

Inspection Report

7 February 2023



Rose Court Residential Home

Type of service: Residential Care Home

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Kathryn Homes Ltd Responsible Individual: Mr Stuart Johnstone	Registered Manager: Mr Peter Bradley - not registered
Person in charge at the time of inspection: Mr Peter Bradley	Number of registered places: 82 This number includes a maximum of 60 residents in category RC-DE to be accommodated in the Maine and Slemish Suites, and a maximum of 22 residents in category RC-I to be accommodated in the Galgorm Suite.
Categories of care: Residential Care (RC) DE – dementia I – old age not falling within any other category	Number of residents accommodated in the residential care home on the day of this inspection: 75
Brief description of the accommodation/how the service operates: Rose Court Residential Home is a registered residential care home which provides health and social care for up to 82 residents. The home is divided into three suites over two floors. The Maine Suite is located on the ground floor, the Slemish and Galgorm Suites are located on the first floor. The Maine and the Slemish Suites provide care for residents living with dementia. There are a number of communal lounges and dining rooms throughout the home. Rose Court Nursing Home is located in the same building.	

2.0 Inspection summary

An unannounced inspection took place on 7 February 2023, from 10.30am to 4.00pm. This was completed by two pharmacist inspectors and focused on medicines management. 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 will be followed up at the next care inspection.

Review of medicines management found that medicines were stored safely and securely. Staff responsible for medicines management had received training and been deemed competent to manage medicines. A regular programme of medicines audit was in place. However, improvements in some aspects of medicines management are required. Areas for improvement are detailed in the quality improvement plan and include the management of medicines for distressed reactions, controlled drugs and new admissions. In addition, one area for improvement in relation to care plans was stated for a second time.

Whilst areas for improvement were identified, with the exception of a small number of medicines, the residents were being administered their medicines as prescribed.

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 inspectors spoke to staff and management about how they plan, deliver and monitor the management of medicines.

4.0 What people told us about the service

The inspectors met with senior care staff, the deputy manager and the manager. 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 stated the communication within the team was good. 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 15 th November 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: Second time	The registered person shall ensure residents' personal care and grooming needs are met and that any records maintained are accurate and up to date.	Carried forward to the next inspection
	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.	
Area for improvement 2 Ref: Regulation 13 (4) Stated: Second time	The registered person shall ensure that staff adhere to safe practice for the administration of medicines.	Met
	Action taken as confirmed during the inspection: Safe practices for the administration of medicines were observed.	
Area for improvement 3 Ref: Regulation 14 (2) (a) (c) Stated: Second time	The registered person shall ensure that all staff are made aware of their responsibility to recognise potential risks and hazards to resident and others and how to report, reduce or eliminate the hazard.	Carried forward to the next inspection
	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.	

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standard 6 Stated: First time	The registered person shall review the care plans relating to medicines management to ensure they are detailed and include the name of the medicine prescribed.	Not met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as not met. See Section 5.2.1	
Area for improvement 2 Ref: Standard 23.8 Stated: First time	The registered person shall ensure that the effectiveness of staff IPC and PPE training on practice and procedures is evaluated as part of quality improvement; and to ensure that training is embedded into practice.	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.	

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.

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. 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 resident. The manager gave an assurance that this would be rectified immediately following the inspection and the obsolete records removed from the medicines file.

All residents 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.

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 distressed reactions was reviewed for eight residents. Dosage directions were clearly recorded on the personal medication records; however, care plans directing the use of these medicines were not in place for all of the residents reviewed. 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.

The management of insulin was reviewed. Insulin was administered by the district nurse; records of prescribing and administration were available for review. A care plan was in place for one resident reviewed; however, the care plan lacked sufficient detail and did not include information that insulin was prescribed as part of the management of diabetes. The area for improvement in relation to care plans relating to medicines management has been stated for a second time.

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 medicines were available for administration when residents 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 resident could be easily located. Temperatures of medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately. Medicine refrigerators and controlled drugs cabinets were available for use as needed. Oxygen cylinders were available in the Slemish Suite. Appropriate oxygen signage was not displayed and staff said they had not received training in relation to oxygen treatment. The manager provided an assurance that these cylinders would be returned to the community pharmacy following the inspection.

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.

A sample of the medicines administration records (MARs) was reviewed. Most of the records were found to have been fully and accurately completed. A small number of discrepancies, including records relating to the administration of Schedule 4 (Part 1) controlled drugs (see below) were brought to the attention of the manager for ongoing close monitoring. The records were filed once completed and were readily available for audit/review.

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 which are subject to safe custody were accurately recorded in the controlled drug record books. Stock balances for controlled drugs in Schedule 4 (Part 1), such as diazepam and lorazepam, were carried forward each month. However, some of the recorded stock balances were not reflective of the actual stock levels and gaps were identified in the medicine administration records. Accurate and complete records of the administration of Schedule 4 (Part 1) controlled drugs is necessary to evidence residents are administered their medicines as prescribed and that there is accountability for stock levels. An area for improvement was identified.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out. The date of opening was recorded on all medicines so that they could be easily audited. This is good practice.

The audits completed at the inspection indicated that the majority of medicines were being administered as prescribed. A number of discrepancies (See Section 5.2.3 & 5.2.4) were highlighted to the manager for ongoing monitoring and review.

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 residents new to the home or returning from hospital was reviewed. Written confirmation of each resident's medicine regime was obtained at or prior to admission and details shared with the community pharmacy. However, discrepancies were identified in the administration of a number of medicines. Two medicines which had been discontinued during a recent hospital admission had been administered following discharge. One injectable medicine had not been administered for two doses as suitable arrangements had not been made with district nursing in a timely manner. It is important that medicines are administered as prescribed as wrong/missed doses can impact upon the health and wellbeing of the resident. The manager advised that the management of medicines for new admissions would be closely monitored through the audit process. An area for improvement was identified.

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 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 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. The manager said that further medicines management training with the community pharmacist was planned in the coming weeks. Medicines management policies and procedures were in place.

The manager advised that the findings of this inspection would be shared with all staff for ongoing improvement.

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 Home Regulations (Northern Ireland) 2005 and The Residential Care Homes Minimum Standards 2011.

	Regulations	Standards
Total number of Areas for Improvement	3*	4*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Peter Bradley, Manager, 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 Home Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: Second time To be completed by: From date of inspection (15 November 2022)	The registered person shall ensure residents' personal care and grooming needs are met and that any records maintained are accurate and up to date.
	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. Ref: 5.1
Area for improvement 2 Ref: Regulation 14 (2) (a) (c) Stated: Second time To be completed by: From date of inspection (15 November 2022)	The registered person shall ensure that all staff are made aware of their responsibility to recognise potential risks and hazards to resident and others and how to report, reduce or eliminate the hazard.
	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. Ref: 5.1
Area for improvement 3 Ref: Regulation 13 (4) Stated: First time To be completed by: From date of inspection (7 February 2023)	The registered person shall review the management of medicines for new admissions to ensure medicines are administered as prescribed. Ref: 5.2.4
	Response by registered person detailing the actions taken: Medication is discussed on pre-admission assessment. New residents being admitted to the Home medication list is cross checked with their GP and an updated list of all medication is requested for the Residents file and associated records.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 6 Stated: Second time To be completed by: 7 March 2023	The registered person shall review the care plans relating to medicines management to ensure they are detailed and include the name of the medicine prescribed. Ref: 5.1 & 5.2.1
	Response by registered person detailing the actions taken:

	Mental Health care plans are all reviewed and being revised by Home and Deputy Home Manager. Distressed reaction care plans have been reviewed and are being re-written to incorporate all PRN medications and associated usage. Any specific medication care plans that are required have been reviewed and are currently being implemented by Home and Deputy Manager. This includes but not limited to, anti-coagulant medication. Physical health care plans are being re-written to include any associated medications.
Area for improvement 2 Ref: Standard 23.8 Stated: First time To be completed by: From date of inspection (15 November 2022)	The registered person shall ensure that the effectiveness of staff IPC and PPE training on practice and procedures is evaluated as part of quality improvement; and to ensure that training is embedded into practice.
	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: 5.1
Area for improvement 3 Ref: Standard 18 Stated: First time To be completed by: From date of inspection (7 February 2023)	The registered person shall review the management of medicines prescribed for distressed reactions to ensure the reason for and outcome of each administration is recorded. Ref: 5.2.2
	Response by registered person detailing the actions taken: PRN protocols are implemented and in place. Care Team Leaders have attended training and staff meetings in relation to recording of distressed reactions. Associated medication use, the reason for use and all outcomes, are being recorded and ongoing audits performed by the Home and Deputy Manager to ensure compliance is achieved.
Area for improvement 4 Ref: Standard 31 Stated: First time To be completed by: From date of inspection (7 February 2023)	The registered person shall review the management of controlled drugs in Schedule 4 (Part 1) to ensure accurate records of administration are maintained and recorded stock balances are reflective of actual stock levels. Ref: 5.2.3
	Response by registered person detailing the actions taken: Controlled drugs which are a boxed medication, are now counted at beginning and end of all shifts. This is recorded in a red controlled drug book and is held in each Care Team Leader Work station. Stock is frequently reviewed and overstocked medications are returned to the pharmacy.

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