



The Regulation and
Quality Improvement
Authority

Inspection Report

Name of Service: The Peninsula Care Home
Provider: Dunluce Healthcare Newtownards Ltd
Date of Inspection: 6 February 2025

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

1.0 Service information

Organisation:	Dunluce Healthcare Newtownards Ltd
Responsible Individual:	Mr Ryan Smith
Registered Manager:	Mrs Claire Frances Hughes, not registered
Service Profile:	
<p>The Peninsula Care Home is a nursing home which is registered to provide nursing care for up to 40 patients. The home is divided into two suites: the Willow suite which provides care for up to 20 patients living with dementia and the Starling suite which provides general nursing care for up to 20 patients under and over 65 years of age.</p> <p>Patients' bedrooms are located on the ground floor. Patients also have access to communal lounges and dining areas within each suite and a centralised garden area with access to seating.</p> <p>There is a separate registered residential care home which occupies the same building; this service is managed by a different registered manager.</p>	

2.0 Inspection summary

An unannounced inspection took place on 6 February 2025, from 10:30am to 5.20pm. The inspection was completed by a pharmacist inspector and focused on medicines management within the home.

The 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.

The outcome of this inspection indicated that robust arrangements were not in place for some aspects of medicines management. Areas for improvement were identified in relation the standard of maintenance of the personal medication records and medication administration records, and the management of insulin, red list medicines and thickening agents.

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

After the inspection, the findings were discussed with the senior pharmacist inspector in RQIA and with Mr Ryan Smith, Responsible Individual. It was decided that the home would be given a period of time 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.

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).

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 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 and medicines were administered in accordance with individual patient preference. Staff also said that they prioritised patients who required pain relief and time-critical medicines during each medicine round.

No questionnaires or responses to the staff survey were received 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.

Some personal medication records (including those for recently admitted patients, Section 3.3.4) were not up to date with the most recent prescription. This could result in medicines being administered incorrectly or the wrong information being provided to another healthcare professional. It was evident that staff did not use these records as part of the administration of medicines process. An area for improvement was identified.

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 and pain 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.

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

The management of thickening agents was reviewed. Speech and language assessment reports and care plans were in place. Records of prescribing and administration which included the recommended consistency level were maintained by nursing staff. However, records of administration were not maintained by care assistants.

An area for improvement was identified. In addition, although the correct consistency level was being administered, one personal medication record and administration record was not up to date with the most recent recommended consistency level. This was discussed with the manager for immediate action and ongoing vigilance.

The management of insulin was reviewed. Care plans were in place when patients required insulin to manage their diabetes. However, for one identified patient the personal medication record and care plan did not specify the prescribed dose. An area for improvement was identified.

The management of 'red list' medicines was reviewed. Prescribing and administration records were maintained, however care plans were not in place and staff were not aware where red list medications were ordered and supplied from or if additional monitoring was required. An area for improvement was identified.

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 area was observed to be securely locked to prevent any unauthorised access. It was 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. A small number of gaps identified on the medicine refrigerator temperature log were discussed with the manager for ongoing monitoring.

Nurses were also reminded that when a medicine is discontinued it should be removed from the medicine trolley, overstock cupboards and refrigerator to ensure that it is not administered in error.

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

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. Records were filed once completed and were readily retrievable for audit/review.

However, a significant number of pre-printed medicine administration records generated by staff in the home did not include the quantity of medication received into the home and had not been checked and signed by two staff members to verify that they were accurate. See also Section 3.3.4. 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 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.

Management and staff audited the management and administration of medicines on a regular basis within the home. The manager had completed a thorough audit recently and identified issues, including some of those identified at the inspection. There was evidence that the findings of the audit had been discussed with staff and an action plan developed. In addition, further training had been requested from the community pharmacy. The community pharmacist was also requested to complete a supplementary advisory visit. It was agreed that the manager would continue the increased level of audit activity until improvements had been implemented and sustained.

The audits completed at the inspection indicated that the majority of medicines were administered as prescribed. The date of opening was recorded on the majority of medicines to facilitate audit and disposal at expiry. A small number of medicines did not have the date of opening recorded this was discussed with the manager for on-going monitoring.

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.

Records reviewed indicated that staff had obtained written confirmation of prescribed medications at or prior to admission. However, for one newly admitted patient, the personal medication record was not up to date with the most recent prescribed medication and it did not include the patient's allergy status. The pre-printed medication administration record had not been verified by two members of staff to ensure accuracy. See Section 3.3.1 and 3.3.3. A discrepancy noted during a medication audit was highlighted to the manager for investigation and reporting, an incident report detailing the action taken to prevent a recurrence was received on 21 February 2025.

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 majority of medicines were being administered as prescribed. However, audit discrepancies were observed in the administration of a small number of medicines, including the error identified in Section 3.3.4. The audit findings were discussed in detail with the nurses on duty and the manager for on-going monitoring.

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.

As detailed in Section 3.3.3, due to the findings of the recent audit, the manager had requested training from the community pharmacy. It was agreed that the findings of this inspection would be discussed with staff to facilitate the necessary improvements.

4.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	13*	8*

* the total number of areas for improvement includes 16 which were carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Claire Hughes, Manager, and others from senior management team as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (6 February 2025)</p>	<p>The registered person shall ensure personal medication records are accurate and up to date.</p> <p>Ref: 3.3.1 & 3.3.4</p> <p>Response by registered person detailing the actions taken: All medication records have been reviewed internally and updated where appropriate. Revised protocols were initiated following this inspection to align medication audits more robustly within the Home Manager's bi-monthly audit procedures.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (6 February 2025)</p>	<p>The registered person shall ensure that records of prescribing and administration of thickening agents are accurately maintained by care assistants and include the recommended consistency level.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: All prescription records have been reviewed and the Recommendations for Eating Drinking and Swallowing (REDS) and IDDSI levels are clearly identified thereon. Care assistants are made aware of all IDDSI and REDS recommendations within the revised Meal Times Matters Safety Pause Audit protocols. The Safety Pause is done in a quiet environment before meal time.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (6 February 2025)</p>	<p>The registered person shall review the management of insulin to ensure that personal medication records and care plans are up to date and include sufficient detail to direct care.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: All medication records for patients on insulin have been reviewed and updated accordingly. All care plans have been revised and care evaluations are cyclic and will be reviewed monthly. All details within the person's care plan is reflective of a person-centred ethos and are individualistic in their approach to medications as part of the overall care delivery.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (4)</p>	<p>The registered person shall review the management of 'red list' medications to ensure care plans are in place with sufficient detail to direct care. This should include details of monitoring, ordering and supply.</p>

<p>Stated: First time</p> <p>To be completed by: With immediate effect (6 February 2025)</p>	<p>Ref: 3.3.1</p> <hr/> <p>Response by registered person detailing the actions taken: These have been fully reviewed and amended accordingly. Full details are provided with respect to the ordering, supply and monitoring of these medications within the individual's care planning approach and family members have also been involved directly in the decision-making process.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (6 February 2025)</p>	<p>The registered person shall ensure medication administration records generated in the home are checked and signed by two trained members of staff to verify that they are accurate.</p> <p>Ref: 3.3.3 & 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: A full review has been completed and all medication administration records generated within the home from the electronic care records now require two signatures for verification purposes. These records are also subject to monitoring and review as part of the bi-monthly medication audit protocols.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 20(1)(a)</p> <p>Stated: Second time</p> <p>To be completed by: 31 December 2024</p>	<p>The registered person shall review the provision, deployment and skill mix of staff on duty to ensure that the needs of the patients are met in a timely manner.</p> <hr/> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 2.0</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 17 September 2024</p>	<p>The registered person shall ensure that staff manage falls in keeping with best practice and the homes' own policies and procedures.</p> <hr/> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 2.0</p>
<p>Area for improvement 8</p> <p>Ref: Regulation 13 (1) (b)</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that patients who are identified as being at risk of choking are appropriately supervised at mealtimes in keeping with their assessed needs and plan of care.</p>

<p>To be completed by: With immediate effect (5 December 2024)</p>	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 2.0</p>
<p>Area for improvement 9</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect (5 December 2024)</p>	<p>The registered person shall ensure detailed and person centred care plans are in place for all patients.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 2.0</p>
<p>Area for improvement 10</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect (5 December 2024)</p>	<p>The registered person shall ensure that all areas of the home to which patients have access are free from hazards to their safety.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 2.0</p>
<p>Area for improvement 11</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect (5 December 2024)</p>	<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>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 2.0</p>
<p>Area for improvement 12</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: Second time</p> <p>To be completed by: 31 December 2024</p>	<p>The registered person shall ensure that there is a robust system of governance in place, that it is effective and proactive in identifying shortfalls and driving improvements through clear action planning.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>

	Ref: 2.0
Area for improvement 13 Ref: Regulation 13 (1) (a)(b) Stated: First time To be completed by: 31 December 2024	<p>The registered person shall review the morning routines in the home to make sure that patients are washed and dressed at their preferred times and, where possible, patients receive their meals at scheduled mealtimes.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 2.0</p>

Action required to ensure compliance with the Care Standards for Nursing Homes, December 2022	
Area for improvement 1 Ref: Standard 12 Stated: Second time To be completed by: With immediate effect (5 December 2024)	The registered person shall ensure that nursing staff evaluate care in a meaningful manner that is person centred.
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> Ref: 2.0
Area for improvement 2 Ref: Standard 39 Stated: First time To be completed by: With immediate effect (5 December 2024)	The registered person shall ensure that meaningful inductions are conducted with new employees; especially those who have never worked in the care environment before.
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> Ref: 2.0
Area for improvement 3 Ref: Standard 12 Stated: First time To be completed by: With immediate effect (5 December 2024)	The registered person shall ensure that patients are encouraged and assisted with their meals in a timely manner.
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> Ref: 2.0
Area for improvement 4 Ref: Standard 12 Stated: First time To be completed by: With immediate effect (5 December 2024)	The registered person shall ensure that when a patient's nutritional requirements change, all care records relating to the patient are consistently updated to reflect the change.
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> Ref: 2.0

<p>Area for improvement 5</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (5 December 2024)</p>	<p>The registered person shall ensure that care records accurately reflect when oral care is provided.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 2.0</p>
<p>Area for improvement 6</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (5 December 2024)</p>	<p>The registered person shall ensure that patients' pressure mattress settings are maintained in accordance with the patients' weights.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 2.0</p>
<p>Area for improvement 7</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (5 December 2024)</p>	<p>The registered person shall ensure that care plans are in place to direct staff in the management of the wound.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 2.0</p>
<p>Area for improvement 8</p> <p>Ref: Standard 22</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (5 December 2024)</p>	<p>The registered person shall ensure that patients' who remain in their bedrooms have access to call bells to summon staff when they need assistance.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 2.0</p>

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