The Regulation and Quality Improvement Authority

Inspection Report

15 June 2021

Hillcrest Care Facility

Type of service: Residential Care Home
Address: 23, Old Mountfield Road, Omagh, BT79 7EL
Telephone number: 028 8225 1222

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

1.0 Service information

Organisation/Registered Provider: Knockmoyle Lodge **Responsible Individual:** Mrs Linda Florence Beckett	**Registered Manager:** Mr Caine McGoldrick, Acting Manager
Person in charge at the time of inspection: Mr Caine McGoldrick	**Number of registered places:** 17
Categories of care: Residential Care (RC): DE – dementia	**Number of residents accommodated in the residential care home on the day of this inspection:** 16
Brief description of the accommodation/how the service operates: This is a residential care home which is registered to provide care for up to 17 residents who are living with dementia. This home is situated in the same building as Hillcrest Care Facility Nursing Home.	

2.0 Inspection summary

An unannounced inspection took place on 15 June 2021 between 10.35 am and 2.20 pm. The inspection was carried out by a pharmacist inspector.

This inspection focused on medicines management within the home and assessed progress with areas for improvement in relation to medicines management identified at the last inspection.

Following discussion with the aligned care inspector, it was agreed that the areas for improvement in relation to care issues identified at the last care inspection would be followed up at the next 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 we reviewed information held by RQIA about this home. This included previous inspection findings, incidents and correspondence.

To complete the inspection we reviewed: 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.

During the inspection the inspector:

- spoke to staff and management about how they plan, deliver and monitor the care and support provided in the home
- observed practice and daily life
- reviewed documents to confirm that appropriate records were kept

4.0 What people told us about the service

We met with the manager and the carer in charge. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

Staff were warm and friendly and it was evident from their interactions that they knew the residents well. Residents were observed to be relaxing in lounges/bedrooms throughout the home.

Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after residents and meet their needs. They spoke highly of the support given by management.

In order to reduce footfall throughout the home, the inspector did not meet with any residents during the 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 responses were received.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last medicines management inspection on 23 April 2018		
Action required to ensure compliance with Residential Care Homes Minimum Standards (2011)		**Validation of compliance summary**
Area for Improvement 1 **Ref:** Standard 30 **Stated:** First time	The registered person shall review and revise the management of warfarin.	**Met**
	Action taken as confirmed during the inspection: The management of warfarin had been reviewed and revised. Dosage directions were received in writing and obsolete directions had been cancelled and archived. Accurate daily running stock balances were maintained.	
Area for improvement 2 **Ref:** Standard 30 **Stated:** First time	The registered person shall closely monitor the administration of those medicines highlighted at the inspection.	**Met**
	The unit manager completes regular audits. Any discrepancies are followed up with staff.	

Areas for improvement from the last care and finance inspection on 1 and 22 December 2020		
Action required to ensure compliance with Residential Care Homes Minimum Standards (2011)		**Validation of compliance summary**
Area for improvement 1 **Ref**: Standard 44.1 **Stated:** First time	The registered person shall ensure that redecoration works are completed in accordance with a prioritised decoration works schedule.	**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 20.10 **Stated:** First time	The registered person shall ensue there is a robust auditing system in place to regularly monitor and review the standard of the care records ensuring best 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.	
Area for improvement 3 **Ref**: Standard 9.3 **Stated:** First time	The registered person shall ensure referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records. Reference to this includes Speech and Language Therapy.	**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 residents' needs will 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.

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 medication reviews and 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 provide a double check that they are accurate. Copies of residents' prescriptions/hospital discharge letters were retained in the home so that any entry on the personal medication record could be checked against the prescription. This is good practice.

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, self-administration 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.

We reviewed the management of medicines prescribed on a "when required" basis for the management of distressed reactions for four residents. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a resident's behaviour and were aware that this change may be associated with pain. Directions for use were clearly recorded on the personal medication records and care plans directing the use of these medicines were available in the medicines file for three of the residents. It was agreed that the care plan for the fourth resident would be written following the inspection. Records of administration were clearly recorded. The reason for and outcome of administration were recorded in the daily progress notes and on the medication administration records.

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. It was agreed that one care plan would be reviewed and updated following the inspection.

Some residents 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 resident 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 resident.

The management of thickening agents was reviewed for two residents. Speech and language recommendations, care plans and records of prescribing were maintained. However, the recommended consistency levels were not clearly recorded; staff were not using the International Dysphagia Diet Standardisation Initiative (IDDSI) terminology on all records and records of administration were incomplete. Staff should receive training on the revised terminology for thickening agents. Care plans and records of prescribing and administration should be accurately maintained. An area for improvement was identified.

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 residents' 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.

The temperature of the treatment room was observed to be 27^{o}C on the day of the inspection. A review of the daily temperature log indicated that the temperature had been consistently above 25 ^{o}C in recent months. The temperature of the treatment room must not exceed 25^{o}C. An area for improvement was identified.

We reviewed the disposal arrangements for medicines. Discontinued medicines were returned to the community pharmacy for disposal and records maintained.

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 medication administration records was reviewed. They were found to have been fully and accurately completed. The records were filed once completed and were readily retrievable 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 were recorded in a controlled drug record book.

The unit manager 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.

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.

We discussed the admission process for residents new to the home or returning to the home after receiving hospital care. Staff advised that robust arrangements were in place to ensure that they were provided with an accurate list of medicines from the hospital and this was shared with the resident's GP and the community pharmacist.

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.

The audit system in place helps staff to identify medicine related incidents. Management and staff were familiar with the type of incidents that should be reported.

We discussed the medicine related incidents which had been reported to RQIA since the last inspection. 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 that staff are supported. Policies and procedures should be up to date and readily available for staff use.

Staff in the home had received a structured induction which included medicines management when this forms part of their role. Competency had been assessed following induction and annually thereafter. A written record was completed for induction and competency assessments.

The home had recently introduced a new monitored dosage system. Staff had received training prior to the implementation and had been supported by the community pharmacist to ensure a smooth transition. A guidance document was available in the treatment room. It was agreed that the policy for medicines management would be updated to reflect the new system.

As detailed in Section 5.2.1 staff should receive training on the management of thickening agents.

6.0 Conclusion

The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the home was well led.

The outcome of this inspection concluded that the areas for improvement identified at the last medicines management inspection had been addressed. Two new areas for improvement, in relation to the management of thickening agents and the storage temperature for medicines, were identified. We can conclude that overall that the residents were being administered their medicines as prescribed.

We would like to thank the residents, relatives/representatives and staff for their assistance throughout the inspection.

7.0 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	2	3*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Caine McGoldrick, 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 (4) **Stated:** First time **To be completed by:** From the date of the inspection	The registered person should review and revise the management of thickening agents as detailed in the report. Ref: 5.2.1 & 5.2.6
	Response by registered person detailing the actions taken: The management of thickening agents have been reviewed. Recommended consistency levels are clearly marked on all care plans. The individual staff keep a record for each resident of when and how thickening agents have been administered
Area for improvement 2 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** From the date of the inspection	The registered person should ensure that medicines are stored at the correct temperature. Corrective action must be taken if the temperature of the treatment room exceeds 25^{o}C. Ref: 5.2.2
	Response by registered person detailing the actions taken: Care staff continue to monitor treatment room temperatures daily. External contractors have been appointed to carry out an assessment, of the possibility of additional ventilation within this room to better control the temperature.

Action required to ensure compliance with Residential Care Homes Minimum Standards (2011)	
Area for improvement 1 **Ref**: Standard 44.1 **Stated:** First time **To be completed by:** 21 September 2018	The registered person shall ensure that redecoration works are completed in accordance with a prioritised decoration works schedule.
	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 2 **Ref**: Standard 20.10 **Stated:** First time **To be completed by:** 15 January 2021	The registered person shall ensue there is a robust auditing system in place to regularly monitor and review the standard of the care records ensuring best 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 9.3 **Stated:** First time **To be completed by:** 2 December 2020	The registered person shall ensure referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records. Reference to this includes Speech and Language Therapy.
	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

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The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews