

Inspection Report

2 March 2023



Killynure House

Type of service: Residential Care Home
Address: 26 Church Road, Carryduff, BT8 8DT
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Assurance, Challenge and Improvement in Health and Social Care

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Organisation/Registered Provider: Belfast Health and Social Care Trust Responsible Individual: Dr Catherine Jack	Registered Manager: Ms Helen Purdy, registration pending
Person in charge at the time of inspection: Ms Helen Taggart (Interim Manager, Orchardville House residential care home)	Number of registered places: 40 The home is approved to provide care on a day basis for two persons in DE category of care Monday to Sunday inclusive.
Categories of care: Residential Care (RC): DE – dementia	Number of residents accommodated in the residential care home on the day of this inspection: 28
Brief description of the accommodation/how the service operates: Killynure House is a residential care home which is registered to provide care for up to 40 residents.	

2.0 Inspection summary

An unannounced inspection took place on 2 March 2023, from 9.50am to 12.15pm. The inspection was completed by a pharmacist inspector and focused on the management of medicines.

At the last inspection on 1 September 2022, robust arrangements were not in place for all aspects of the management of medicines. Areas for improvement were identified in relation to: governance and audit, the management of controlled drugs and care planning in relation to distressed reactions and adding medicines to food/drink to assist administration.

The outcome of this inspection provided evidence that management and staff had taken appropriate action to ensure the necessary improvements in relation to the areas of improvement identified at the last medicines management inspection. Robust arrangements were in place for the management of controlled drugs. Care plans in relation to distressed reactions and adding medicines to food/drink to assist administration were satisfactory. The audits covered all aspects of the management of medicines.

Staff provided assurances that they would continue to monitor all aspects of the management of medicines to ensure that these improvements are sustained.

The area for improvement identified at the last care inspection has been carried forward for review at the next care inspection. No new areas for improvement were identified.

RQIA would like to thank the 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 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 and care plans and the auditing systems used to ensure the safe management of medicines. The inspector spoke with staff 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 the interim manager from another residential care home who was covering for the manager and with three care staff.

All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

Residents were observed to be relaxed and comfortable in the home. Staff were warm and friendly and it was obvious from their interactions that they knew the residents well and were aware of their likes/dislikes.

Staff said they had worked hard to implement and sustain improvements identified at the last inspection and had received help and support from management in order to do so.

Feedback methods included a staff poster and questionnaires which were provided to the manager for any patient 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 last inspection?

Areas for improvement from the last inspection on 1 September 2022		
Action required to ensure compliance with The Residential Care Home Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that records for the receipt, administration and disposal of controlled drugs are accurately maintained in the controlled drug record book.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met. See Section 5.2.1	
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time	The registered person shall implement a robust audit system which covers all aspects of the management and administration of medicines. Any shortfalls identified should be detailed in an action plan and addressed.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met. See Section 5.2.2	

Action required to ensure compliance with Residential Care Homes Minimum Standards 2021		Validation of compliance
Area for improvement 1 Ref: Standard N10 Stated: First time	The registered person shall ensure that resident/staff call points are provided in every toilet in the home.	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 6 Stated: First time	The registered person shall review the management of distressed reactions as detailed in the report.	Met
	When more than one medicine is prescribed, the personal medication records and care plans should provide details on which medicine should be used first line and second line.	
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met. See Section 5.2.3	
Area for improvement 3 Ref: Standard 6 Stated: First time	The registered person shall review the management of adding medicines to food/drinks to assist administration.	Met
	Care plans should provide details on how each medicine is to be administered.	
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met. See Section 5.2.3	
Area for improvement 4 Ref: Standard 30 Stated: First time	The registered person shall review and update the Standard Operating Procedure for the return/disposal of controlled drugs.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met. See Section 5.2.1	

5.2 Inspection findings

5.2.1 Controlled drugs

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 should be recorded in the controlled drug record book.

Robust arrangements were in place for the management of controlled drugs.

Weekly audits of the controlled drug record book were in place. Records for the receipt, administration and disposal of controlled drugs were accurately maintained in the controlled drug record book.

The Standard Operating Procedure for the disposal of controlled drugs had been reviewed and updated appropriately.

5.2.2 Governance and audit

The audit process had been reviewed and improved following the last inspection. Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out and records of the audits completed were available for review. Running stock balances of the majority of medicines not supplied in monitored dosage systems were maintained and accurately reflected the actual stock. The date of opening was recorded on all medicines so that they could be easily audited. This is good practice.

The manager's monthly medication audit tool incorporated the residential care homes medicines management minimum standards and the individual criteria under these standards. The audit tool included a column to record required actions and had been reviewed and updated to provide an action plan template to ensure required actions are formally recorded and followed up.

Audits completed by the inspector identified the medicines had been administered as prescribed.

5.2.3 Care planning

All patients 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 four residents.

Directions for use were clearly recorded on the personal medication records; and care plans directing the use of these medicines were in place. When more than one medicine was prescribed, the personal medication records and care plans provided details on which medicine should be used first line and second line. Records included the reason for and outcome of each administration.

Several residents had their medicines administered in food/drinks to assist administration. Care plans belonging to three residents were reviewed. The care plans provided details on how each medicine is to be administered.

6.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	1*

* One area for improvement is carried forward for review at the next inspection.

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Ms. Helen Taggart, Interim Manager of Orchardville House residential care home, as part of the inspection process and can be found in the main body of the report.

Quality Improvement Plan	
Action required to ensure compliance with Residential Care Homes Minimum Standards 2021	
Area for improvement 1 Ref: Standard N10 Stated: First time To be completed by: 1 November 2022	The registered person shall ensure that resident/staff call points are provided in every toilet in the home.
	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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