

Inspection Report

8 April 2021



Corkhill Care Centre

Type of Service: Residential Care Home
Address: 27 Coolmaghery Road, Donaghmore,
Dungannon, BT70 3HJ
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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: Mr Gary George Watt Responsible Individual: Mr Gary George Watt	Registered Manager: Mrs Shona McKeown Date registered: 16 July 2018
Person in charge at the time of inspection: Mrs Shona McKeown	Number of registered places: 11 This figure includes a maximum of 10 residents in category RC-DE and a maximum of one resident in category RC-I. The home is also approved to provide care on a day basis for two persons in category RC-DE.
Categories of care: Residential Care (RC): I - Old age not falling within any other category DE – Dementia	Number of residents accommodated in the residential care home on the day of this inspection: 11
Brief description of the accommodation/how the service operates: This is a residential care home which is registered to provide care for up to 11 residents. This home is situated on the same site as Corkhill Care Centre nursing home.	

2.0 Inspection summary

An announced inspection took place on 8 April 2021, between 09.40 am and 12.35 pm. The inspection was completed by a pharmacy inspector.

Short notice of the inspection was provided to the manager in order to ensure that arrangements could be made to safely facilitate the inspection in the home.

The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to the management of medicines. The areas for improvement identified at the last care and medicines management inspections were also reviewed.

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager in relation to the management of medicines.

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 the previous inspections findings, registration information, and any other written or verbal information received.

During our inspection we:

- 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

A sample of the following records was examined and/or discussed during the inspection:

- personal medication records
- medicine administration records
- medicine receipt and disposal records
- controlled drug records
- care plans related to medicines management
- governance and audit
- staff training and competency records
- medicine storage temperatures
- RQIA registration certificate

4.0 What people told us about the service

We met with the two care staff and the manager. 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 the lounge, enjoying their mid-morning refreshments.

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.

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 care inspection and the last medicines management inspection?

Areas for improvement from the last care inspection on 3 December 2020		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 27(4)(a) Stated: First time	The registered person shall put in place a fire safety risk assessment by an appropriate accredited professional. On receipt of this assessment the aligned estates inspector needs to be informed of any recommendations made and subsequent proposed actions in response.	Met
	Action taken as confirmed during the inspection: The manager confirmed that a fire safety risk assessment was completed on 10 December 2020 and that it was discussed with the RQIA Estates Inspector on 3 January 2021. The risk assessment was subsequently forwarded to the RQIA Estates Inspector, who confirmed that the actions taken were satisfactory.	

Action required to ensure compliance with Residential Care Homes Minimum Standards (2011)		Validation of compliance
Area for Improvement 1 Ref: Standard 25.3 Stated: First time	The registered person shall ensure that the competency and capability assessment for any member of staff in charge of the home in the absence of the manager is available for inspection.	Met
	Action taken as confirmed during the inspection: The competency and capability assessment for staff in charge of the home in the absence of the manager was available for inspection.	
Area for Improvement 2 Ref: Standard 23.3 Stated: First time	The registered person shall seek to address the areas of mandatory training in the staff training matrix that are due for renewal and revision.	Met
	Action taken as confirmed during the inspection: The registered person had addressed the areas of mandatory training in the staff training matrix that were due for renewal and revision. A disciplinary process had been introduced to reinforce the importance of the mandatory training to staff. Staff had visible access to view when their training was due to be completed. If the training has expired and is not completed within four weeks a formal warning is issued explaining that if the training is not immediately updated the staff member will not be scheduled to work further shifts until it is updated.	

Areas for improvement from the last pharmacy inspection on 13 September 2018		
Action required to ensure compliance with Residential Care Homes Minimum Standards (2011)		Validation of compliance
Area for Improvement 1 Ref: Standard 6 Stated: First time	The registered person shall ensure that a care plan is in place for any resident prescribed medication for administration on a “when necessary” basis for the management of distressed reactions.	Met
	Action taken as confirmed during the inspection: The records for three residents who were prescribed medication for administration on a “when necessary” basis for the management of distressed reactions were reviewed. Each resident had a care plan in place.	

5.2 Inspection outcome

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 will 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 e.g. medication reviews, 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 were accurate.

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. 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. Records of administration were clearly recorded. The reason for and outcome of administration were recorded in the daily progress notes.

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.

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. A medicine refrigerator and controlled drugs cabinet were available for use as needed.

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.

Within the home, a record of the administration of medicines is completed on pre-printed medicine administration records (MARs) or occasionally handwritten MARs, when medicines are administered to a resident. A sample of these records was reviewed. The records were found to have been fully and accurately completed. The completed records were filed once completed.

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 are recorded in a controlled drug record book. This record book had been maintained in a satisfactory manner.

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 medicines so that they could be easily audited. This is good practice.

The audits completed during this inspection showed that medicines had been given as prescribed.

The medicine cups used to facilitate the administration of medicines to residents were labelled as single use. However, the manager and staff advised that the cups are washed after use and then reused. This matter was discussed with the manager who gave an assurance that the necessary arrangements would be made to ensure that this practice is stopped and the medicine cups are used in the manner intended.

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.

There had been no recent admissions to the home. However, 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 a 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.

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.

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.

Records of staff training in relation to medicines management were available for inspection. A written record was completed for induction and competency assessments.

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 in relation to the management of medicines.

The outcome of this inspection concluded that all areas for improvement identified at the last care and medicines management inspections had been addressed. No new areas for improvement were identified.

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager/management team. We can conclude that overall that the residents were being administered their medicines as prescribed by their GP.

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

7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	0

This inspection resulted in no areas for improvement being identified.

Findings of the inspection were discussed with Mrs Shona McKeown, Manager, as part of the inspection process and can be found in the main body of the report.



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