

Inspection Report

4 April 2024



Leonard Cheshire ARBI

Type of service: Residential Care Home
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Leonard Cheshire Disability Responsible Individual: Mrs Emma Bailie	Registered Manager: Mrs Carol Shields Date registered: 6 October 2023
Person in charge at the time of inspection: Ms Natasha Knocker, Rehabilitation Assistant	Number of registered places: 14
Categories of care: Residential Care (RC): PH – physical disability other than sensory impairment PH(E) - physical disability other than sensory impairment – over 65 years MP – mental disorder excluding learning disability or dementia MP(E) - mental disorder excluding learning disability or dementia – over 65 years LD – learning disability LD(E) – learning disability – over 65 years D – past or present drug dependence A – past or present alcohol dependence	Number of residents accommodated in the residential care home on the day of this inspection: 14
Brief description of the accommodation/how the service operates: Leonard Cheshire ARBI is a residential care home which is registered to provide health and social care for up to 14 residents living with an alcohol related brain injury. The home is divided over two floors.	

2.0 Inspection summary

An unannounced inspection took place on 4 April 2024, from 1.15 pm to 4.10 pm. The inspection was completed by a pharmacist inspector and focused on medicines management within the home.

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 area for improvement identified at the last care inspection will be followed up at the next inspection.

Robust governance systems were in place to ensure that medicines were managed safely and administered as prescribed. Medicine records and medicine related care plans were well maintained. The majority of medicines were stored securely. Staff had received training and been deemed competent to manage and administer medicines. Two areas for improvement were identified in relation to the cold storage of medicines and the security of medicines awaiting disposal.

Although two areas for improvement were identified, it was evident that medicines were administered as prescribed. The findings of this report will provide the manager and management team with the necessary information to improve staff practice in relation to medicines management.

RQIA would like to thank the staff and residents 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 the home was 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. To complete the inspection, the following were reviewed: a sample of medicine related records, storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. Discussions were held with staff and management about how they plan, deliver and monitor the management of medicines in the home.

4.0 What people told us about the service

The inspector met with three rehabilitation assistants.

Staff were warm and friendly and it was evident from discussions that they knew the residents well. The staff members spoken with expressed satisfaction with how the home was managed and the training received. They said that the team communicated well and the deputy manager was readily available to discuss any issues and concerns should they arise.

Feedback methods included a staff poster and paper questionnaires which were provided to the person in charge 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 care inspection on 3 October 2023		
Action required to ensure compliance with the Residential Care Homes Minimum Standards, December 2022		Validation of compliance
Area for Improvement 1 Ref: Standard 27.1 Stated: First time	The registered person shall arrange for any stained or worn carpets or furniture to be cleaned, repaired or replaced.	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 residential 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 may 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, at medication reviews or hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. In line with safe practice, a second member of staff had checked and signed the personal medication records when they were written and updated to confirm 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 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 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. 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, infection or constipation. Directions for use were clearly recorded on the personal medication records. Care plans directing the use of these medicines were available. Records of administration and the reason for and outcome of administration were recorded.

The management of pain was discussed. Protocols were in place for all residents. These were reviewed monthly.

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

Medicine 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. However, medicines, including controlled drugs in Schedule 4, Part (1), awaiting return to the community pharmacy were not stored securely in the treatment room. This was discussed with the staff on duty who acknowledged the risk and took immediate corrective action. An area for improvement was identified.

Medicines which require cold storage must be stored between 2°C and 8°C to maintain their stability and efficacy. In order to ensure that this temperature range is maintained it is necessary to monitor the maximum and minimum temperatures of the medicines refrigerator each day and to then reset the thermometer. Only the current temperature of the medicine refrigerator was monitored each day; this does not provide evidence that the temperature is maintained within the required range at all times. An area for improvement was identified.

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. A sample of these records was reviewed. The records had been completed in a satisfactory manner.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The records of receipt, administration and disposal of controlled drugs were maintained to the required standard in a controlled drug record book. Staff were reminded that the key to the controlled drug cabinet should be held by the person in charge; this was actioned during the inspection.

Management and staff audited medicine administration on a regular basis within the home. In addition, running stock balances were maintained for medicines which were not supplied in the monitored dosage system. The audits completed at the inspection indicated that medicines were administered as prescribed.

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.

A review of records indicated that satisfactory arrangements were in place to manage medicines for residents new to the home or returning from hospital. Written confirmation of the resident's medicine regime was obtained at or prior to admission and details shared with the community pharmacy. The medicine records had been accurately completed.

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.

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.

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, annual update training and competency assessments.

It was agreed that the findings of this inspection would be shared with 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, December 2022.

	Regulations	Standards
Total number of Areas for Improvement	1	2*

* The total number of areas for improvement includes one that has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Natasha Knockner, Rehabilitation Worker, 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: 4 April 2024	The registered person shall ensure that maximum and minimum temperatures of the medicines refrigerator are monitored each day and the thermometer reset.
	Corrective action should be taken if temperatures outside the recommended range (2°C-8°C) are observed. Ref 5.2.2
	Response by registered person detailing the actions taken: Template for capturing fridge temperatures has been amended to now include columns for current, maximum, minimum and reset temperature. All staff are aware of how to reset the thermometer.
Action required to ensure compliance with the Residential Care Homes Minimum Standards, December 2022	
Area for improvement 1 Ref: Standard 27.1 Stated: First time To be completed by: 31 January 2024	The registered person shall arrange for any stained or worn carpets or furniture to be cleaned, 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: 5.1
Area for improvement 2 Ref: Standard 32 Stated: First time To be completed by: 4 April 2024	The registered person shall ensure that medicines, including controlled drugs in Schedule 4, Part (1), awaiting return to the community pharmacy are stored securely. Ref: 5.2.2
	Response by registered person detailing the actions taken: Schedule 3 and Schedule 4 drugs pending return to pharmacy are now being held in a locked cupboard which is clearly designated for those category drugs only. The key for this cupboard is held on the person in charge at all times.

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