been stated for a second time.

Following the inspection, the findings were discussed with the Senior Pharmacist Inspector in RQIA and with Mrs Tracey Anderson, Responsible Individual. RQIA decided that a period of time would be given to implement the necessary improvements. A follow up inspection will be undertaken to determine if the necessary improvements have been implemented and sustained. Failure to implement and sustain the improvements may lead to enforcement.

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 they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. The inspection was completed by examining a sample of medicine related records, the storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. Discussions were held with staff and management about how they plan, deliver and monitor the management of medicines.

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

The inspector met with care staff, nursing staff and the manager. Staff interactions with patients were warm, friendly and supportive.

Staff expressed satisfaction with how the home was managed. They said there was good teamwork and any concerns could be escalated to the manager.

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 16 May 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 13 (4) <b>Stated:</b> First time	The registered person shall ensure that personal medication records are fully and accurately completed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement was assessed as met. See Section 5.2.1	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13(4) <b>Stated:</b> First time	The registered person shall ensure that robust arrangements are in place for the cold storage of medicines.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Robust arrangements were not in place for the cold storage of medicines. See Section 5.2.2	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> First time	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk of infection. This area for improvement relates to the following: <ul style="list-style-type: none"> <li>• Donning and doffing of personal protective equipment</li> <li>• Appropriate use of personal protective equipment</li> <li>• Staff use and knowledge regarding hand hygiene</li> </ul>	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

<b>Action required to ensure compliance with the 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> Second time	The registered person shall ensure that the care records are consistently updated. This is stated in reference but not limited to mobility and wound care records.	<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 12 <b>Stated:</b> First time	The registered person shall ensure that patients are supervised as per their speech and language recommendations when eating and drinking.	<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 3</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time	The registered person shall ensure for those patients who require their fluids to be monitored, the daily records of care evidence clear oversight of the daily fluid intake and any actions taken if a deficit is identified	<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 4</b> <b>Ref:</b> Standard 46 <b>Stated:</b> First time	The registered person shall ensure that the infection prevention and control issues identified are addressed. This is stated in reference but not limited to the cleaning of manual handling equipment between use, cleaning of patient equipment and storage of items in the en-suites.	<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 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 state that they were accurate.

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 to the patient. This was discussed with the manager who provided assurances that the medicine files would be reviewed to ensure obsolete records were suitably archived.

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

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; and care plans directing the use of these medicines were in place. Staff knew how to recognise a change in a patient's behaviour and were aware that this change may be associated with pain. Records included the reason for and outcome of each administration, however, an inconsistent approach to where this information was recorded was observed. Some records had been completed in the daily progress notes whilst others had been recorded on supplementary administration records.

The manager was advised to consult the homes policy and procedure and ensure staff adopt a consistent approach to recording in order to facilitate a clear audit trail.

The management of pain was discussed. Staff 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. A speech and language assessment report and care plan were in place. Records of prescribing and administration which included the recommended consistency level were maintained.

Some patients cannot take food and medicines orally; it may be necessary to administer food and medicines via an enteral feeding tube. The management of medicines and nutrition via the enteral route was examined. An up to date regimen detailing the prescribed nutritional supplement and recommended fluid intake was in place. Records of administration of the nutritional supplement and water were maintained. Staff on duty advised that they had received training and felt confident to manage medicines and nutrition via the enteral route. Records of the training were available for inspection.

The management of insulin was reviewed. The date of opening should be recorded on in-use insulin pen devices in order to facilitate audit and disposal upon expiry. The date of opening recorded was not legible and some opening dates had been scored out and re-written; it was therefore not possible to accurately audit the administration of these insulin pens. One discrepancy in the administration of insulin was highlighted to the manager on the day of the inspection for immediate review and investigation. An incident report detailing the findings of the investigation and actions put in place to prevent a recurrence was submitted to RQIA on 9 August 2024. An area for improvement in relation to the management of insulin was identified.

### **5.2.2 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.

The records inspected 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 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. Temperatures of medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately.

However, the temperature of the medicines refrigerator in the Loughview treatment room was observed to be consistently outside of the required range of 2-8° C. This had not been escalated to management for remedial action. Medicines must be stored as directed by the manufacturer to ensure efficacy and stability. The area for improvement in relation to the cold storage of medicines has been assessed as not met and is stated for a second time.

Satisfactory arrangements were in place for the safe disposal of medicines.

### **5.2.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?**

It is important to have a clear record of which medicines have been administered to patients to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed. The majority of the records were found to have been fully and accurately completed. However, a total of six missed signatures were observed in the administration of two antibiotic medicines. Additionally, some medicines had been signed as administered on the incorrect date. It was observed that the administration of insulin for one patient had been signed retrospectively and not at the time of administration. An area for improvement in relation to the completion of the medicine administration records was identified.

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 largely satisfactory arrangements in place for the management of controlled drugs. One identified discrepancy in the stock balance of a Schedule 4 Part (1) controlled drug was highlighted to the manager for review and investigation. An incident report detailing the outcome of the investigation was submitted to RQIA on 9 August 2024.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out. The audits completed at the inspection indicated the large majority of medicines were administered as prescribed. However, as discussed above, deficits were identified in relation to the cold storage of medicines, management of insulin and maintenance of medicine administration records. The manager agreed that the findings of this inspection would be shared with staff who have responsibility for managing medicines, and that the audit process for medicines would be reviewed and improved. A medicines management audit tool which is available on RQIA's website was shared with the manager for consideration.

### **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 and there was evidence that 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. 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.

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

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

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. However, the findings of this inspection indicate that the training had not been successfully embedded into practice and that staff were not always following the home's policy and procedures. The manager provided assurances that the findings of this inspection would be shared with all staff with responsibility for medicines management in order to drive 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 the Care Standards for Nursing Homes, December 2022.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3*	5*

\* The total number of areas for improvement includes one that has been stated for a second time and five which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Ildiko Tokes, 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>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13(4)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> From the date of inspection (6 August 2024)</p>	<p>The registered person shall ensure that robust arrangements are in place for the cold storage of medicines.</p> <p>Ref: 5.1 &amp; 5.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> New fridge thermometers provided for each fridge. All nurses instructed to report immediately if temperatures are out of range. General supervision issued, 1-1 Reflective Practice done with each nurse Medication competencies re done with each nurse</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection (6 August 2024)</p>	<p>The registered person shall ensure robust arrangements for the management of insulin are in place.</p> <p>Ref: 5.2.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> New signing Insulin sheets were put in place Explained the importance of opening date and time on insulin pen and also to be open just one pen at the time General supervision issued, 1-1 Reflective Practice done with each nurse Medication competencies re done with each nurse Diabetes training arranged with Northern Trust on 23/10/2024 - this is mandatory for all nurses</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b></p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> <li>• Donning and doffing of personal protective equipment</li> <li>• Appropriate use of personal protective equipment</li> <li>• Staff use and knowledge regarding hand hygiene</li> </ul>

<p>From the date of inspection (16 May 2024)</p>	<p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref: 5.1</p>
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<b>Action required to ensure compliance with Care Standards for Nursing Homes, December 2022</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 31  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of inspection (6 August 2024)	The registered person shall ensure that medicine administration records are fully and accurately completed.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> Discussed with all nurses re importance of documentation completed accurately and in a timely manner . Spot checks in place during the day by management General supervision issued, 1-1 Reflective Practice done with each nurse Medication competencies re done with each nurse
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> Second time  <b>To be completed by:</b> 31 August 2024	The registered person shall ensure that the care records are consistently updated. This is stated in reference but not limited to mobility and wound care records.
	<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>  Ref: 5.1
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required (16 May 2024)	The registered person shall ensure that patients are supervised as per their speech and language recommendations when eating and drinking.
	<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>  Ref: 5.1
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b> 30 June 2024	The registered person shall ensure for those patients who require their fluids to be monitored, the daily records of care evidence clear oversight of the daily fluid intake and any actions taken if a deficit is identified
	<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>  Ref: 5.1

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2024</p>	<p>The registered person shall ensure that the infection prevention and control issues identified are addressed. This is stated in reference but not limited to the cleaning of manual handling equipment between use, cleaning of patient equipment and storage of items in the en-suites.</p>
	<p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref: 5.1</p>

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