

Inspection Report

2 October 2020



Brae Valley

Type of Service: Residential Care Home

Address: 2 Breda Terrace, Newtownbreda, Belfast BT8 7BY

Tel No: 028 9504 2940

Inspector: Helen Daly

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

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

1.0 Profile of service

This is a residential care home which is registered to provide care for up to 30 residents.

2.0 Service details

Organisation/Registered Provider: Belfast HSC Trust	Registered Manager and date registered: Mrs Joan Telford
Responsible Individual: Mr Martin Joseph Dillon	23 July 2018
Person in charge at the time of inspection: Mr Ola Johnson, Deputy Manager	Number of registered places: 30
Categories of care: Residential Care (RC): DE – dementia	Total number of residents in the residential care home on the day of this inspection: 22

3.0 Inspection focus

This inspection was undertaken by a pharmacist inspector on 2 October 2020 from 10.30 to 15.00.

This inspection focused on medicines management within the home.

The inspection also assessed progress with any areas for improvement identified since the last care and medicines management inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspections findings, registration information, and any other written or verbal information received.

During our inspection we:

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

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

- the care records for residents requiring a modified diet
- the care records for five residents prescribed medication for administration on a “when required” basis for the treatment of distressed reactions
- staff training and competency assessment records
- personal medication records, medicine administration records, medicine receipt and disposal records
- controlled drug records
- medicine storage temperatures
- governance and audit
- management of medication incidents
- care plans relating to smoking, falls and behaviours that challenge
- the staff duty rota
- RQIA registration certificate

4.0 Inspection Outcome

	Regulations	Standards
Total number of areas for improvement	2	2*

*The total number of areas for improvement includes one which was carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mr Ola Johnson, Deputy Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

5.0 What has this service done to meet any areas for improvement identified at the last medicines management inspection (4 April 2017) and the last care inspection (20 January 2020)?

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 30 Stated: Second time	The registered manager should review the management of distressed reactions to ensure a care plan and a reason for the administration and effect of administration is recorded on every occasion, for the relevant residents.	Met
	Action taken as confirmed during the inspection: We reviewed the management of distressed reactions for five residents. Care plans were in place. The reason for and outcome of administration of "when required" medicines was recorded.	
Area for improvement 2 Ref: Standard 31 Stated: First time	The registered provider should ensure that the transcribing of medicines information on personal medication records involves two members of trained staff and both initial the entry.	Met
	Action taken as confirmed during the inspection: The personal medication records were signed and verified by two members of staff at the time of writing and at each update.	
Area for improvement 3 Ref: Standard 30 Stated: First time	The registered provider should review the management of warfarin as detailed in the report.	Carried forward for review at the next inspection
	Action taken as confirmed during the inspection: Warfarin was not prescribed for any residents. This area for improvement is carried forward for review at the next inspection.	
Area for improvement 4 Ref: Standard 30	The registered provider should develop the audit process to ensure it covers all aspects of medicines management.	Met

Stated: First time	Action taken as confirmed during the inspection: Senior carers carry out weekly counts on medicines which are not supplied in the monitored dosage system. The registered manager completes a monthly audit which covers most areas for the management of medicines. It was agreed that areas for improvement identified at this inspection would be included in the audit process.	
Areas for improvement from the last care inspection		
Action required to ensure compliance with Department of Health, Social Services and Public Safety (DHSSPS) The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14(2)(a) Stated: First time	The registered person shall ensure that cleaning chemicals are kept in a locked cupboard. Action taken as confirmed during the inspection: Cleaning chemicals were observed to be stored in a locked sluice room.	Met
Area for improvement 2 Ref: Regulation 30 Stated: First time	The registered person shall ensure notifiable events are reported to RQIA as required; in keeping with the regulation. Action taken as confirmed during the inspection: This area for improvement was in relation to notifying RQIA regarding unwitnessed falls. We reviewed the management of the last three unwitnessed falls. There was evidence that they had been managed appropriately and reported to RQIA.	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 25.6 Stated: First time	The registered person shall ensure that a record is kept of staff working over a 24-hour period and the capacity in which they worked. Action taken as confirmed during the inspection: We reviewed the duty rotas. They detailed the names of all staff working over a 24 hour period and the capacity in which they worked.	Met

Area for improvement 1 Ref: Standard 6.2 Stated: First time	The registered person shall ensure that care plans and risk assessments are in place for falls, behaviours which challenge and smoking.	Met
	Action taken as confirmed during the inspection: We reviewed care records for several residents. Care plans and risk assessments were in place for falls, behaviours which challenge and smoking.	

6.0 What people told us about this service?

Residents were relaxing throughout the home at the time of the inspection. They were observed to be enjoying country music and television. In the afternoon they gathered in the dining room for afternoon tea and bingo.

We spoke with four residents. They said that they were happy in the home and felt well cared for.

Staff were warm and friendly and it was evident from their interactions that they knew the residents well.

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

Staff expressed satisfaction with how the home was managed. They also 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 registered manager for any resident or their family representative to complete and return using pre-paid, self-addressed envelopes.

Ten questionnaires were returned during the inspection. The responses indicated that the residents were "very satisfied" with the care provided. Comments made included:

- "I'm happy."
- "I'm happy enough."
- "Everyone is very good. It's spotless."
- "Everything's dead on."
- "I have no complaints."

7.0 Inspection Findings

7.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Residents in care homes should be registered with a general 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 a GP, a pharmacist or during a hospital admission.

Residents in the home were registered with a local 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 e.g. medication reviews, hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they are written and updated to provide a double check that they are accurate.

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. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets, self-administration etc.

We reviewed care plans in relation to the management of distressed reactions, pain and diabetes and found that they contained sufficient detail to direct the required care.

Some residents may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the resident should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the resident.

We reviewed the management of thickening agents for one resident. It was acknowledged that staff were aware of the resident's recommended consistency level. However, the current speech and language assessment report was not available for inspection and the care plan was not up to date. Staff had received supervision on the use of thickening agents, but records had not been maintained. The thickening agent had been recorded on the personal medication record; however, records of administration were not maintained. The management of thickening agents should be reviewed and revised to ensure that:

- the most recent speech and language assessment report is available
- the care plan is up to date
- records of prescribing and administration are maintained
- records of staff training/supervision are maintained

An area for improvement was identified.

Some residents have their medicines added to food to assist swallowing. This had been authorised by the prescriber and was recorded on the personal medication records. Care plans were in place. It was agreed that the care plans would be updated to include details of exactly how the medicines were to be administered, to ensure that all staff were following the same procedure and the medicines are administered safely.

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

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.

Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner. All medicines were available for administration on the day of the inspection. However, we observed that some medicine doses had been omitted in previous months as the medicines had been out of stock. Staff had not recognised that the omissions had the potential to affect the health and wellbeing of the residents and had therefore not contacted the prescribers for guidance or reported to the next of kin, care management and RQIA. The stock ordering system must be reviewed to ensure that medicines are available for administration as prescribed. Senior carers must report any non-administration to the prescribers for guidance and to next of kin, care management and RQIA. Two areas for improvement were identified. See also Section 7.5.

The deputy manager was requested to investigate the previous out of stocks. The outcome of the investigations and action plan to prevent a recurrence was forwarded to RQIA via email following the inspection.

The treatment room, trolley, cupboards and medicines refrigerator 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.

We reviewed the disposal arrangements for medicines. Discontinued medicines were returned to the community pharmacy for disposal and records maintained. Two staff had signed the records of disposal. This is good practice.

7.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment.

Within the home, a record of the administration of medicines is completed. A sample of these records was reviewed. Most of the records were found to have been fully and accurately completed.

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 were recorded appropriately.

Management and staff audited medicine administration on a regular basis within the home. A range of weekly and monthly audits were carried out. The date of opening was recorded on all medicines so that they could be easily audited. This is good practice. It was agreed that stock management would be included in the the audit process.

The audits completed during this inspection showed that with the exception of a small number of medicines which had been out of stock, medicines had been given as prescribed.

7.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

There had been no recent admissions to the home. We discussed the admission process for residents new to the home or returning to the home after receiving hospital care. Staff advised that robust arrangements were in place to ensure that they were provided with a list of medicines from the hospital and this was shared with the resident's GP and the community pharmacist.

7.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicines incidents occur within homes. It is important that there are systems in place 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.

We discussed the medicine related incidents which had been reported to RQIA since the last inspection. 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.

However, as detailed in Section 7.2, senior carers and management had not recognised the omission of medicines due to stock supply issues as reportable medication incidents.

7.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and that staff are supported.

Staff in the home had received a structured induction which included medicines management when this forms part of their role. Training and competency assessments were completed annually. Records were available for inspection.

As detailed in Section 7.1 records of staff training on the management of thickening agents should be maintained.

8.0 Evaluation of Inspection

The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the service was well led.

The outcome of this inspection concluded that the areas for improvement identified at the last medicines management inspection had been addressed. One area for improvement in relation to the management of warfarin was carried forward and three new areas for improvement in relation to stock management, reporting medication incidents and the management of thickening agents were identified.

Whilst we identified areas for improvement, we can conclude that overall, with the exception of a small number of medicines, the residents were being administered their medicines as prescribed by their GP.

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

9.0 Quality Improvement Plan

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

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

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

9.1 Areas for improvement

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

9.2 Actions to be taken by the service

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

Quality Improvement Plan

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

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: - Immediate and ongoing</p>	<p>The registered person shall ensure that medicines are available for administration as prescribed.</p> <p>Ref: 7.2 and 7.5</p> <p>Response by registered person detailing the actions taken: The stock ordering system has been reviewed and an improvement plan to ensure medicines are available for administration is now in place. Actions have been identified and are being progressed, this included reviewing the number of Gp practices that residents are registered with and explore and agree in partnership with residents and families to agree transfer of care to an identified Gp practice. Governance arrangements have been identified and are evidenced within Action Plan to be reviewed on a monthly basis, this includes weekly audit of medications.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: - Immediate and ongoing</p>	<p>The registered person shall ensure any non-administration of medicines due to stock supply issues is reported to the prescriber for guidance and to next of kin, care management and RQIA.</p> <p>Ref: 7.2 and 7.5</p> <p>Response by registered person detailing the actions taken: Identified training and communication system in place for all Senior Care Assistants regarding administration of medicines due to stock supply issues. All staff have been informed by email and team brief on reporting of this to the prescriber, next of kin, care management and RQIA. Senior staff have been informed of the Governance and Accountability of this and will ensure that medicines are available for administration. Daily huddles in place to enable information to be shared and addressed at the earliest time. Non administration of medicines due to stock will be a standing item at all team meetings with regular oversight through weekly audit to ensure these incidents are addressed in a timely way.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)	
Area for improvement 1 Ref: Standard 30 Stated: First time To be completed by: 4 May 2017	The registered provider should review the management of warfarin as detailed in the report. Ref: 5.0
	Action required to ensure compliance with this Standard was not reviewed as part of this inspection and this will be carried forward to the next inspection.
Area for improvement 2 Ref: Standard 30 Stated: First time To be completed by: 2 November 2020	The registered person shall review and revise the management of thickening agents as detailed in the report. Ref: 7.1
	Response by registered person detailing the actions taken: Care plans of residents who are prescribed thickening agents have been reviewed and updated with SALT recommendation, care plans include details of how the medicines such as thickening agents are to be administered with all staff being informed of this process. Care plan will be reviewed on a monthly basis in partnership with MDT and family. .

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



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