

Inspection Report

6 January 2022



Drumary House

Type of service: Residential Care Home
Address: 44 Knockmore Road, Derrygonnelly, BT93 6GA
Telephone number: 028 6864 1736

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: Potential Ltd Responsible Individual: Miss Nicky Stadames	Registered Manager: Mr Chris Coulter – Acting
Person in charge at the time of inspection: Mr Chris Coulter	Number of registered places: 17
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: 10
Brief description of the accommodation/how the service operates: This is a residential care home which is registered to provide care for up to 17 residents with a learning disability.	

2.0 Inspection summary

An unannounced inspection took place on 6 January 2022 from 11.15am to 1.30pm. The inspection was completed by a pharmacist inspector and focused on medicines management.

At the last medicines management inspection on 12 August 2021, concerns were identified with the management of medicines. Areas for improvement were identified in relation to the maintenance of personal medication records, completion of medicine administration records, the arrangements for auditing medicines and training and competency assessments of staff involved in medicines management.

This inspection sought to assess the progress made in implementing the necessary improvements identified at the last inspection.

Improvements were observed in relation to the management of medicines during this inspection. An improved system of audit had been implemented and arrangements were in place to ensure staff were trained and deemed competent to manage medicines. One area for improvement in relation to the standard of maintenance of personal medication records has not been met and is stated for a second time.

Following discussion with the aligned care inspector, it was agreed that the areas for improvement identified at the last care inspection in relation to care would be followed up at the next care 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. To complete the inspection a sample of medicine related records, the auditing systems used to ensure the safe management of medicines and staff training and competency records were reviewed.

4.0 What people told us about the service

The inspector met with a senior care assistant and the manager. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

Staff were warm and friendly and it was evident from their interactions that they knew the residents well. Staff advised that they had worked hard to improve the management of medicines and that the changes implemented had been effective and were sustainable.

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 returned to RQIA.

5.0 The inspection

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

The last inspection to Drumary House was undertaken on 25 November 2021 by a care inspector.

Areas for improvement from the last inspection on 25 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 13(4) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that personal medication records are fully and accurately completed and are reflective of the resident's currently prescribed medicines.	Not met
	Response by registered person detailing the actions taken: Personal medication records were not fully complete and accurate. See Section 5.2.1	
Area for improvement 2 Ref: Regulation 13(4) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that complete and contemporaneous records of the administration of medicines are completed.	Met
	Response by registered person detailing the actions taken: Medicine administration records were complete and accurate. See Section 5.2.1	
Area for improvement 3 Ref: Regulation 13(4) Stated: First time To be completed by: With immediate effect	The registered person should ensure a robust system of audit which encompasses all aspects of medicines management is implemented to ensure safe systems are in place.	Met
	Response by registered person detailing the actions taken: A robust system of audit is now in place. See Section 5.2.2	
Area for improvement 4 Ref: Regulation 20 (c) Stated: First time To be completed by: 12 October 2021	The registered person should ensure a comprehensive review of training and competency of all staff that have responsibility for managing medicines is undertaken.	Met
	Response by registered person detailing the actions taken: Staff involved in medicines management had received updated training and competency had been assessed.	

	See Section 5.2.3	
Area for improvement 5 Ref: Regulation 13 (7) Stated: First time To be completed by: With immediate effect	The responsible individual shall ensure that all staff adhere to appropriate IPC guidelines and best practice. With specific reference to: <ul style="list-style-type: none"> • the correct wearing of PPE • staff are bare below the elbow. 	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 6 Ref: Regulation 10 Stated: First time To be completed by: With immediate effect	The responsible individual 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 • Hand hygiene 	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.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for improvement 1 Ref: Standard 23.1 Stated: First time To be completed by: With immediate effect	The responsible individual shall ensure that initial induction and orientation records are maintained in the employees file for inspection. 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 25 Stated: First time	The responsible individual shall ensure that staff duty rotas record the person in charge in the absence of the Manager and clearly document the hours of work for all staff.	Carried forward

To be completed by: With immediate effect	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.	to the next inspection
Area for improvement 3 Ref: Standard 20 Stated: First time To be completed by: With immediate effect	The responsible individual shall ensure that residents are weighed in accordance with their assessed needs and that a record is maintained and available for inspection. 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 4 Ref: Standard 27 Stated: First time To be completed by: With immediate effect	The responsible individual shall ensure that the malodour in the identified bedroom is investigated and relevant action taken to address the issue. 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 Medicine related records

Personal medication records reviewed at the inspection were not fully complete and some were inaccurate. The format of the personal medication records in use did not allow for documentation of important information such as allergy status and medicines administered via inhalation or topically. This could result in medicines being administered incorrectly or the wrong information being provided to another healthcare professional. Records had been written by one member of staff and had not been checked by a second staff member to ensure accuracy.

The personal medication records should be accurate and up to date. A system should be in place to ensure that they correlate with the medication administration records. This area for improvement has been stated for a second time.

Within the home, a record of the administration of medicines is completed on pre-printed medicine administration records (MARs) or occasionally handwritten MARs. A sample of the records reviewed identified these were complete and accurate. The manager was reminded that handwritten MARs should be signed by two members of staff to ensure accuracy. These records were filed once completed and were readily retrievable for audit and review.

5.2.2 Medicines audit

The findings of the last inspection identified the audit system in place for medicines management was not robust. A robust audit system encompassing all aspects of medicines management is necessary to ensure safe systems are in place and that residents are administered their medicines as prescribed.

Improvements in the arrangements for auditing medicines in the home were observed. A range of audits were carried out. Care assistants complete a weekly medication audit and daily running stock balances of medicines are maintained. The manager also completes a monthly medication audit which incorporates all aspects of medicines management.

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.

The audits completed during the inspection identified that medicines were administered as prescribed.

5.2.3 Staff training and competency assessments

To ensure that residents are well looked after and receive their medicines as prescribed, 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.

Update training on the management of medicines had been provided for all staff with responsibility for managing medicines. This included online and face-to-face training. Competency assessments were completed following this training. Records of completed training and competency assessments were available for review.

The findings of this inspection indicate that the training has been effective in driving the necessary improvements.

6.0 Conclusion

The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the home was well led in relation to medicines management.

The outcome of this inspection concluded that all medicines management related areas for improvement identified at the last inspection, with the exception of one in relation to personal medication records, had been addressed.

The manager was reminded that the improvements must be sustained. We would like to thank the residents and staff for their assistance throughout the inspection.

7.0 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 Residential Care Homes' Minimum Standards (August 2011).

	Regulations	Standards
Total number of Areas for Improvement	3*	4*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Chris Coulter, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 13(4)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that personal medication records are fully and accurately completed and are reflective of the resident's currently prescribed medicines.</p> <p>Ref: 5.1 & 5.2.1</p> <p>Response by registered person detailing the actions taken: Following the last Pharmacy Inspection, the Manager of the service reviewed and updated the following plans for each person in relation to medication: *Medication Support Plan *Medication Profile *Medication Risk Assessment. all current medications were listed with these documents and linked to MAR Sheets. We spoke with Pharmacy Inspector after last inspection and thought we have the correct documentation in place. As per requirements of this last inspection, the manager has formatted a KARDEX for each person we support with medication and has sent to Pharmacy Inspector for feedback to ensure full understanding & compliance. Pharmacy Inspector has confirmed the format and the content of the sample KARDEX. The manager now has these in place in the files of each person we support, two staff sign and any changes will be signed by GP. These will be reviewed as part of monthly audit cycle by manager. Thank you to the Pharmacy Inspector for his valued assistance and guidance throughout.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (25 November 2021)</p>	<p>The responsible individual shall ensure that all staff adhere to appropriate IPC guidelines and best practice.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • the correct wearing of PPE • staff are bare below the elbow. <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>

	Ref: 5.1
<p>Area for improvement 3</p> <p>Ref: Regulation 10</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (25 November 2021)</p>	<p>The responsible individual 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 • Hand hygiene <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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	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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