

Inspection Report

5 October 2022



Loughshore 1

Type of service: Residential Care Home
Address: 646 Shore Road, Newtownabbey, BT37 0PR
Telephone number: 028 9085 5888

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Amore (Watton) Ltd Responsible Individual: Miss Sara Elizabeth Perez (Acting)	Registered Manager: Mrs Charlene Reid (Acting)
Person in charge at the time of inspection: Mrs Charlene Reid	Number of registered places: 15
Categories of care: Residential Care (RC) LD – learning disability LD(E) – learning disability – over 65 years	Number of residents accommodated in the residential care home on the day of this inspection: 13
Brief description of the accommodation/how the service operates: This home is a registered residential care home which provides health and social care for up to 15 residents.	

2.0 Inspection summary

An unannounced inspection took place on 5 October 2022 from 10.30am to 1.45pm. The inspection 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 areas for improvement identified at the last care inspection were 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. Medicine related records were not completed to a satisfactory standard. Medicines storage areas and receptacles used to administer medicines were not compliant with infection prevention and control measures. The audit system used to ensure the safe management of medicines was not robust and capable of identifying medicine related incidents. Areas for improvement are detailed in the quality improvement plan.

Following the inspection the findings were discussed with Mrs Tracey Henry, regional manager. Due to the action already taken following the inspection and assurances provided by the manager and regional manager, 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 residents and 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. The inspector spoke to staff and management about how they plan, deliver and monitor the management of medicines in Loughshore 1.

4.0 What people told us about the service

The inspector met with senior care staff, the deputy manager and the manager. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

Staff interactions with residents were warm, friendly and supportive. It was evident that they knew the residents well.

Staff expressed satisfaction with how the home was managed and the teamwork amongst staff. They said that they had the appropriate training to look after residents and meet their needs.

Feedback methods included a staff poster and paper questionnaires which were provided to the manager for any resident 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 7 June 2022		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2021)		Validation of compliance
Area for improvement 1 Ref: Standard 29.1 Stated: Second time	The registered person shall ensure the fire risk assessment is reviewed annually in accordance with current legislation and guidance, and ensure that the level of risk is maintained at a tolerable level. This includes ensuring that required actions are completed within the stipulated timeframes.	Carried forward to the next inspection
	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.	
Area for improvement 2 Ref: Standard 27 Stated: First time	The registered person shall ensure that the areas identified at this inspection in regard to the homes' environment are addressed.	Carried forward to the next inspection
	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.	
Area for improvement 3 Ref: Standard 25.1 Stated: First time	Weekend staffing arrangements will be reviewed to ensure that at all times the staff on duty meets the assessed care, social and recreational needs of residents, taking into account the size and layout of the home, the statement of purpose and fire safety requirements.	Carried forward to the next inspection
	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.	

Area for improvement 4 Ref: Standard 28.3 Stated: First time	Management will undertake a review with staff to ensure and promote a safe and healthy working environment and culture in the home. 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.	Carried forward to the next inspection
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5.2 Inspection findings

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

Residents in care homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times the residents' 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.

Residents in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each resident. 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 of the personal medication records reviewed were not up to date with the most recent prescription and some were inaccurate. An antibiotic medicine prescribed to be administered three times daily had been recorded to be administered twice daily. Other antibiotic medicines had not been recorded as discontinued on the personal medication records when the course had been completed. This could result in medicines being administered incorrectly or the wrong information being provided to another healthcare professional. 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 resident. An area for improvement was identified.

Residents 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 resident's distress and if the prescribed medicine is effective for the resident.

The management of medicines prescribed on a "when required" basis for the management of 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.

However, the reason for and outcome of each administration was not consistently recorded. An area for improvement was identified.

The management of pain was discussed. Staff advised that they were familiar with how each resident expressed their pain and that pain relief was administered when required. Care plans were in place and reviewed regularly.

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 resident'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 the majority of medicines were available for administration when residents required them. However, it was identified that one medicine had been out of stock for a period of 24 days which had resulted in missed doses. Senior care staff had not escalated this to management and action had not been taken in a timely manner to ensure a continuous supply of the resident's prescribed medicine. An incident report detailing the actions taken and measures implemented to prevent a recurrence was submitted to RQIA on 5 October 2022. Residents must have a continuous supply of their prescribed medicines as missed doses or late administrations can impact upon their health or well-being. An area for improvement was identified.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. However, trolleys used to store residents' medicines required cleaning to ensure compliance with infection prevention and control (IPC). There was evidence that the single-use medicine cups used to administer medicines were being washed and re-used. Spacer devices used to aid the administration of inhaled medicines required cleaning. An area for improvement was identified.

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 residents to ensure that they are receiving the correct prescribed treatment.

Within the home, a record of the administration of medicines is completed on pre-printed medicine administration records (MARs) or occasionally handwritten MARs. A sample of these records was reviewed. The records reviewed were not completed to a satisfactory standard. Handwritten MARs had not been checked and signed by a second staff member to confirm that they were accurate. Inaccuracies were observed in the recording of the administration of an antibiotic medicine and the high risk medicine clozapine. Running stock balances of medicines were recorded on the MARs; however some of the balances did not reflect the actual stock and were incorrect.

Complete and accurate records of the administration of medicines is necessary to evidence that residents are being administered their medicines as prescribed. 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 were recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs.

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. One antibiotic medicine had been administered twice daily instead of the prescribed directions of three times daily. Further discrepancies were identified in the administration of antidepressant and analgesic medicines. The date of opening was not recorded on limited shelf-life eye drop preparations and it could therefore not be determined when these expired.

Whilst daily running stock balances were in place for all medicines to monitor administration, it was noted that when discrepancies were identified by care staff, corrective action had not been taken and it had not been escalated to the manager. The need for a robust audit system which covers all aspects of medicines is necessary to ensure that safe systems are in place and any learning from errors/incidents can be actioned and shared with relevant staff. An area for improvement was identified.

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.

The management of medicines for one resident who had a recent hospital stay and was discharged back to this home was reviewed. A hospital discharge letter had been received and a copy had been forwarded to the resident's GP. The resident's personal medication record had been updated to reflect medication changes which had been initiated during the hospital stay. Medicines had been accurately received into the home and administered in accordance with the most recent directions.

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.

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 learning shared with staff in order to prevent a recurrence.

As stated in Section 5.2.3, the auditing system is not robust and hence incidents may not be identified. The need for a robust audit system which covers all aspects of medicines is necessary to ensure that safe systems are in place and any learning from errors/incidents can be actioned and shared with relevant staff.

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

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. Given the findings of the inspection, assurances were provided by the regional manager that all staff involved in the management of medicines would have updated competency assessments completed and the findings of the inspection shared with staff to ensure deficits are addressed.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes Minimum Standards 2021.

	Regulations	Standards
Total number of Areas for Improvement	2	8*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Charlene Reid, Manager, as part of the inspection process. Feedback was also provided via telephone to Mrs Tracey Henry, Regional Manager. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Home Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: From the date of inspection (5 October 2022)	The registered person shall ensure all residents have a continuous supply of their prescribed medicines Ref: 5.2.2
	Response by registered person detailing the actions taken: A review of stock is carried out weekly and medications out of the monthly cycle have been reviewed alongside the GP to bring into "sync" alongside monthly order. A meeting has been held with the Senior Residential Team following inspection to re-iterate the follow up process and responsibilities. A weekly Quality Medication Audit is being completed by the Home Manager and Deputy to ensure systems are embedded. .
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: From the date of inspection (5 October 2022)	The registered person shall implement a robust audit system which covers all aspects of the management of medicines. Any shortfalls identified should be detailed in an action plan and addressed. Ref: 5.2.3 & 5.2.5
	Response by registered person detailing the actions taken: The Quality Medication Audit has been revised to cover the actions highlighted within the Pharmacy Inspection Audit . This is bespoke to the Service and for the interim period completed weekly by the Senior Management. An action plan with a timeframe of rectifying shortfalls is in place and under weekly review and monitoring.
Action required to ensure compliance with Residential Care Homes Minimum Standards (August 2021)	
Area for improvement 1 Ref: Standard 29.1 Stated: Second time To be completed by: With immediate effect	The registered person shall ensure the fire risk assessment is reviewed annually in accordance with current legislation and guidance, and ensure that the level of risk is maintained at a tolerable level. This includes ensuring that required actions are completed within the stipulated timeframes.
	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>Area for improvement 2</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2021</p>	<p>The registered person shall ensure that the areas identified at this inspection in regard to the homes' environment are addressed.</p> <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>Area for improvement 3</p> <p>Ref: Standard 25.1</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection (7 June 2022)</p>	<p>Weekend staffing arrangements will be reviewed to ensure that at all times the staff on duty meets the assessed care, social and recreational needs of residents, taking into account the size and layout of the home, the statement of purpose and fire safety requirements.</p> <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>Area for improvement 4</p> <p>Ref: Standard 28.3</p> <p>Stated: First time</p> <p>To be completed by: 7 October 2022</p>	<p>Management will undertake a review with staff to ensure and promote a safe and healthy working environment and culture in the home.</p> <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>Area for improvement 5</p> <p>Ref: Standard 31</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection (5 October 2022)</p>	<p>The registered person shall ensure personal medication records are fully and accurately completed. Obsolete personal medication records must be suitably archived.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: A full internal medication audit and review has been carried out of all of the medication records following the Pharmacy Inspection. This will continue to be monitored through the Quality Medication Audit and also the Regulation 29 visits.</p> <p>Gaps and inconsistency in recording have been addressed with the Senior Residential Staff as part of the meeting held at site as shared learning and review of the medication process.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 31</p> <p>Stated: First time</p>	<p>The registered person shall review the management of distressed reactions to ensure that the reason for and outcome of each administration is recorded.</p> <p>Ref: 5.2.1</p>

To be completed by: From the date of inspection (5 October 2022)	Response by registered person detailing the actions taken: The distress reactions have been reviewed and the Senior Residential Team advised of the importance of recording of outcomes. This will be audited through the internal Medication Quality Audit.
Area for improvement 7 Ref: Standard 32 Stated: First time	The registered person shall ensure that medicine storage areas and receptacles used to administer medicines are compliant with infection prevention and control (IPC) measures. Ref: 5.2.2
To be completed by: From the date of inspection (5 October 2022)	Response by registered person detailing the actions taken: The area chamber at the time of inspection has been replaced and going forward retained in a sealed bag with identifying label. A new medication trolley has been ordered to replace the current as despite cleaning has rust present. New cupboards have been placed in ground floor treatment room and the medications for each floor now retained separately in each treatment room. A cleaning schedule is in place for the cleaning of the treatment rooms and to be reviewed as part of the internal medication audit and Regulation 29 visit. Infection control procedures has been re- addressed within the Team Meeting.
Area for improvement 8 Ref: Standard 31 Stated: First time To be completed by: From the date of inspection (5 October 2022)	The registered person shall ensure fully complete and accurate records of the administration of medicines are maintained. Ref: 5.2.3 Response by registered person detailing the actions taken: All residential staff involved in the Safe Administration and Management of Medications to review medication competencies and process as identified following Pharmacy Inspection. This will continue to be reviewed as part of the internal quality Medication Audit and within action plan.

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



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