



Inspection Report 19 November 2020



The Docks Residential Care Home

Type of Service: Residential Care Home
Address: 76 Upper Dromore Road, Warrenpoint BT34 3PN
Tel No: 028 4175 9200
Inspector: Paul Nixon

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

This inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during this inspection and do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

Information relating to our inspection framework, the guidance and legislation that informs the inspections, the four domains which we assess services against as well as information about the methods we use to gather opinions from people who have experienced a service can be found at <https://www.rqia.org.uk/guidance/legislation-and-standards/> and <https://www.rqia.org.uk/guidance/guidance-for-service-providers/>

1.0 Profile of service

This is a registered residential care home which provides care for up to 16 residents.

2.0 Inspection focus

Following a risk assessment and to reduce the risk to patients during the pandemic outbreak, this inspection was carried out remotely.

This inspection was completed following a review of information requested and submitted to RQIA on 2 November 2020. Feedback was discussed with the registered manager on 19 November 2020.

This inspection focused on medicines management within the home. The inspection also assessed progress with the two areas for improvement identified at the last medicines management inspection on 10 April 2018 and one of the areas for improvement identified at the last care inspection on 9 January 2020. Following discussion with the aligned care inspector, it was agreed that the other areas for improvement identified at the last care inspection would be followed up at the next care inspection.

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.

As part of the inspection process we:

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

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

- personal medication records
- medicine administration records (MARs)
- medicine receipt records
- care plans related to medicines management
- medicines management governance and audit
- medicines management staff training and competency records
- manager's completed self-assessment

3.0 Service details

Organisation/Registered Provider: Amore (Warrenpoint) Limited Responsible Individual: Mrs Nicola Cooper	Registered Manager and date registered: Mrs Sara Main 5 March 2018
Person in charge at the time of inspection: Mrs Sara Main	Number of registered places: 16
Categories of care: Residential Care (RC) I - Old age not falling within any other category	Total number of residents in the residential care home on the day of this inspection: 15

4.0 Inspection Outcome

	Regulations	Standards
Total number of areas for improvement	4*	5*

*The total number of areas for improvement includes one area for improvement that has been stated for a second time and six areas for improvement that were not reviewed as part of this inspection and have been carried forward to the next care inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mrs Sara Main, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

5.0 What has this service done to meet any areas for improvement made at or since the last medicines management inspection on 10 April 2018 and care inspection on 9 January 2020?

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) 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, when a resident is prescribed a medicine for administration on a “when required” basis for the management of distressed reactions, there is an accompanying care plan.	Met
	Action taken as confirmed during the inspection: Review of two residents’ records regarding the management of distressed reactions, indicated that a detailed care plan was in place and included when the medicine should be administered.	
Area for improvement 2 Ref: Standard 31 Stated: First time	The registered person shall ensure that the directions for the application of eye-treatment medicines are recorded on the relevant records.	Met
	Action taken as confirmed during the inspection: The route of application of eye-treatment medicines was appropriately recorded on the three residents records examined.	

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14(2)(a) Stated: First time	The registered person shall ensure that cleaning chemicals and any other substances hazardous to health are stored securely.	Carried forward to the next care inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 2 Ref: Regulation 30 Stated: First time	The registered person shall ensure that all accidents and incident in the home are notified to RQIA in accordance with regulations.	Not met
	Action taken as confirmed during the inspection: The MARs showed that, for two residents, some medicines had been allowed to run out-of-stock and were not available for administration for between one and nine days. Staff and management had not recognised that when residents were missing doses of their medicines this may impact the residents' health and well-being and that these are notifiable medicine related incidents. This area for improvement is stated for a second time.	

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 23.1 Stated: First time	The registered person shall ensure that when staff complete a structured orientation and induction to the home this includes an introduction to the home's policies and how to accurately completed supplementary records/charts.	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 2 Ref: Standard 6.2 Stated: First time	The registered person shall ensure that care plans for activities are individualised and person centred.	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 3 Ref: Standard 12.4 Stated: First time	The registered person shall ensure that the daily menu is displayed in a suitable format and in an appropriate location.	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 4 Ref: Standard 13.4 Stated: First time	The registered person shall ensure that the programme of activities is displayed in a suitable format and in an appropriate location to enable residents and their representatives know what is scheduled in advance of the activity taking place.	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

Area for improvement 5 Ref: Standard 20.11 Stated: First time	The registered person shall ensure that the deficits identified as part of the monthly monitoring reports are addressed in a timely manner.	Carried forward to the next care inspection
	RQIA are to be notified that the outstanding actions, evidenced during the inspection have been addressed when returning this QIP.	
Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.		

6.0 What people told us about this service

Feedback methods included a poster and online links to questionnaires which were provided to the registered manager for staff and any resident or their family representative to complete. At the time of issuing this report, seven questionnaires from residents or their representatives had been received by RQIA. The respondents generally indicated that they were satisfied/very satisfied with all aspects of care. Comments made were:

- "Staff are always cheerful which I like."
- "I feel staff don't always get the support they need and deserve."
- "No issues. Staff work hard and always there when needed."
- "Happy with the care."

7.1 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 medical practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times residents' needs may change and, therefore, their medicines should be regularly monitored and reviewed. This may be done by the GP, medical consultant or the pharmacist.

Personal medication records were in place for each resident. These contained a list of 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, transfers to hospital. Review of the sample of personal medication records which had been provided for the inspection indicated that a couple of medicines were not recorded. Discrepancies between medication directions on the personal medication records and MARs had been identified by the registered manager during the most recent medicines management audit. She stated that these discrepancies had been rectified and that the accuracy of the records are being monitored through ongoing audit. This assurance having been given, an area for improvement was not identified.

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 two residents. Care plans directing the use of these medicines were available. One of the resident's medication records required more detail regarding dosage directions. This observation was discussed with the registered manager, who gave an assurance that the omissions would be rectified without delay. Records of administration were clearly recorded. The reason for and outcome of administration were recorded.

The management of pain was reviewed for one resident who receives regular analgesia. A care plan was in place in which the prescribed medicines and their directions for use were specified.

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. We reviewed the management of thickening agent for one resident. A speech and language assessment report and care plan was in place. Records of prescribing and administration which included the recommended consistency level were maintained.

7.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicines must be available to ensure that they are administered to residents as prescribed and when they require them. It is important that they are stored safely and securely and disposed of promptly so that there is no unauthorised access

The MARs showed that, for two residents, some medicines had been allowed to run out-of-stock and were not available for administration for between one and nine days. This has the potential of adversely affecting the health and wellbeing of residents. The medicines supply process is required to be reviewed to ensure that medicines are ordered and received in a timely manner so that residents do not miss doses of their prescribed medicines. Close monitoring of adherence to the medicines supply process needs to be included in the medicines management audits in order to provide the necessary assurance that medicine supplies are not being allowed to be depleted. An area for improvement under the regulations was identified.

The arrangements for the storage and security of medicines and for their disposal were not reviewed during this remote inspection.

7.3 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 MARs when medicines are administered to a resident. A sample of these records was reviewed which found that they had been completed in a generally satisfactory manner.

The registered manager audits medicine administration on a monthly basis within the home. Any issues identified are addressed through an action plan and are followed up at the next audit. However, the auditing system had not identified the recent out-of-stock medicines. As stated in section 7.2, the medicines supply process must be included in the medicines management audits in order to provide the necessary assurance that medicines are available for administration as prescribed.

7.4 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 reviewed the management of medicines processes for residents new to the home. There was evidence that robust procedures were in place to obtain written confirmation of the resident's medicine regime and the accurate completion of the relevant medicines records.

7.5 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 that 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.

There had been several medication related incidents identified since the last medicines management inspection. There was evidence that the incidents had been investigated and learning had been shared with staff. The incidents had been reported to the prescribers for guidance and to the appropriate authorities including RQIA.

Whilst we acknowledged that systems were in place to report and manage medicine related incidents, management and staff had not recognised that when residents were missing doses of

their medicines, this may impact the residents' health and well-being and that these are notifiable medicine related incidents (see sections 5.0 and 7.2). An area for improvement under the regulations is stated for a second time.

7.6 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.

Information about staff medicines management training was provided in the documents submitted to RQIA. They indicated that training and competency assessments had been completed. However, as staff had not recognised the need to report when residents missed doses due to no supply available, additional training is necessary. An area for improvement under the regulations was identified.

8.0 Evaluation of Inspection

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 medicines management

The outcome of this inspection concluded that the two areas for improvement identified at the last medicines management inspection had been addressed.

One area for improvement from the last care inspection, related to ensuring that all accidents and incident in the home are notified to RQIA in accordance with regulations, had not been addressed and is stated for a second time.

Two new areas for improvement under the regulations were identified relating to the medication supply process. Medicines must be ordered and received in a timely manner so that residents do not miss doses of their prescribed medicines.

We would like to thank the management for their assistance throughout the inspection.

9.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Mrs Sara Main, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

9.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

9.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via the Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1 Ref: Regulation 30</p> <p>Stated: Second time</p> <p>To be completed by: Immediately, from the date of inspection</p>	<p>The registered person shall ensure that all accidents and incident in the home are notified to RQIA in accordance with regulations.</p> <p>Ref: 5.0, 7.2 and 7.5</p>
<p>Area for improvement 2 Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediately, from the date of inspection</p>	<p>Response by registered person detailing the actions taken:</p> <p>The registered person shall develop and implement robust medicine stock control systems to ensure residents are administered their medicines as prescribed; these systems must be closely monitored within the audit process.</p> <p>Ref: 7.2 and 7.3</p>
<p>Area for improvement 3 Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: 16 December 2020</p>	<p>Response by registered person detailing the actions taken:</p> <p>The registered person shall ensure that staff receive additional training regarding the medication supply process.</p> <p>Ref: 7.6</p>
<p>Area for improvement 4 Ref: Regulation 14 (2)(a)</p> <p>Stated: First time</p> <p>To be completed by: Immediately, from the date of inspection</p>	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>Ref: 5.0</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)	
Area for improvement 1 Ref: Standard 23.1 Stated: First time To be completed by: 28 February 2020	The registered person shall ensure that when staff complete a structured orientation and induction to the home this includes an introduction to the home's policies and how to accurately completed supplementary records/charts.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection. Ref: 5.0
Area for improvement 2 Ref: Standard 6.2 Stated: First time To be completed by: 28 February 2020	The registered person shall ensure that care plans for activities are individualised and person centred.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection. Ref: 5.0
Area for improvement 3 Ref: Standard 12.4 Stated: First time To be completed by: 28 February 2020	The registered person shall ensure that the daily menu is displayed in a suitable format and in an appropriate location.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection. Ref: 5.0
Area for improvement 4 Ref: Standard 13.4 Stated: First time To be completed by: 28 February 2020	The registered person shall ensure that the programme of activities is displayed in a suitable format and in an appropriate location to enable residents and their representatives know what is scheduled in advance of the activity taking place.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection. Ref: 5.0

<p>Area for improvement 5</p> <p>Ref: Standard 20.11</p> <p>Stated: First time</p> <p>To be completed by: 27 February 2020</p>	<p>The registered person shall ensure that the deficits identified as part of the monthly monitoring reports are addressed in a timely manner.</p> <p>RQIA are to be notified that the outstanding actions, evidenced during the inspection have been addressed when returning this QIP.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>Ref: 5.0</p>
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