

Inspection Report

23 February 2022



Adelaide House

Type of Service: Residential Care Home
Address: 24-26 Adelaide Park, Belfast, BT9 6FX
Tel no: 028 9066 9362

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Presbyterian Council of Social Witness</p> <p>Responsible Individual (Applicant): Mr Dermot Parsons</p>	<p>Registered Manager: Mrs Norma Picking</p> <p>Date registered: 22 October 2014</p>
<p>Person in charge at the time of inspection: Mrs Norma Picking</p>	<p>Number of registered places: 45, Including: Eight existing residents only in DE category of care and one existing resident in MP (E) category of care.</p> <p>The home is also approved to provide care on a day basis only to 1 person.</p>
<p>Categories of care: Residential Care (RC) I – old age not falling within any other category DE – dementia MP(E) - mental disorder excluding learning disability or dementia – over 65 years</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 44</p>
<p>Brief description of the accommodation/how the service operates:</p> <p>This is a registered residential care home which provides social care for up to 45 persons. Residents' bedrooms are located over three floors. Residents have access to communal lounges, a dining room and a garden.</p>	

2.0 Inspection summary

An unannounced inspection took place on 23 February 2022 from 10.30am to 2.30pm. The inspection was completed by a pharmacist inspector.

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

Concerns were identified during the inspection in relation to medicines management within the home. Six of the eight areas for improvement identified at the last medicines inspection on 16 December 2020 had not been addressed. Safe systems were not in place for the management of warfarin and for the management of medicines for newly admitted residents.

Medicine related records were not completed to a satisfactory standard and care plans related to medicines were not in place. There was a lack of robust oversight and governance in relation to medicines management. Following the inspection, the findings were discussed with the Senior Pharmacist Inspector. As a consequence of the inspection findings, RQIA invited the Responsible Individual (Applicant), Mr Dermot Parsons, to attend a serious concerns meeting on 4 March 2022.

The meeting was attended virtually by Mr Dermot Parsons and Mrs Norma Picking, Manager. The Head of Older Peoples' Services and the Social Care Manager were also in attendance. At the meeting, an action plan which detailed an account of the actions that had been taken to date was provided and the arrangements that had been made to ensure the improvements necessary to achieve full compliance with the relevant regulations and standards were discussed. RQIA accepted the action plan and assurances provided by the management team.

RQIA will continue to monitor and review the quality of service provided in Adelaide House and will carry out a further inspection to assess compliance.

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, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. The inspection was completed by examining 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. Staff views were also obtained.

4.0 What people told us about the service

The inspector met with senior care staff, the deputy manager and the manager. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

Staff interactions with residents were warm, friendly and supportive. It was evident that they knew the residents well.

Staff expressed satisfaction with how the home was managed. They said that they had the appropriate training to look after residents and meet their needs.

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, three resident questionnaires had been received by RQIA. Respondents indicated they were satisfied or very satisfied with the standard of care received in Adelaide House.

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 11 May 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: Second time	The registered person shall ensure that all staff wear fluid resistant face masks correctly in accordance with current infection prevention and control guidance.	Met
	Action taken as confirmed during the inspection: All staff were wearing fluid resistant face masks correctly in accordance with current infection prevention and control guidance.	
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure robust systems are in place for the safe management of warfarin.	Not met
	Action taken as confirmed during the inspection: Robust systems were not in place for the safe management of warfarin. See Section 5.2.1	
Area for improvement 3 Ref: Regulation 13 (4) Stated: First time	The registered person shall develop and implement a robust audit process which covers all aspects of medicines management.	Not met
	Action taken as confirmed during the inspection: The audit process in place is not robust and does not cover all aspects of medicines management. See Section 5.2.2	

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered person shall review and revise the management of controlled drugs to ensure robust arrangements are in place.</p> <hr/> <p>Action taken as confirmed during the inspection: Robust arrangements for the management of controlled drugs were in place.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that written confirmation of all new residents' medicines is obtained at or prior to admission to the home and systems are in place to check that the correct medicines are supplied.</p> <hr/> <p>Action taken as confirmed during the inspection: Safe systems were not in place for the management of medicines for residents newly admitted to the home.</p> <p>See Section 5.2.5</p>	
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 31</p> <p>Stated: First time</p>	<p>The registered person shall closely monitor the completion of personal medication records to ensure these are accurately maintained and appropriate systems are in place to manage changes.</p> <hr/> <p>Action taken as confirmed during the inspection: Personal medication records were not accurately maintained.</p> <p>See Section 5.2.6</p>	<p>Not met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 6</p> <p>Stated: First time</p>	<p>The registered person shall develop and update care plans regarding medicines management, in particular, warfarin, distressed reactions and pain management.</p> <hr/> <p>Action taken as confirmed during the inspection: Care plans in relation to pain management were not in place.</p> <p>See Section 5.2.6</p>	<p>Not met</p>

Area for improvement 3 Ref: Standard 31 Stated: First time	The registered person shall ensure records of the receipt and disposal of medicines supplied in monitored dosage systems are fully and accurately maintained.	Met
	Action taken as confirmed during the inspection: Records of the receipt and disposal of medicines supplied in monitored dosage systems were accurately maintained.	
Area for improvement 4 Ref: Standard 31 Stated: First time	The registered person shall ensure that records of administered medicines are fully and accurately maintained.	Not met
	Action taken as confirmed during the inspection: Medicine administration records were not accurately maintained. See Section 5.2.6	

5.2 Inspection findings

5.2.1 Management of warfarin

A review of the management of warfarin identified safe systems were not in place and there was a risk that the incorrect dose of warfarin could be administered. Obsolete warfarin medicine regimes remained in the medicine file and the latest dosage regime for one resident, including the date of the next arranged INR blood test, could not be provided during the inspection. This matter was raised urgently with the home manager for immediate action. Following the inspection, the manager provided assurances that the latest dosage regime had been obtained from the GP and a copy was shared with the inspector.

The date of opening was not consistently recorded on warfarin medication boxes meaning that the administration could not be accurately audited. This area for improvement has been stated for a second time.

5.2.2 Medicines audit

A robust system was not in place to effectively monitor medicines management. Various discrepancies were identified during the inspection including a missed dose of a bisphosphonate medication and an error which was not picked up through the internal audit process. The date of opening was not consistently recorded on medicines meaning they could not be accurately audited.

The audits completed by the manager did not include all aspects of the management of medicines, did not review the areas for improvement identified at the last medicines inspection

and were therefore not effective in identifying deficits or sustaining improvements. This area for improvement has been stated for a second time.

5.2.3 Management of medicines for newly admitted residents

Discrepancies were identified in the medicine related records and administration of medicines for residents recently admitted to the home. There was evidence that some medicines had not been administered as prescribed. An eye drop preparation prescribed to be administered on alternate days had been signed as administered daily. An error was not identified through the internal audit process and it could not be concluded during the inspection that the resident had been administered the medicine in question as prescribed. The personal medication records for newly admitted residents had not been signed by a second member of staff when they were written to ensure that they were accurate. This area for improvement has been stated for a second time.

5.2.4 Medicine related records and care plans

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.

It was identified that these records were not up to date with the most recent prescription and some were incomplete. This could result in medicines being administered incorrectly or the wrong information being provided to another healthcare professional. It was evident that staff did not use these records as part of the administration of medicines process. The area for improvement in relation to personal medication records has been stated under the Regulations.

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, high risk medicines, pain, and modified diets. The medicine related care plans for five residents were reviewed. Whilst care plans were in place for the management of warfarin, there were no care plans in place for residents prescribed medicines for pain relief. This is necessary to ensure staff are familiar with how each resident expresses their pain and that pain relief is administered when required. The area for improvement in relation to medicine related care plans is stated for a second time.

A sample of the medicines administration records was reviewed. Medicine administration in the home is recorded using an alphabetic code format. The records reviewed were not fully complete and accurate. A number of missed signatures including instances involving the administration of critical medicines were observed and highlighted to the manager for action and review.

There was evidence that staff recording the administration of medicines had copied the codes recorded from the previous day with no reference to the residents' personal medication records. 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. The area for improvement in relation to medicine administration records has been stated under the Regulations.

5.2.5 Staff training and competency

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to patients must be appropriately trained. Given the findings of this inspection a comprehensive review of training and competency of all staff that have responsibility for managing medicines must be undertaken to ensure safe systems are in place. An area for improvement was identified.

6.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	5*	2*

* the total number of areas for improvement includes four that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Norma Picking, Registered 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 Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: Second time</p> <p>To be completed by: Immediately and ongoing (23 February 2022)</p>	<p>The registered person shall ensure robust systems are in place for the safe management of warfarin.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The revised Medicines Policy covers safe management of warfarin, which is now audited monthly. Review on 25/3/22: all warfarin documentation was checked and details were transcribed correctly. Each resident's medication file has the correspondence from the GP attached to the warfarin administration chart. Date of next INR is documented.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: Second time</p> <p>To be completed by: Immediately and ongoing (23 February 2022)</p>	<p>The registered person shall develop and implement a robust audit process which covers all aspects of medicines management.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Provider has developed a robust tool and process. Manager has been completing weekly medicine audits and these are retained in file in treatment room. New monthly audits ongoing. Follow up review by Provider on 25/3/22</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: Second time</p> <p>To be completed by: Immediately and ongoing (23 February 2022)</p>	<p>The registered person shall ensure that written confirmation of all new residents' medicines is obtained at or prior to admission to the home and systems are in place to check that the correct medicines are supplied.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: This is now addressed within our revised Medicines Policy, and continued compliance is ensured in our monthly medicines audit. At the most recent audit, completed documentation for receipt of new resident's medicines, 2 signatures and verification with GP was evident.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p>	<p>The registered person shall closely monitor the completion of personal medication records to ensure these are accurately maintained and appropriate systems are in place to manage changes.</p> <p>Ref: 5.2.4</p>

<p>To be completed by: Immediately and ongoing (23 February 2022)</p>	<p>Response by registered person detailing the actions taken: As above weekly audits being completed currently. Manager and deputy checking daily. When changes to medicines occur, new kardex is printed. PRN protocols in place with indications for administration.</p>
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<p>Area for improvement 5</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing (23 February 2022)</p>	<p>The registered person shall ensure that records of administered medicines are fully and accurately maintained.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken: Weekly audits capturing any issues-dates of opening were missing on some items and this had been addressed by the manager. Photocopies of the original prescriptions are also kept in with the medicine kardex in case staff need to check before administering. CD book checked and all checks are in the one book now which makes it easier to see that the checks are completed. No gaps in signatures.</p>
<p>Action required to ensure compliance with Residential Care Homes Minimum Standards (2021)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 6</p> <p>Stated: Second time</p> <p>To be completed by: Immediately and ongoing (23 February 2022)</p>	<p>The registered person shall develop and update care plans regarding medicines management, in particular, warfarin, distressed reactions and pain management.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken: Care plans for the above have been completed and are also kept in with medicine file so as to be easily available for staff administering medication. New Abbey Pain charts have also been included.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: 25 March 2022</p>	<p>The registered person shall ensure a comprehensive review of training and competency of all staff that have responsibility for managing medicines is undertaken.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: All 10 staff administering medications have had competency assessments completed for 2022. Training on diabetes booked for w/c 4/4/22 from Coopers pharmacy. Waiting on Topical Application training dates.</p>

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