

# Inspection Report

27 July 2022



## Belmont Cottages

Type of Service: Residential Care Home (RCH)  
Address: Racecourse Road, Londonderry, BT48 7RD  
Tel No: 028 7137 2350

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Registered Provider:</b> Apex Housing Association  <b>Registered Person:</b> Ms Sheena McCallion	<b>Registered Manager:</b> Mr Seamus Crossan  <b>Date registered:</b> 8 November 2019
<b>Person in charge at the time of inspection:</b> Mrs Hollie Young, Senior Carer	<b>Number of registered places:</b> 16
<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> 15
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered residential care home which provides health and social care for up to 16 residents. The home is divided in four self-contained units which are all interlinked by a corridor. Each unit has accommodation for four residents in a bungalow type setting.	

## 2.0 Inspection summary

An unannounced inspection took place on 27 July 2022, from 10:40am to 1.00pm. This was completed by a pharmacist inspector and 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.

Review of medicines management found that robust arrangements were in place for the safe management of medicines. Medicine records were well maintained and there were effective auditing processes in place to ensure that staff were trained and competent to manage medicines and residents were administered their medicines as prescribed. One new area for improvement in relation to pain management care plans was identified.

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

Based on the inspection findings and discussions held, RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the management team in relation to medicines management.

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**

Residents were observed to be relaxing in the living rooms and dining areas of the units they resided in. Staff interactions with residents were warm, friendly and supportive. It was evident that they knew the residents well.

The inspector met with care staff including the senior carer in charge on the day of the inspection. 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 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 questionnaires 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?**

The last inspection to this residential care home was undertaken on 7 April 2022 by a care inspector; no areas for improvement were identified.

## 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 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 state that they were accurate.

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 by the senior carer in charge on the day of the inspection and assurances were provided that obsolete personal medication records would be archived moving forward.

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.

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.

The management of medicines prescribed on a "when required" basis for the management of distressed reactions was reviewed. Staff knew how to recognise a change in a resident's behaviour and were aware that this change may be associated with pain. Directions for use were clearly recorded on the personal medication records; and care plans directing the use of these medicines were in place. The care plans reviewed did not reference the specific medicine prescribed for the management of distressed reactions. This was discussed with the senior carer in charge who gave an assurance that the care plans would be updated to reflect the prescribed medicines. The reason for and outcome of each administration were recorded on supplementary medicine administration records.

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. However, care plans directing the use of pain relief medicines were not in place. This is necessary as residents may not be able to verbally express that they are in pain and rely on care staff to recognise how they communicate that they are in pain. An area for improvement was identified.

### **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. Temperatures of medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately. A medicine refrigerator and controlled drugs cabinet were available for use as needed.

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

A sample of the medicines administration records was reviewed. Most of the records were found to have been fully and accurately completed. A small number of missed signatures were brought to the attention of the senior carer for ongoing close monitoring. The records were filed once 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 should be recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out. Staff were reminded to consistently record the date of opening on all medicines not supplied in monitored dosage systems so that they can be easily audited.

#### **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. A robust audit system will help staff to identify medicine related incidents.

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 the 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. Policies and procedures should be up to date and readily available for staff.

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

One 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	1

The area for improvement and details of the Quality Improvement Plan were discussed with Mrs Hollie Young, Senior Care Assistant, as part of the inspection process. The timescale for completion commences 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 6  <b>Stated:</b> First time  <b>To be completed by:</b> 24 August 2022	The registered person shall ensure that care plans for the management of pain are in place and are regularly reviewed for residents who are prescribed medications for the management of pain.  Ref: 5.2.1  <b>Response by registered person detailing the actions taken:</b> Care plans for the management of pain are under review and will be implemented.

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