

# Inspection Report

5 June 2022



## Camphill Community Hollywood

Type of service: Residential Care Home  
Address: 1 Riverside, Hollywood, BT18 9DB  
Telephone number: 028 9042 3203/028 9042 2388

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Camphill Community – Hollywood	<b>Registered Manager:</b> Ms Andrea Diesel
<b>Responsible Individual:</b> Mrs Edeline Le Fevre	<b>Date registered:</b> 15 June 2015
<b>Person in charge at the time of inspection:</b> Ms Andrea Diesel	<b>Number of registered places:</b> 4
<b>Categories of care:</b> Residential Care (RC): LD – learning disability LD(E) – learning disability – over 65 years	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 4
<b>Brief description of the accommodation/how the service operates:</b>  This is a residential care home which is registered to provide care for four residents with a learning disability.	

## 2.0 Inspection summary

An unannounced inspection took place on 5 July 2022, from 10.50am to 1.00pm. This was completed by a pharmacist inspector.

The inspection focused on medicines management within the home. The purpose of the inspection was to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to medicines management.

The outcome of this inspection concluded that robust arrangements were not in place for all aspects of medicines management. One new area for improvement has been identified regarding personal medication records as detailed in the report and QIP.

Whilst an area for improvement was identified, RQIA can conclude that overall the residents were being administered their medicines as prescribed.

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

### 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how 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

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

The inspector also met with senior support staff and the 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 said that they had the appropriate training to look after residents and meet their needs.

Feedback methods included a staff poster and (easy read for LD) 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, no feedback had been received by RQIA.

### 5.0 The inspection

#### 5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

Areas for improvement from the last care inspection on 16 May 2022		
Action required to ensure compliance with Residential Care Homes Minimum Standards (2021)		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref: Standard 8.5</b>	All daily care records are accurate and up-to-date, to include any actions taken or not taken by staff and reports made to others.	<b>Carried forward to the next inspection</b>

<b>Stated:</b> First time	<b>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.</b>	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 28.3  <b>Stated:</b> First time	The registered person promotes safe and healthy work practices through the monitoring of staff's adherence to Infection Prevention and Control (IPC) measures. This is specifically in relation to ensuring fluid resistant surgical face masks are secure and that staff are bare below the elbow when providing direct care.  <b>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.</b>	<b>Carried forward to the next inspection</b>

## 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 may 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 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 not all accurate or up to date with the most recent prescription. 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. They had not been signed by the member of staff who had written them and they had not been checked by a second member of staff when they were written or updated to state that they were accurate. An area for improvement was identified.

One obsolete personal medication record had not been cancelled and archived. This is necessary to ensure that staff do not refer to obsolete directions in error and administer medicines incorrectly to the resident. This was actioned immediately.

### **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 area was observed to be securely locked to prevent any unauthorised access. It was tidy and organised so that medicines belonging to each resident could be easily located.

Satisfactory arrangements were in place for the safe disposal of medicines.

### **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.

The medicines administration records were reviewed. Most of the records were found to have been fully and accurately completed. The records were filed once completed.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out.

### **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, the admission process for new residents or residents returning from hospital was reviewed. Staff advised that robust arrangements were in place to ensure that they were provided with a current list of the resident's medicines and this was shared with the community pharmacist.

### 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.

Management and staff were familiar with the type of incidents that should be reported. The medicine related incidents which had been reported to RQIA since the last inspection were discussed. 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 indicated that the majority of 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 they are supported.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Ongoing review was monitored through supervision sessions with staff and at annual appraisal.

## 6.0 Quality Improvement Plan/Areas for Improvement

A new area for improvement has been identified where action is required to ensure compliance with The Residential Care Homes Minimum Standards 2021.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	3*

\* The total number of areas for improvement includes two which are carried forward for review at the next inspection.

The new area for improvement and details of the Quality Improvement Plan were discussed with Ms Andrea Diesel, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with Residential Care Homes Minimum Standards 2021</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 8.5  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing (from 16 May 2022)	All daily care records are accurate and up-to-date, to include any actions taken or not taken by staff and reports made to others.
	<b>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.</b>  Ref: 5.1
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 28.3  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing (from 16 May 2022)	The registered person promotes safe and healthy work practices through the monitoring of staff's adherence to Infection Prevention and Control (IPC) measures. This is specifically in relation to ensuring fluid resistant surgical face masks are secure and that staff are bare below the elbow when providing direct care.
	<b>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.</b>  Ref: 5.1
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 31  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing (from 05 July 2022)	The registered person shall ensure that two members of staff verify the personal medication records and medicines administration records when they are written and updated to confirm that they are accurate.  Ref: 5.2.1
	<b>Response by registered person detailing the actions taken:</b> Medication records have been reviewed and sign boxes are clearly visible. Procedures reaffirmed with staff and senior team through team meetings and managers information sharing portal.

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





The Regulation and  
Quality Improvement  
Authority

The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews

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