



# Inspection Report 10 and 16 December 2020



## Adelaide House

**Type of Service: Residential Care Home**

**Address: 24-26 Adelaide Park, BT9 6FX**

**Tel No: 028 9066 9362**

**Inspectors: Alice McTavish and Judith Taylor**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that 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 the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

**1.0 What we look for**



**2.0 Profile of service**

This is a residential care home registered to provide residential care for up to 45 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Presbyterian Council of Social Witness  <b>Responsible Individual:</b> Mr Lindsay Conway	<b>Registered Manager and date registered:</b> Mrs Norma Picking, 22 October 2014
<b>Person in charge at the time of inspection:</b> Mrs Norma Picking	<b>Number of registered places:</b> 45  The home is also approved to provide care on a day basis only to one person. Eight existing residents only in DE category of care and one existing resident in MP (E) category of care.
<b>Categories of care:</b> 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	<b>Total number of residents in the residential care home on the day of this inspection:</b> 38

### 4.0 Inspection summary

This was an unannounced inspection. It was undertaken by the care inspector on 10 December 2020 from 10.20 to 17.05 and by the pharmacist inspector on 16 December 2020 from 10.45 to 15.30.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan from the last care and medicines management inspections and to establish whether the home was providing safe, effective, compassionate and well led care.

The following areas were examined during the inspection:

- infection prevention and control (IPC) practices including the use of personal protective equipment (PPE)
- the internal environment
- staffing arrangements
- care delivery
- care records
- governance and management arrangements
- medicines management

Residents told us that they enjoyed living in Adelaide House and that staff treated them with great kindness.

The findings of this report will provide the registered persons with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	8	9*

\*The areas for improvement include two against the Standards which are stated for a second time.

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

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

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the registration status of the home
- notifiable events since the last care and medicines management inspections
- written and verbal communication received since the last care and medicines management inspections
- the reports and the returned QIPs from the last care and medicines management inspections
- inspections

We met with four residents individually and with others in groups, the manager and the deputy manager, two senior care assistants, and the cook.

Questionnaires were left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the person in charge with 'Tell Us' cards for distribution to residents' relatives so that they might give feedback to RQIA regarding the quality of service provision.

The following records were examined/or discussed during the inspection:

- duty rotas from 6 December to 26 December 2020
- staff training
- staff supervision and appraisal
- staff registration with professional body
- a selection of quality assurance audits

- equipment cleansing records
- incidents and accidents
- three residents' care records
- resident meeting minutes
- staff meeting minutes
- reports of visits by the registered provider
- 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

Areas for improvement identified at the last care and medicines management inspections were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement identified at the last care inspection on 20 January 2020 which includes findings from the last medicines management inspection on 25 April 2018

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
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 20(1)(a) <b>Stated:</b> First time	The registered person shall ensure that at all times suitably qualified, competent and experienced persons are working at the home in such numbers as appropriate for the health and welfare of the residents.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of the staff duty rota, discussion with the manager and staff and observation of care delivery confirmed that staffing levels were sufficient to meet the needs of residents.	

<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 31  <b>Stated:</b> First time	The registered person shall ensure that there are robust systems in place to ensure that personal medication records are accurately transcribed and correlate with the medicine administration record sheets.	<b>No longer applicable</b>
	<b>Action taken as confirmed during the inspection:</b> A new medicine system has been introduced since the last medicines management inspection. This area for improvement was in relation to ensuring the personal medication records were updated and matched the printed medication administration records. Printed medication administration records are no longer in use. However, see section 6.2.8.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 23.4  <b>Stated:</b> Second time	The registered person shall ensure that dementia awareness training is provided for all staff.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of staff training records identified that not all staff had been provided with dementia awareness training. RQIA later received written confirmation that all staff had since been provided with this training.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 23.3  <b>Stated:</b> First time	The registered person shall ensure that mandatory training is undertaken and completed as outlined in the Standards and guidance from RQIA.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of staff training records identified that some areas of mandatory training were not completed.  This area for improvement is therefore stated for a second time.	
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 28.3  <b>Stated:</b> First time	The registered person shall ensure that staff working practices, in relation to transferring residents in wheelchairs are safe and healthy.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The manager described the system in place for the routine cleaning of all wheelchairs. This ensured that two footplates were used and wheelchairs were in good working order.	

<p><b>Area for improvement 5</b></p> <p>Ref: Standard 27</p> <p>Stated: First time</p>	<p>The registered person shall ensure that issues identified in section 6.3 in regards to the home's environment are addressed.</p> <p><b>Action taken as confirmed during the inspection:</b> Inspection of the premises confirmed that the store room was uncluttered and tidy; and all cleaner's stores were locked. One toilet, which had been very recently used, was found to be in an unclean state, but this was immediately addressed.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 6</b></p> <p>Ref: Standard 6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that issues identified in section 6.4 in regards to the resident care records are addressed.</p> <p><b>Action taken as confirmed during the inspection:</b> Inspection of care records confirmed that most of the issues identified during the last care inspection were addressed, however, there were gaps noted in one resident's daily progress notes.</p> <p>This element of the area for improvement is therefore stated for a second time.</p>	<p><b>Partially met</b></p>
<p><b>Area for improvement 7</b></p> <p>Ref: Standard 5</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the rising times in care records are in line with resident wishes and agreed with the resident or their representative.</p> <p><b>Action taken as confirmed during the inspection:</b> Inspection of care records confirmed that residents' preferred rising and retiring times are agreed with residents or their representatives and recorded.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 8</b></p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered person shall ensure that staff, wear aprons when serving meals and that menus are available in the dining area.</p> <p><b>Action taken as confirmed during the inspection:</b> Observation of the lunch time meal identified that one member of staff, who was not directly employed by the home, did not wear an apron. All other staff wore aprons. This was brought to the attention of the manager who immediately addressed this. Menus were available in the dining area.</p>	<p><b>Met</b></p>

## 6.2 Inspection findings

### 6.2.1 Infection prevention and control (IPC) practices including the use of personal protective equipment (PPE)

Signage had been erected at the entrance to the home to reflect the current guidance on Covid-19. Anyone entering the home had a temperature check completed; staff had temperature checks completed twice on each working shift and residents had their temperatures monitored twice daily.

Staff had been trained in the correct way to don and doff Personal Protection Equipment (PPE) and there was a dedicated space for staff to put on PPE before commencing duties.

PPE was readily available and PPE stations throughout the home were well stocked, with the exception of one station where there were no aprons. When this was identified, the station was replenished with aprons.

Staff told us that sufficient supplies of PPE had been maintained throughout the Covid-19 outbreak. Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times. We noted, however, that a small number of staff sometimes did not wear their face masks correctly. This was identified as an area for improvement and was brought to the attention of the manager who agreed to address this with staff as a matter of priority.

Staff told us that a schedule of enhanced cleaning was in operation and that deep cleaning was carried out, as necessary. We saw that staff cleaned all frequently touched points throughout the home and that the home was generally maintained to a high level of cleanliness. There were, however, some exceptions to this.

The manager accompanied the inspector around the home. We saw that many of the information signs were not laminated, hence they could not be effectively cleaned. In two downstairs bathrooms we saw that the under sides of raised toilet seats and shower chairs were not cleaned. The manager later provided written confirmation that all signs were now laminated and any toilet seats which could not be thoroughly cleansed were removed and replaced.

In one bathroom, the under sides of the toilet tissue, liquid soap and hand towel dispensers, whilst visibly clean, showed small signs of not being regularly wiped. In one of the bathrooms we found that there was a build-up of fluff and debris behind a radiator. We also saw that the PPE station which was empty of aprons was in need of a thorough clean

The manager advised that cleaning schedules were in place, however it was evident that the schedules were not sufficiently detailed to ensure the correct level of cleaning in these areas. After the inspection, we provided the manager with suitable guidance and audit tools for use in residential care homes. We later received written confirmation that the guidance was being fully implemented and audited. The development of robust cleaning schedules, implementation and managerial oversight of the effectiveness of domestic cleaning was identified as an area for improvement.



## 6.2.2 The internal environment

An inspection of the internal environment was undertaken; this included examination of bedrooms, bathrooms, lounges, kitchen, dining room and storage areas.

Residents' bedrooms were found to be personalised with items of memorabilia and special interests. Furniture and soft furnishings were of good quality. The home was decorated to a good standard, was well ventilated and comfortable. All areas within the home were observed to be odour free and clean, with the exception of a small number of bathrooms (see section 6.2.1). Walkways throughout the home were kept clear and free from obstruction.

We noted that an area used for relatives to visit residents was decorated for Christmas and that some of the decorations were placed on surfaces which meant that the area could not be effectively sanitised before and after each visit, as in the current Covid-19 guidance. This was discussed with the manager who agreed to have these immediately removed to another area of the home where any risk would be much reduced.

We noted that in one identified toilet, there was a commode cleaning machine. The placement of the machine meant that residents could not easily use the toilet and any resident using a mobility aid had limited space to move. In addition, should a resident fall against the metal casing of the machine, this may cause injury. The manager advised that there were other equally effective options available in the home to clean commodes, hence this machine was not necessary. The removal of the machine was identified as an area for improvement.

## 6.2.3 Staffing arrangements

We could see that the duty rota accurately reflected the staff working in the home. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota.

The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staffing levels would be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support.

The staff reported that they all worked together for the benefit of the residents. Staff spoken with told us that they felt well supported in their roles and were satisfied with the staffing levels. Staff said that there was good team working and that there was effective communication between staff and management. We saw that regular staff meetings took place.

Staff told us that they received regular training, although this had been disrupted during the ongoing Covid-19 pandemic. We reviewed the records of mandatory staff training and found that the method used by the manager to maintain oversight had not been kept up to date; the list of staff was not accurate, the records did not note the designation of staff and some staff training was not recorded. This was identified as an area for improvement. We gave advice about how the training records could be improved to make it easier for the manager to maintain the correct level of oversight.

We discussed with the manager about the implementation of the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS).

We were advised that some staff had not completed the level 2 training in this area. This was identified as an area for improvement. We later shared electronic links to suitable training with the manager.

We saw that there was a system in place to provide staff with regular supervision and an annual appraisal.

#### **6.2.4 Care delivery**

We observed that residents looked well cared for; they were well presented and nicely dressed. It was evident that staff knew the residents well; staff spoke to residents kindly and were very attentive. Residents appeared to be content and settled in their surroundings and in their interactions with staff. The atmosphere in the home was calm, relaxed and friendly. Staff told us how the residents were consulted about the running of the home and had an active voice in matters which were important to them; we saw that there were written records of the resident meetings.

Some comments made by residents included:

- “This is a great place, the staff couldn’t do enough for you, they’re so helpful.”
- “There’s lots of staff around, and they come and help me when I need it.”
- “The food is excellent, and there’s lots of it.”
- “This is a lovely place, you couldn’t get better!”

The staff told us that they recognised the importance of maintaining good communication with families whilst visiting had been suspended due to the current pandemic. The care staff assisted residents to make phone calls and use other technology to communicate with their families. We looked at the results of a satisfaction survey where residents’ relatives were asked for feedback about staff response during the pandemic; the feedback from this was very positive.

We observed the serving of the main meal and found this to be a pleasant and unhurried experience for residents. The dining room was clean and bright. A menu was displayed and there was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available for residents. We saw that staff were helpful and attentive to residents.

The cook reported that the management team shared information with him about specific dietary needs of residents and he was able to demonstrate that he was familiar with the individual food preferences of residents. The cook described the range of food options available for residents and how the menus were adjusted seasonally. The cook also met with residents periodically to consult about the menus and to discuss any suggestions.

#### **6.2.5 Care records**

We reviewed the care records of three residents and saw that these were written in a professional manner and used language which was respectful of residents. The records evidenced that comprehensive pre-admission information was received and detailed care plans were in place to direct the care required.

There was evidence within care records of care plans and associated risk assessments being completed. Review of the progress notes confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment (with the exception of one record, see section 6.1). Care records evidenced that staff took prompt and responsive action when meeting residents' needs, as required.

### **6.2.6 Governance and management arrangements**

There was a clear management structure within the home. Staff commented positively about the manager and deputy manager and described them as supportive, approachable and always available for guidance.

There was a system of audits which covered areas such as accidents and incidents, care records, staff registrations with NISCC, resident and staff meetings. This helped to ensure that the manager had effective oversight of care delivery to residents. Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion.

We examined the records of accidents and incidents which had occurred within the home throughout October 2020 and cross referenced these against the information submitted by the manager to RQIA and the commissioning Trust. We found that each event was correctly managed; the date of the event recorded on the onward reports, however, was inaccurate as it reflected the date the manager submitted the reports, and not the event itself. This was discussed with the manager who advised that this had been a misunderstanding on her part. This was identified as an area for improvement.

We examined a selection of the reports of the visits by the registered provider. Whilst these reports provided assurance that many aspects of the running of the home were reviewed, we also noted that the issues identified during this inspection relating to staff training, the home's environment and medicines management had not been identified by the monitoring officer. This was identified as an area for improvement.

We examined the system in place to manage any complaints received; discussion with the manager provided assurance that complaints would be managed appropriately and that the manager viewed complaints as an opportunity to learn and improve.

### **6.2.7 Consultation with residents and residents' relatives**

Five questionnaires were returned from residents' relatives; each respondent indicated that they were satisfied or very satisfied that the care in Adelaide House was safe, effective, compassionate and well led.

### **6.2.8 Medicines Management**

#### **Personal medication records and associated care plans**

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 residents' needs will change and therefore their medicines should be regularly monitored and reviewed. This is usually done by the GP, medical consultant or pharmacist.

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, hospital appointments.

Some of the personal medication records reviewed at the inspection were accurately maintained and in line with best practice; a second member of staff had signed these to check that they were accurate. However, some discrepancies were noted and there were amended entries which were discussed with staff and management. An area for improvement was identified.

Copies of residents' prescriptions/hospital discharge letters were retained in the home so that any entry on the personal medication record could be checked against the prescription. This is good practice.

All residents should have care plans which detail their specific care needs and how the care is to be delivered. This is necessary to ensure that staff know what care is needed per resident and therefore care plans must be up to date. In relation to medicines these may include care plans for the management of distressed reactions, high risk medicines, pain, and modified diets. We reviewed medicine related care plans for five residents. Whilst most of these were satisfactory, further detail should be recorded in relation to distressed reactions, warfarin and pain management. An area for improvement was identified.

We reviewed the management of warfarin. This is a high risk medicine which requires robust systems to ensure that any changes in the doses are safely managed and the correct dose is being administered. Written confirmation of warfarin doses was not obtained and details were received by telephone by one member of staff. There was no system in place to ensure that the dose prescribed was accurately recorded for staff reference and obsolete dosage regimes had not been archived. Advice was given. The outcomes of two audit trails indicated discrepancies in warfarin stock levels. The manager was requested to notify the resident's GP and to investigate and report the findings to RQIA; these were received on 17 December 2020. An area for improvement was identified to ensure the safe management of this medicine. We advised that warfarin management should be incorporated into the audit process.

### **Medicine storage and record keeping**

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. Therefore, detailed records of incoming and outgoing medicines must be maintained.

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.

In relation to medicines supplied in seven day domiciliary packs, the receipt records did not include a list of each medicine in the pack; and the current supplies did not include the shape, colour or code of each medicine. This is necessary to enable staff to identify medicines. We also noted that when these packs and 28 day monitored dosage system packs were being returned to the community pharmacy for disposal, a list of medicines in each pack was not recorded. All medicine records must be fully and accurately maintained; this also readily facilitates the audit process. An area for improvement was identified.

The medicines were stored in a treatment room. This room was kept locked to prevent any unauthorised access. The storage areas were tidy and organised so that medicines belonging to each resident could be easily located. Suitable arrangements were in place for the safe storage of controlled drugs and medicines which required refrigeration. Oxygen was held in stock and appropriate signage was in place. It was agreed that this would be included in the home's fire plan. Two expired medicines were removed from stock and one inhaler required a label; this was being addressed during the inspection.

### **Administration of medicines**

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.

A sample of the administration records was reviewed. Most of the records were found to have been fully and accurately completed. Occasionally some medicines were being refused, for example, laxatives; the records and the medicine stock levels did not correlate. A small number of discrepancies were brought to the attention of the manager for ongoing close monitoring. An area for improvement was identified.

Controlled drugs are medicines which are subject to strict legal controls and legislation including record keeping. They commonly include strong pain killers. We reviewed the controlled drug record books and identified several incomplete records, as stock balances had not been brought to zero at the time of disposal or transfer of these medicines; staff signatures were missing, and stocks were not checked on controlled drugs which were discontinued and awaiting disposal. We reviewed the disposal of medicines records, but were unable to conclude that the controlled drugs had been safely returned to the community pharmacy. A review of the management of controlled drugs is necessary to ensure adherence and compliance with the legal controls and legislation. An area for improvement was identified. On 17 December 2020, the manager contacted RQIA to advise that they had located the information regarding the disposals and could account for all of the controlled drugs.

The auditing systems in place to monitor medicines administration and overall medicines management were reviewed. These are systems which when applied, assist the manager in determining if the medicine system is working well and also help identify if there are areas to improve on. In this home, the manager and staff completed medicines management audits daily and on a monthly basis. However, these were limited, did not include all formulations of medicines or cover all aspects of medicines management. An area for improvement was identified. We acknowledged that the date of opening was routinely recorded on medicines which were not supplied within the MDS packs so that they could be easily audited.

The benefit of delegating audits to senior staff and ensuring that the monthly monitoring reports include medicines management was discussed with management.

It was agreed that in order to drive and sustain improvements, the QIP from this inspection would be shared with staff and used as key part of the governance and audit processes.

### **Management of medicines on admission/re-admission to the home**

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 medicine management processes for new residents. There was evidence that hospital discharge letters detailing the medicines prescribed were received, and shared with the resident's GP. However, written confirmation of the medicine regime was not in place for a resident who was admitted from their own home. This is necessary to ensure that the correct medicines are supplied and available for the resident. One resident's personal medication records had not been signed and checked by two staff. The need for the personal medication records to be accurately written/rewritten was reiterated. An area for improvement was identified.

### **Medicine related 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. A suitable audit system helps staff to identify medicine related incidents.

Following discussion with staff it was evident that management and staff were familiar with the type of incidents that should be reported.

There have been no medicine related incidents reported to RQIA since 2017. The findings of this inspection indicate that the auditing system is not robust and therefore, incidents may not be identified. A robust auditing system is necessary to ensure that safe systems are in place and any learning from errors/incidents can be actioned and shared with relevant staff.

### **Medicines management training**

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. In addition, it is necessary to have up to date policies and procedures which staff have easy access to, for reference as needed.

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. Recent training was provided by the community pharmacist and a programme of training was planned; this included diabetes awareness and Parkinson's. However, whilst this was acknowledged, the inspection findings indicate that further training is necessary to ensure that robust systems are in place for the safe management of medicines. The manager advised after the inspection that medicines management training is scheduled for later this month and January 2021.

In relation to the administration of oxygen and thickening agents, staff confirmed that training had been completed. A record of this was not maintained and it was agreed that this would be addressed with immediate effect.

Medicines management policies and procedures were readily available. The manager was reminded to update these in relation to the new medicine system and community pharmacy.

### Areas of good practice

Several examples of good practice were evidenced at the inspection. They included the high levels of care and attention to residents, including residents in decisions which affected them and the stock control and administration of medicines.

### Areas for improvement

Whilst we identified some good practice, we also identified areas which require review and development. These included infection prevention and control measures, the arrangements for cleaning, staff training, care and medicine records; and the system of governance to ensure robust managerial oversight of these areas.

	Regulations	Standards
<b>Total number of areas for improvement</b>	8	7

## 6.3 Conclusion

Residents were observed to be well presented, relaxing in their bedrooms or in lounges or taking lunch in the dining room. Residents appeared to be happy and comfortable. The residents we spoke with indicated that they were well looked after in Adelaide House.

Staff were warm and friendly and it was evident from their interactions with the residents that they knew the residents well. Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to meet the needs of residents.

In relation to medicines management, we identified areas for improvement, but can conclude that overall, the residents were being administered their medicines as prescribed by their GP. The areas identified were mainly in relation to governance arrangements and record keeping. Further development is necessary to ensure that there are robust arrangements in the home.

Following the inspection the findings were discussed with Mr Lindsay Conway, Responsible Individual. Due to the immediate corrective action taken, RQIA decided that a period of time would be given to implement the necessary improvements. An inspection will be undertaken to determine if the necessary improvements have been implemented and sustained. Failure to implement and sustain the improvements may lead to enforcement action.

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

## 7.0 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 Norma Picking, 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.

## 7.1 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 DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 7.2 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 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><b>Area for improvement 1</b></p> <p>Ref: Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately and ongoing</p>	<p>The registered person shall ensure that all staff wear fluid resistant face masks correctly in accordance with current infection prevention and control guidance.</p> <p>Ref: 6.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> All staff are reminded at the beginning of their shift the importance of wearing the correct PPE and how to wear it correctly. This has also been addressed at recent staff meetings held on 13 and 14 January 21.</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately and ongoing</p>	<p>The registered person shall ensure the following:</p> <ul style="list-style-type: none"> <li>• the development of robust cleaning schedules to include all areas identified during this inspection</li> <li>• implementation of such schedules</li> <li>• robust managerial oversight of the effectiveness of domestic cleaning</li> </ul> <p>Ref: 6.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> New cleaning schedule have been developed and implemented. Registered manager is now completing a weekly environmental cleaning audit. Additional domestic staff have been employed to cover additional cleaning hours within the home.</p>
<p><b>Area for improvement 3</b></p> <p>Ref: Regulation 19 (1) (a) Schedule 3, 3 (j)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately and ongoing</p>	<p>The registered person shall ensure that all reports made to RQIA and to HSC Trusts contain accurate details of any accidents, incidents or events in the home.</p> <p>Ref: 6.2.6</p> <p><b>Response by registered person detailing the actions taken:</b> Registered manager has addressed this area for improvement and will ensure that all reports forwarded to the HSC Trusts and RQIA have the correct information at the time of reporting.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately and ongoing</p>	<p>The registered person shall ensure that the residential care home is conducted so as the following key areas are considered during the visits by the registered provider:</p> <ul style="list-style-type: none"> <li>• staff training</li> <li>• the home's environment</li> <li>• medicines management</li> </ul> <p>Ref: 6.2.6</p>
	<p><b>Response by registered person detailing the actions taken:</b> Person completing the unannounced monthly monitoring visit will ensure that the areas highlighted in this area for improvement are audited during the next 3 monthly monitoring visits and ongoing after that.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately and ongoing</p>	<p>The registered person shall ensure robust systems are in place for the safe management of warfarin.</p> <p>Ref: 6.2.8</p>
	<p><b>Response by registered person detailing the actions taken:</b> New robust systems are in place for the safe management of warfarin and staff have attended training regarding warfarin management on 22 December 2020.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately and ongoing</p>	<p>The registered person shall develop and implement a robust audit process which covers all aspects of medicines management.</p> <p>Ref: 6.2.8</p>
	<p><b>Response by registered person detailing the actions taken:</b> A comprehensive audit system has been developed and implemented to cover all aspects of medicines management. Staff competency assessments for medicines management have also been completed.</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately and ongoing</p>	<p>The registered person shall review and revise the management of controlled drugs to ensure robust arrangements are in place.</p> <p>Ref: 6.2.8</p>
	<p><b>Response by registered person detailing the actions taken:</b> A weekly audit of controlled drugs has been implemented and staff attended training on the management of controlled drugs on 7 January 21</p>

<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately and ongoing</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: 6.2.8</p>
	<p><b>Response by registered person detailing the actions taken:</b> Prior to and on admission to the home, residents' medicines are checked by 2 staff members and recorded in the admission checklist and on the resident's medicine kardex. If resident is coming in from home, the resident's GP is contacted to confirm medications prescribed.</p>
<p><b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 23.3</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 26 February 2021</p>	<p>The registered person shall ensure that mandatory training is undertaken and completed as outlined in the Standards and guidance from RQIA.</p> <p>Ref: 6.1</p>
	<p><b>Response by registered person detailing the actions taken:</b> A new training matrix has been implemented using the traffic light system to highlight shortfalls in staff training. The following mandatory training has been completed to date - DoLS, Dementia Awareness, Medication Management, Moving &amp; Handling of residents and remaining training has been booked for this month.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 6</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediately and ongoing</p>	<p>The registered person shall ensure that issues identified in section 6.4 (of the inspection report dated 20 January 2020) in regards to the resident care records are addressed.</p> <p>Ref: 6.1</p>
	<p><b>Response by registered person detailing the actions taken:</b> Registered person has addressed this issue with all care staff to ensure that resident's care records are maintained and information is current and reflects the care given on a daily basis.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 27.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 26 February 2021</p>	<p>The registered person shall ensure that the commode cleaning machine is removed to allow for the mobility and overall needs of residents.</p> <p>Ref: 6.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b> This piece of equipment was removed on the 29 January 21 and the bathroom has also been repainted.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 23.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 29 January 2021</p>	<p>The registered person shall ensure the following:</p> <ul style="list-style-type: none"> <li>• the list of staff on the training records is accurate</li> <li>• designations of staff are noted</li> <li>• dates of individual staff training are kept up to date</li> </ul> <p>Ref: 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> New training matrix has been developed and implemented to include the requirements highlighted in this area for improvement.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 23.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 29 January 2021</p>	<p>The registered person shall ensure that all staff, including ancillary staff, complete level 2 training in the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS).</p> <p>Ref: 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> All staff have now completed level 2 training in Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS). This has been recorded on the newly implemented training matrix.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 31</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately and ongoing</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: 6.2.8</p> <p><b>Response by registered person detailing the actions taken:</b> New electronic system for the completion of personal medication records is now in place and is closely monitored by the registered person.</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately and ongoing</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: 6.2.8</p> <p><b>Response by registered person detailing the actions taken:</b> The registered person has completed new care plans regarding medicines management, warfarin management, distressed reactions and pain management where appropriate.</p>

<p><b>Area for improvement 8</b></p> <p>Ref: Standard 31</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure records of the receipt and disposal of medicines supplied in monitored dosage systems are fully and accurately maintained.</p> <p>Ref: 6.2.8</p>
<p><b>Area for improvement 9</b></p> <p>Ref: Standard 31</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p><b>Response by registered person detailing the actions taken:</b> A clearer recording of receipt and disposal of medicines supplied in the monitored dosage system is now in place and under review.</p> <p>The registered person shall ensure that records of administered medicines are fully and accurately maintained.</p> <p>Ref: 6.2.8</p> <p><b>Response by registered person detailing the actions taken:</b> The registered person has implemented an audit system to ensure that medicines administered are fully and accurately recorded.</p>

*Please ensure this document is completed in full and returned via the Web Portal*



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