

Inspection Report

13 December 2021



611 Ormeau Road

Type of service: Residential Care Home
Address: 611 Ormeau Road, Belfast, BT7 3JD
Telephone number: 028 9504 0583

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Belfast HSC Trust	Registered Manager: Mrs Josephine Grant
Responsible Individual: Dr Catherine Jack	Date registered: 4 September 2017
Person in charge at the time of inspection: Mrs Josephine Grant	Number of registered places: 13
Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of residents accommodated in the residential care home on the day of this inspection: 9
Brief description of the accommodation/how the service operates: This home is a residential care home which provides health and social care for up to 13 residents living with learning disability. Two of the 13 registered places are used for short term respite breaks for people who live in the community; however these beds have not been used since March 2020 due to pandemic restrictions.	

2.0 Inspection summary

An unannounced inspection took place on 13 December 2021, between 10.30am and 12.45pm by a pharmacist Inspector. This inspection focused on medicines management within the home.

Good systems for the management of medicines were in place. Medicine records were fully and accurately completed, residents had been administered their medicines as prescribed and regular audits were completed by management. No areas for improvement were identified at this inspection.

The report for the last care inspection was issued on 6 December 2021. The areas for improvement identified at that inspection were not reviewed during this inspection and will be reviewed at the next inspection.

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 we reviewed information held by RQIA about this home. This included previous inspection findings, incidents and correspondence. To complete the inspection we reviewed: a sample of medicine related records, storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. Staff opinions were also sought.

4.0 What people told us about the service

Staff were warm and friendly and it was evident from their interactions that they knew the residents well. They demonstrated good knowledge of residents' medicines and healthcare needs.

We met with one staff member, the deputy manager and the registered manager. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

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. Four questionnaires were completed by residents during the inspection. All residents were very satisfied with the care provided. Some comments included:

"It's a good laugh in 611 and I get out and about".

"Staff at 611 help me to have a bath...and we are getting a new bath". There are plans for one of the bathrooms to be refurbished.

"I would like to get out for more drives in the staff car". The manager advised that this was an activity that this resident particularly enjoys and they would go out several times a week in the car with this resident.

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 8 November 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27(2)(c)	The registered person shall ensure the repair or replacement of one broken baths and a broken bath lift.	Carried forward to the next inspection

Stated: First time	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2021)		Validation of compliance
Area for improvement 1 Ref: Standard 9.2 and 9.6 Stated: First time	All staff shall ensure that at all times; residents have access to and are wearing their own footwear. Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	Carried forward to the next inspection
Area for improvement 2 Ref: Standard 27 Stated: First time	The premises and grounds must be well maintained and remain suitable for their stated purpose. A detailed and time bound refurbishment action plan will be submitted to RQIA by 8 January 2022. Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	Carried forward to the next inspection
Area for improvement 3 Ref: Standard 28.3 Stated: First time	The registered person promotes safe and healthy working practices through the provision of information, training, supervision and monitoring of staff regarding effective infection prevention and control measures. This is specifically in relation to the correct donning and doffing of PPE. Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	Carried forward to the next inspection

5.2 Inspection findings

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

Residents in care homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times the residents' needs will change and therefore their medicines should be regularly monitored and reviewed. This is usually done by the GP, the pharmacist or during a hospital admission.

Residents in the home were registered with a GP and medicines were dispensed on a weekly basis by the community pharmacist.

Personal medication records were in place for each resident. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

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

It was discussed with the manager that copies of residents' prescriptions should be retained in the home so that any entry on the personal medication record could be checked against the prescription.

Residents will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff on when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the resident's distress and if the prescribed medicine is effective for the resident.

We reviewed the management of medicines prescribed on a "when required" basis for the management of distressed reactions for three residents. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a resident's behaviour. Directions for use were clearly recorded on the personal medication records. A care plan directing the use of these medicines was in place for one resident and the manager advised that she was in the process of implementing for the other two residents. These medicines were used infrequently.

The management of pain was discussed. Staff advised that they were familiar with how each resident expressed their pain and that pain relief was administered when required.

5.2.2 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.

The records inspected showed that medicines were available for administration when residents required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each resident could be easily located.

The disposal arrangements for medicines were reviewed. Discontinued medicines were returned to the community pharmacy for disposal and records maintained.

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

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

Samples of the medicine administration records were reviewed; they had been fully and accurately maintained. Systems were in place to ensure that completed records were filed in a timely manner.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out and good outcomes were noted. The date of opening was recorded on all medicines so that they could be easily audited. This is good practice.

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

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

There had been no recent admissions to the home. However, 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 written confirmation of the residents current medicines.

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

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident.

The audit system in place helps staff to identify medicine related incidents. Management and staff were familiar with the type of incidents that should be reported.

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.

The audits completed at the inspection showed that medicines were being administered as prescribed.

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

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

Staff in the home had received a structured induction which included medicines management when this forms part of their role. Competency had been assessed following induction and annually thereafter. A written record was completed for induction and competency assessments.

6.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	1*	3*

* All areas for improvement have been carried forward for review at the next inspection.

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Mrs Josephine Grant, Registered Manager, as part of the inspection process and can be found in the main body of the report.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27(2)(c) Stated: First time To be completed by: 31 March 2020	The registered person shall ensure the repair or replacement of one broken baths and a broken bath lift. Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2021 version 1.1)	
Area for improvement 1 Ref: Standard 9.2 and 9.6 Stated: First time To be completed by: Immediate and ongoing (8 November 2021)	All staff shall ensure that at all times; residents have access to and are wearing their own footwear. Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 2 Ref: Standard 27 Stated: First time To be completed by: 8 January 2022	The premises and grounds must be well maintained and remain suitable for their stated purpose. A detailed and time bound refurbishment action plan will be submitted to RQIA by 8 January 2022. Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 3 Ref: Standard 28.3 Stated: First time To be completed by:	The registered person promotes safe and healthy working practices through the provision of information, training, supervision and monitoring of staff regarding effective infection prevention and control measures. This is specifically in relation to the correct donning and doffing of PPE.

Immediate and ongoing (8 November 2021)	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
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