

# Inspection Report

19 January 2022



## Seven Oaks Housing with Care

Type of service: Residential Care Home  
Address: Crescent Link, Londonderry, BT47 6DN  
Telephone number: 028 7131 1278

[www.rqia.org.uk](http://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

<b>Organisation/Registered Provider:</b> Radius Housing Association	<b>Registered Manager:</b> Mrs Antoinette Margaret Strawbridge
<b>Responsible Individual:</b> Mrs Fiona McAnespie	<b>Date registered:</b> 1 April 2005
<b>Person in charge at the time of inspection:</b> Mrs Antoinette Strawbridge	<b>Number of registered places:</b> 16
<b>Categories of care:</b> Residential Care (RC): DE – dementia	<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 is a residential care home which provides care for up to 16 residents living with dementia. It is situated in the same building as a supporting living service and the registered manager manages both services.	

## 2.0 Inspection summary

An unannounced inspection took place on 19 January 2022 from 11.00am to 3.10pm. It was completed by a pharmacist inspector.

The inspection focused on medicines management within the home. The purpose 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.

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 care inspection.

Review of medicines management found that, overall, residents were being administered their medicines as prescribed. Arrangements were in place to ensure that staff received training and were deemed competent in medicines management. Medicine related care plans were in place.

However, the inspection findings indicate that improvements in some areas of medicines management are necessary to ensure that robust arrangements are in place. A review of the current auditing process to ensure that all aspects of medicines are reviewed will assist management and staff in addressing the areas for improvement that were identified. This

inspection resulted in four new areas for improvement; these are detailed in the quality improvement plan.

Following the inspection the findings were discussed with the senior inspectors. RQIA decided that a period of time would be given to implement the necessary improvements. A follow up inspection will be undertaken to determine if the necessary improvements have been made.

RQIA would like to thank the 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 reviewing a sample of medicine related records and care plans, medicines storage and the auditing systems used to ensure the safe management of medicines. Discussions were held with staff and the manager about how they plan, deliver and monitor the management of medicines in the home.

### **4.0 What people told us about the service**

To reduce footfall throughout the home, the inspector was unable to speak with any residents.

The residents were observed to be content and relaxed in their surroundings. Staff interactions with the residents were warm, friendly and supportive. It was evident that they were familiar with the residents, their likes and dislikes.

The inspector met with the two staff and the manager. The staff expressed satisfaction with their role and the team working in the home.

Staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed. It was noted that some staff were wearing jewellery and nail polish/artificial nails. This should be reviewed in line with the guidance regarding infection prevention and control; an area for improvement was identified.

Feedback methods included 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 last inspection?

Areas for improvement from the last medicines inspection on 1 December 2021		
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27 (2) (b) and (d)  <b>Stated:</b> Second time	The registered person shall ensure that the flooring in the identified areas is replaced.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	
<b>Action required to ensure compliance with Residential Care Homes Minimum Standards (2021)</b>		<b>Validation of compliance summary</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 29.4  <b>Stated:</b> First time	The registered person shall ensure that fire safety training is completed twice yearly.	<b>Carried forward to the next inspection</b>
	<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 20.10  <b>Stated:</b> First time	The registered person shall ensure that a robust system of auditing is implemented across various aspects of care and services provided by the home.	<b>Carried forward to the next inspection</b>
	<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>	

## 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 these records when they were written and updated to state that they were accurate. Staff were reminded that obsolete personal medication records should be cancelled and archived.

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. A review of records indicated that the relevant care plan and medicines records were in place.

The management of pain was discussed. Pain management was detailed in the residents' care plans and included if the resident could communicate with staff and the medicine prescribed. Staff advised that they were familiar with how each resident expressed their pain.

Injectable medicines were prescribed. These were administered by the district nursing team and details were recorded in the residents' care plans.

### **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. Temperatures of the medicines refrigerator were monitored and recorded twice daily to ensure that medicines were stored at the correct temperature. The medicine cupboards were tidy and organised so that medicines belonging to each resident could be easily located.

It was found that the residential care home and supported living service shared the same storage areas for controlled drugs and refrigerated medicines. Each service should have separate storage. An area for improvement was identified. See Section 5.2.3.

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 administration of medicines is recorded electronically when medicines were administered by senior care staff or the manager.

A review of the medicine administration records indicated that most medicines had been administered as prescribed. Reasons for non-administration were recorded. However, the time of administration indicated that bisphosphonate medicines were not always administered separately from food or other medicines; and there was evidence that the morning medicine round may be delayed. On the morning of the inspection the medicines round was not completed until 11.40am. This has the potential to delay the administration of medicines prescribed at lunchtime, tea time or night time, or the required dosage intervals may not be observed. Following discussion with staff it was established that the residential care home staff also administer medicines for the service users in the supported living service. Medicines must be administered on time and staff should be clearly identified to be working in one service at a time. This should be reviewed.

Care staff were responsible for the administration of topical medicines and this is recorded on separate administration records. These records were incomplete and there was no evidence that the medicines had been administered as prescribed. An area for improvement was identified.

The management of non-compliance was reviewed. The records indicated when a resident had refused their medicines and details were recorded in the daily notes. However, it could not be clarified if the prescriber had been informed when medicines were regularly refused. The manager agreed to follow this up with immediate effect.

To ensure that stock balances of controlled drugs are correct, staff check the stock in the controlled drug cabinet at each shift change. No discrepancies were noted. However, it was found that the residential care home and supported living service shared the same controlled drug record books. Each service should have its own separate record book(s). See Section 5.2.2.

There was evidence of some auditing activity for medicines management. The date of opening was recorded on most but not all medicines. This should be recorded to assist with the audit process. A running stock balance is maintained for all medicines and oral nutritional supplements. A review of the recorded stock balances and actual stock balances correlated for only a small number of the medicines audited. See Section 5.2.5.

#### **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 or residents returning to the home after receiving hospital care was reviewed. Written confirmation of the resident's medicine regime had been obtained and the personal medication records were written and checked by two staff. Details were shared with the community pharmacist.

It was found that following a medicine dose change, the staff had been removing a medicine from the monitored dosage system each day since 27 December 2021. This increases the risk that a medicine error may occur if the medicine is not removed or the incorrect medicine is removed. The manager advised that she was not aware this was occurring and the expected practice would be for the community pharmacist to amend the monitored dosage system. This was addressed immediately at the inspection and the manager assured that this would be discussed with all staff.

#### **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. There was evidence that medicine related 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. However, audit discrepancies were observed in the administration of a small number of medicines. A review of the monthly management audits indicated that the issues raised at this inspection were not being identified; therefore, the audit process needs developed to ensure that it covers all aspects of medicines and is effective. An area for improvement was identified.

### 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.

There was evidence that staff responsible for medicines management had received induction training and systems were in place to complete refresher training. Competency assessments were completed annually.

Medicine management policies and procedures were readily available for staff.

## 6.0 Quality Improvement Plan/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 Minimum Residential Care Home Standards 2021.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3*	4*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Antoinette Strawbridge, 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 The Residential Care Home Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27 (2) (b) and (d)  <b>Stated:</b> Second time  <b>To be completed by:</b> 23 May 2021	<p>The registered person shall ensure that the flooring in the identified areas is replaced.</p> <p><b>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.</b></p> <p>Ref: 5.1</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13(4)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing	<p>The registered person shall ensure that all medicines are administered as prescribed, are administered without delay and records are fully and accurately completed.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Topical medication administration and recording practice have been reviewed with staff and are subject to monthly audit.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13(4)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing	<p>The registered person shall review the storage of medicines to ensure that medicines for residential care home residents are kept in separate cupboards from medicines belonging to service users in the supported living service; and separate controlled drug records books and refrigerator temperature records are maintained for each service.</p> <p>Ref: 5.2.2 &amp; 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Existing arrangements have been in place since the home opened. Further separation of medication storage including a new store area for supported living is being put in place.</p>
<b>Action required to ensure compliance with Residential Care Homes Minimum Standards (2021)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 29.4  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing (1 December 2021)	<p>The registered person shall ensure that fire safety training is completed twice yearly.</p> <p><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></p> <p>Ref: 5.1</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 20.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing (1 December 2021)</p>	<p>The registered person shall ensure that a robust system of auditing is implemented across various aspects of care and services provided by the home.</p> <hr/> <p><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></p> <p>Ref: 5.1</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person should ensure that staff adhere to the infection prevention and control guidelines specifically with respect to jewellery and nail polish/artificial nails.</p> <p>Ref: 4.0</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Staff have been reminded of the guidelines, staff member had attended a wedding the previous day. Person in charge to oversee compliance.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 19 February 2022</p>	<p>The registered person shall review and develop the governance arrangements for medicines management, to ensure that all aspects of medicines management are included.</p> <p>Ref: 5.2.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Regular audits to include topicals, eyedrops and inhalers with more focus on learning outcomes and actions taken.</p>

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



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