The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Oak Tree Manor Residential Home

Provider: Kathryn Homes Limited

Date of Inspection: 5 November 2024

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

1.0 Service information

Organisation:	Kathryn Homes Limited
Responsible Individual:	Mrs Tracey Anderson
Registered Manager:	Miss Veronica Sousa
Service Profile: Oak Tree Manor Residential Home is a residential care home registered to provide health and social care for up to 53 residents. The home is divided into three units (Rowan, Cedar and Seymour) over two floors. There is a nursing home which occupies the first floor. The manager is responsible for both services.	

2.0 Inspection summary

An unannounced inspection took place on 5 November 2024, from 10.20am to 4.20pm. This was completed by two pharmacist inspectors and focused on medicines management within the home.

The findings of the medicines management inspection on 7 May 2024 evidenced that safe systems were not in place for some aspects of medicines management. Areas for improvement were identified in relation to: the accurate maintenance of medication records, the secure storage of medicines, the management of controlled drugs, the management of distressed reactions and audit/governance. The management team were given a period of time to develop and implement their action plan to address the issues identified. This follow-up inspection was undertaken to evidence if the necessary improvements had been implemented and sustained.

RQIA acknowledged that some improvements had been made and that several areas of good practice were observed. Details of the inspection findings, including areas for improvement carried forward for review at the next inspection, areas for improvement stated for a second time and new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.0.

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

RQIA will continue to monitor and review the quality of service provided and will carry out a further inspection to assess compliance. Detailed feedback on the inspection findings was provided to the manager and responsible individual following the inspection. Assurances were provided that progress would be monitored through the Regulation 29 monitoring visits.

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 areas for improvement identified at previous inspections, registration information, and any other written or verbal information received from residents, 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 medicine related 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

RQIA did not receive any completed questionnaires or responses to the staff survey following the inspection.

Staff said that the team communicated well and the management team were readily available to discuss any issues and concerns should they arise.

3.3 Inspection findings

3.3.1 Medicine 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.

Although a second member of staff had checked and signed the personal medication records when they were written and updated, a number of discrepancies were highlighted to staff and the manager for immediate corrective action and on-going vigilance. Discrepancies could result

in medicines being administered incorrectly or the wrong information being provided to another healthcare professional. Personal medication records must be accurately maintained and reflect the prescriber's most recent instructions. An area for improvement was identified.

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. An area for improvement was identified.

A number of acute medicines, for example, antibiotics, and medicines received at the time of admission, had not been recorded as being received into the home. In order to provide a clear audit trail, all incoming medicines must be accurately receipted. An area for improvement identified at the last medicines management inspection was stated for a second time.

Mostly satisfactory arrangements were in place to manage medicines at the time of admission or for residents returning from hospital. Written confirmation of prescribed medicines was obtained at or prior to admission and details shared with the GP and community pharmacy. However, on one occasion staff had not followed up a discrepancy between the information received and the medicines received in a timely manner. As a result, one prescribed medicine had not been included on the personal medication record and had been omitted since admission. This was discussed with the manager who agreed to investigate and report the outcome to RQIA and the prescriber. A report was received by RQIA on 6 November 2024. An area for improvement was identified (see above).

A small number of medicine related care plans needed to be updated with recent changes and/or sufficient detail to direct the required care. This was highlighted to the manager who confirmed following the inspection that the necessary action had been taken.

The management of warfarin was reviewed. Warfarin is a high risk medicine which requires regular blood testing. The dose of warfarin prescribed depends on the blood test result. Although blood tests had been carried out at the identified times and warfarin had been administered as prescribed, a resident specific care plan was not in place and obsolete dosage schedules had not been cancelled/archived. When warfarin was placed temporarily 'on hold' by the prescriber, the relevant dates were not clearly recorded on medicine records, which may lead to an error. An area for improvement was identified.

Satisfactory arrangements were in place for the safe disposal of medicines. Staff were reminded that all medicines leaving the home, including those provided to residents at the time of discharge, must be recorded in the record of outgoing medicines to provide a clear audit trail.

3.3.2 Medicine storage

It is important that medicines 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 medicine storage areas were securely locked to prevent any unauthorised access. They were generally tidy and organised so that medicines belonging to each resident could be easily located. Temperatures of medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately. Satisfactory arrangements were in place for medicines requiring cold storage and the storage of controlled drugs.

A lock was damaged/broken on two of the three medicine trolleys in use. Staff stated that one had become damaged on the morning of the inspection; this was fixed during the inspection. A replacement lock was on order for the second trolley. Staff advised that the trolley was not being removed from the locked storage room in the interim.

3.3.3. Medicines administration

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

3.3.4 Controlled drugs

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. Two records of outgoing controlled drugs had not been completed in the controlled drug record book. The manager stated that one had been returned to the resident/family on discharge and the other to the pharmacy for disposal. The manager confirmed following the inspection that records had been reviewed and updated by two members of staff. It was agreed that the standard of maintenance of the controlled drug record book would be included in the home's audit process (see Section 3.3.6).

3.3.5 The management of distressed reactions

Residents will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care records 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 distressed reactions, was reviewed. Directions for use were clearly recorded. Staff knew how to recognise a change in a resident's behaviour and were aware that this change may be associated with pain and other factors. Although an administration record was in place these were not used consistently, records should include the reason for and outcome of each administration. A number of audits carried out could not be completed, as the date of opening of these medicines had not always been recorded or a running balance maintained. An area for improvement identified at the last medicines management inspection was stated for a second time.

3.3.6 Governance and audit

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. The audits were discussed in detail with staff and the manager for on-going vigilance.

Management and staff audited medicine administration on a regular basis within the home and action plans were in place. However, the audit system had not identified the areas for improvement highlighted during the inspection. In addition, the date of opening was not recorded on all medicines so that they could be easily audited. An area for improvement identified at the last medicines management inspection was stated for a second time.

The manager advised that staff had received feedback on the previous inspection. It was agreed that the findings of this inspection and the procedures in place for the management of medicines, would be discussed with staff to facilitate ongoing improvement. The manager was reminded that the QIP should be included within the audit process to ensure that the necessary improvements are implemented and sustained.

4.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	3*	7*

* the total number of areas for improvement includes three that have 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 Miss Veronica Sousa, Registered Manager, and Mrs Tracey Anderson, Responsible Individual, 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13(4) **Stated:** Second time **To be completed by:** Immediate and ongoing (5 November 2024)	The registered person shall ensure that all incoming medicines are accurately receipted. Ref: 3.3.1
	Response by registered person detailing the actions taken: Training session completed with all CTL on 07.12.24 and receiving of medications discussed and addressed with staff. HM/UM to include review of incoming medicines on a monthly audit and ensure same are received appropriately.
Area for improvement 2 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** Immediate and ongoing (5 November 2024)	The registered person shall ensure that personal medication records are accurately maintained and reflect the prescriber's most recent instructions. Ref: 3.3.1
	Response by registered person detailing the actions taken: Training session completed with all CTL on 07.12.24 and kardex and medication administration sheets discussed and addressed with staff. Same is monitored by HM and UM through monthly audits.
Area for improvement 3 **Ref:** Regulation 27(4) **Stated:** First time **To be completed by:** Immediate and ongoing (3 October 2024)	The registered person shall ensure that: • All stairwells in the home are free from obstruction. • Fire doors in the home are not wedged open.
	No obstructions were observed during the inspection and no fire door was observed to be wedged open however not all areas of the home were examined. **Action required to ensure compliance with this regulation was not fully reviewed as part of this inspection and this is carried forward to the next inspection.** Ref: 2.0

Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022)	
Area for improvement 1 **Ref:** Standard 10 **Stated:** Second time **To be completed by:** Immediate and ongoing (5 November 2024)	The registered person shall ensure that the reason for and the outcome of each administration are recorded on every occasion, for medicines prescribed for the management of distressed reactions on a 'when required' basis. Ref: 3.3.5
	Response by registered person detailing the actions taken: All PRN protocols reviewed and balance column added to monitor balance of PRN medications. Training session completed with all CTL on 07.12.24 and same addressed
Area for improvement 2 **Ref:** Standard 30 **Stated:** Second time **To be completed by:** Immediate and ongoing (5 November 2024)	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: 3.3.6
	Response by registered person detailing the actions taken: HM is completing audits weekly and generating an action plan accordingly.
Area for improvement 3 **Ref:** Standard 31 **Stated:** First time **To be completed by:** Immediate and ongoing (5 November 2024)	The registered person shall ensure that obsolete personal medication records are cancelled and archived promptly. Ref: 3.3.1
	Response by registered person detailing the actions taken: All old Kardexes removed from current medication folders and archived. Same is being audited as part of the weekly audit conducted by management. Also discussed at daily flash meetings
Area for improvement 4 **Ref:** Standard 30 **Stated:** First time **To be completed by:** Immediate and ongoing (5 November 2024)	The registered person shall ensure that the management of warfarin is reviewed to ensure that records are maintained appropriately. Ref: 3.3.1
	Response by registered person detailing the actions taken: INR results being obtained weekly and warfarin dose verified and documented by 2 staff members at all times.

Area for improvement 5 **Ref:** Standard 6.6 **Stated:** First time **To be completed by:** 1 November 2024	The registered person shall ensure that resident's care plans are kept up to date and reflects the resident's current needs. This is stated in relation to pressure area care.
	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. Ref: 2.0
Area for improvement 6 **Ref:** Standard 27.8 **Stated:** First time **To be completed by:** 1 January 2025	The registered person shall ensure that the premises, engineering services, plant and care equipment are kept safe and suitable. This is stated in relation to the zoning of the nurse call system in the home to reduce noise pollution to residents.
	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. Ref: 2.0
Area for improvement 7 **Ref:** Standard 27 **Stated:** First time **To be completed by:** 1 January 2025	The registered person shall ensure that the damaged area of flooring in the lower ground floor is repaired or replaced.
	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. Ref: 2.0

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

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel: 028 9536 1111

Email: info@rqia.org.uk

Web: www.rqia.org.uk

Twitter: @RQIANews