

Inspection Report

7 March 2023



Loughshore 1

Type of service: Residential

Address: 646 Shore Road, Newtownabbey, BT37 0PR

Telephone number: 028 9085 5888

www.rqia.org.uk

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 - not registered	Registered Manager: Mrs Charlene Reid – not registered
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: 14
Brief description of the accommodation/how the service operates: Loughshore 1 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 7 March 2023, from 10:30am to 3.15pm. 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.

At the last medicines management inspection on 5 October 2022 robust arrangements were not in place for the management of medicines. Areas for improvement were identified in relation to: out of stock medicines, medicine audits, the maintenance of medicine related records, the management of medicines for distressed reactions and infection prevention and control measures.

Following the inspection, the findings were discussed with the senior pharmacist inspector in RQIA and with Mrs Tracey Henry, regional manager. It was decided that the home would be given a period of time to implement the necessary improvements and that this follow up inspection would be carried out to ensure that the improvements had been implemented and sustained.

The outcome of this inspection evidenced that improvements had been made in relation to the standard of maintenance of personal medication records and medicine administration records. Residents had stock of their prescribed medicines and the medicine storage areas were compliant with infection prevention and control measures.

Safe arrangements were in place for medicines prescribed for the management of distressed reactions. The area for improvement in relation to medicines audit has been partially met and is stated for a second time. The management team provided assurances that they would continue to monitor all aspects of the management of medicines to ensure that these improvements were sustained.

The areas for improvement identified at the last care inspection have been carried forward for review at the next care inspection.

RQIA would like to thank the management 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 the home.

4.0 What people told us about the service

The inspector spoke to two residents during the inspection. Residents spoke positively regarding their experience of living in Loughshore 1. They stated staff were supportive and approachable.

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

The inspector also met with senior care staff, the deputy manager, the manager and the regional manager.

Staff expressed satisfaction with how the home was managed and spoke positively about the training and support received following the last medicines management inspection.

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 5 October 2022		
Action required to ensure compliance with The Residential Care Home Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure all residents have a continuous supply of their prescribed medicines	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met. See Section 5.2.1	
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time	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.	Partially met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as partially met. See Section 5.2.1	
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.	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 5 Ref: Standard 31 Stated: First time	The registered person shall ensure personal medication records are fully and accurately completed. Obsolete personal medication records must be suitably archived.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met. See Section 5.2.2	

Area for improvement 6 Ref: Standard 31 Stated: First time	The registered person shall review the management of distressed reactions to ensure that the reason for and outcome of each administration is recorded.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met. See Section 5.2.3	
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.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met. See Section 5.2.4	
Area for improvement 8 Ref: Standard 31 Stated: First time	The registered person shall ensure fully complete and accurate records of the administration of medicines are maintained.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met. See Section 5.2.2	

5.2 Inspection findings

5.2.1 Medicines audits and governance

The records inspected showed that medicines were available for administration when residents required them. Staff advised that communication with the community pharmacy had improved since the last inspection and medicines were supplied in a timely manner.

The medicine audit process had been reviewed since the last inspection. Management and staff audited medicine administration on a regular basis within the home. Daily administration audits were completed and records of the audits were available for review. Running stock balances were recorded for all medicines.

It was identified that a small number of running balances recorded were not reflective of the actual stock levels of some medicines, including one antibiotic. The date of opening was not consistently recorded on all medicines, therefore the administration of these medicines could not be accurately audited.

The audits completed at the inspection indicated that the majority of medicines were being administered as prescribed. One discrepancy involving gaps in the administration of the high risk medicine clozapine was highlighted to the management team on the day of the inspection for investigation. An incident report detailing the findings and learning shared with staff responsible for medicines management was submitted to RQIA on 8 March 2023.

Given the findings of this inspection, further improvement is required to ensure stock balances are accurate and reflective of current stock levels and that the date of opening is recorded on all medicines to facilitate audit. This area for improvement has been partially met and is stated for a second time.

5.2.2 Medicine related records

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.

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 state that they were accurate. Obsolete personal medication records had been suitably archived.

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. A record of the administration of medicines was completed on pre-printed medicine administration records (MARs) or on occasion, handwritten MARs. A sample of the MARs was reviewed. The records reviewed were largely complete and accurate. As stated above, one discrepancy involving clozapine was highlighted to the management team for review. The manager was reminded that all handwritten MARs should be checked and signed by a second member of staff to ensure accuracy. A new record archiving system had been implemented to ensure completed records were filed and readily retrievable for review.

5.2.3 Management of medicines for distressed reactions

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 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 for three residents. Directions for use were clearly recorded

on the personal medication records; and care plans directing the use of these medicines were in place.

5.2.4 Medicines storage

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. The downstairs medicine trolley used to store residents' medicines had been replaced since the last inspection; the replacement trolley was clean and resident's medicines were easily identifiable. The medicine storage areas were compliant with infection prevention control measures.

6.0 Quality Improvement Plan/Areas for Improvement

One area for improvement has been stated for a second time where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005.

	Regulations	Standards
Total number of Areas for Improvement	1*	4*

* The total number of areas for improvement includes one that has been stated for a second time and 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 Tracey Henry, Regional Manager and Mrs Charlene Reid, Manager, as part of the inspection process. The timescale for completion commences 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 2 Ref: Regulation 13 (4) Stated: Second time To be completed by: From the date of inspection (7 March 2023)	<p>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.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: A robust audit system that was developed bespoke to the Home continues to be in place which is carried out weekly. Any shortfalls will be detailed in the action plan for addressing.</p>
Action required to ensure compliance with the 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 (7 June 2022)	<p>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.</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>
Area for improvement 2 Ref: Standard 27 Stated: First time To be completed by: 30 September 2021	<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>
Area for improvement 3 Ref: Standard 25.1 Stated: First time To be completed by: From the date of inspection (7 June 2022)	<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>

Area for improvement 4 Ref: Standard 28.3 Stated: First time To be completed by: 7 October 2022	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.
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The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA