

Inspection Report

25 November 2021



Action on Hearing Loss

Type of service: Residential Care Home
Address: 1-2 Harkness Gardens, Londonderry BT47 6GG
Telephone number: 028 7134 1005

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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: Royal National Institute for Deaf People t/a Action on Hearing Loss Responsible Individual: Mr Mark Atkinson	Registered Manager: Mrs Maria Taylor Date registered: Not registered, Acting Manager
Person in charge at the time of inspection: Ms Katrina Carlin (Deputy Manager)	Number of registered places: 6
Categories of care: Residential Care (RC): MP – mental disorder excluding learning disability or dementia LD – learning disability SI – sensory impairment	Number of residents accommodated in the residential care home on the day of this inspection: 3
Brief description of the accommodation/how the service operates: This is a residential care home which provides care for up to six residents.	

2.0 Inspection summary

An unannounced inspection took place on 25 November 2021 from 10.50am to 1.25pm. It was undertaken by a pharmacist inspector and focused on medicines management within the home.

Following discussion with the aligned care inspector, it was agreed that the areas for improvement identified at the last care inspection would be followed up at the next inspection.

Review of medicines management found that robust arrangements were in place for the safe management of medicines and residents were administered their medicines as prescribed. There were systems in place to ensure that staff were trained and competent to manage medicines. Effective auditing processes were observed. No new areas for improvement were identified at this 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 reviewing a sample of medicine related records and care plans, medicines storage and the auditing systems used to ensure the safe management of medicines. The inspector spoke with management about how they plan, deliver and monitor the management of medicines in the home.

4.0 What people told us about the service

The inspector did not meet with any residents at the time of the inspection.

Staff interactions with residents were friendly and supportive. From discussion with the staff, it was evident that they knew the residents well. They were knowledgeable about each resident's medicines, recent and/or planned changes and the specific arrangements around administration of some medicines.

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 in an easy read version for residents, and also questionnaires for relatives. These were provided to the deputy 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 last inspection?

Areas for improvement from the last care inspection on 15 June 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 20 (1) (c) (ii) Stated: Second time	The registered person shall ensure a robust system is in place to ensure staff are registered with NISCC.	Carried forward to the next inspection
	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.	
Area for Improvement 2 Ref: Regulation 15 (2) (a) (b) Stated: Second time	The registered person shall ensure that a system is put in place to regularly review the content and quality of residents' care records to ensure it reflects the assessed needs of the residents.	Carried forward to the next inspection
	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.	
Area for Improvement 3 Ref: Regulation 27 (2) (b) (c) (d) Stated: Second time	The registered person shall ensure that premises are kept in good state of repair, kept clean and reasonably decorated.	Carried forward to the next inspection
	With specific reference to ensuring: <ul style="list-style-type: none"> • light fittings throughout the home are kept clean 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.	

<p>Area for Improvement 4</p> <p>Ref: Regulation 20 (1) (c)</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that the newly appointed acting manager is provided with a robust induction programme.</p> <hr/> <p>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.</p>	<p>Carried forward to the next inspection</p>
<p>Area for Improvement 5</p> <p>Ref: Regulation 20 (1)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the manager has a robust oversight of staff recruitment and induction process in accordance with legislation.</p> <hr/> <p>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.</p>	<p>Carried forward to the next inspection</p>
<p>Area for Improvement 6</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the all parts of the residential care home to which residents have access are free from hazards to their safety.</p> <hr/> <p>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.</p>	<p>Carried forward to the next inspection</p>
<p>Area for Improvement 7</p> <p>Ref: Regulation 27 (2) (b) (c)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> • window restrictors are reviewed and fitted where necessary with robust tamper proof fixings • regular checks of all window restrictors are commenced. <hr/> <p>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.</p>	<p>Carried forward to the next inspection</p>
<p>Area for Improvement 8</p> <p>Ref: Regulation 27 (2) (b) (c) (d)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the environmental issues identified during this inspection are addressed.</p> <hr/> <p>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.</p>	<p>Carried forward to the next inspection</p>

Area for Improvement 9 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure that the infection prevention and control issues identified during this inspection are urgently addressed and a system is initiated to monitor compliance with IPC measures; including staff practice. 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.	Carried forward to the next inspection
Action required to ensure compliance with Residential Care Homes Minimum Standards (2011)		
Area for Improvement 1 Ref: Standard 20 Stated: Second time	The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home. With specific reference to: <ul style="list-style-type: none"> • Care records • IPC • Environment 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.	Validation of compliance summary 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 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 and 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 verified and signed the personal medication records when they were written and updated to provide a check that they were accurate.

Copies of residents' prescriptions 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, diabetes, warfarin, self-administration etc. Following a review of residents' files, there was evidence that medicine related care plans were in place. They contained sufficient detail to direct the required care.

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 of the new medicine system which was to be implemented and the transition arrangements in place to ensure that all medicines were received 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. A medicine refrigerator and controlled drugs cabinet were available for use as needed.

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.

A record of the administration of medicines was completed on pre-printed medicine administration records (MARs). A sample of these records was reviewed. The records were found to have been fully and accurately completed. These records were filed once completed. It was acknowledged that pre-printed MARs will no longer be in use following the implementation of the new medicines system. Staff discussed the format of the new records and the input from the community pharmacist to support staff with the changes.

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

The audits completed at this inspection, indicated that the residents were being administered their medicines as prescribed.

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.

The management of medicines for new residents was reviewed. There had been no recent admissions. Staff advised that written confirmation of the resident's medicine regime was obtained from the resident's GP at or prior to admission and details updated on the resident's records by two trained staff.

Some residents maybe temporarily absent from the home as part of planned periods of leave. Systems were in place to ensure that the residents were supplied with their medicines and detailed records were maintained.

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 helps staff to identify medicine related incidents.

Staff were familiar with the type of incidents that should be reported. There was evidence that medicine related incidents had been reported to the relevant persons and outcomes shared with staff for their learning and to prevent a recurrence.

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

There were records in place to show that staff were trained and deemed competent in medicines management. Refresher training in medicines management had just been completed as part of the introduction to the new medicine system.

Policies and procedures were readily available for staff reference; it was agreed that these would be updated to reflect the new medicine system.

6.0 Conclusion

The outcome of this inspection concluded that robust arrangements were in place for medicines management. Staff were knowledgeable about the residents medicines and the medicines were being administered 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 with regards to the medicines management.

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

7.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no new areas for improvement being identified.

Findings of the inspection were discussed with Ms Katrina Carlin, Deputy Manager; and with Ms Maria Taylor, Registered Manager, by telephone on 29 November 2021, as part of the inspection process and can be found in the main body of the report.

	Regulations	Standards
Total number of Areas for Improvement	9*	1*

* all areas for improvement are carried forward for review at the next inspection.

Quality Improvement Plan

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

<p>Area for Improvement 1</p> <p>Ref: Regulation 20 (1) (c) (ii)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect (15 June 2021)</p>	<p>The registered person shall ensure a robust system is in place to ensure staff are registered with NISCC.</p> <p>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.</p> <p>Ref: 5.1</p>
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<p>Action required to ensure compliance with Residential Care Homes Minimum Standards (August 2021 version 1.1)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 20</p> <p>Stated: Second time</p> <p>To be completed by: 15 July 2021</p>	<p>The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • Care records • IPC • Environment <p>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.</p> <p>Ref: 5.1</p>



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