

Inspection Report

4 November 2021



Thackeray Place

Type of service: Residential Care Home
Address: 12 Ballyclose Street, Limavady, BT49 0BN
Telephone number: 028 7776 3011

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Western Health and Social Care Trust (WHSCT) Responsible Individual: Dr Anne Kilgallen	Registered Manager: Ms Jacqueline McElhinney Date registered: Registration pending
Person in charge at the time of inspection: Ms Sarah Gildernew – Senior care Assistant	Number of registered places: 32
Residential Care (RC) I - Old age not falling within any other category A - Past or present alcohol dependence	Number of residents accommodated in the residential care home on the day of this inspection: 12
Brief description of the accommodation/how the service operates: This is a residential home registered to provide care for up to 32 residents. The home is attached to a day care facility, which is separately managed.	

2.0 Inspection summary

An unannounced inspection took place on 4 November 2021, from 9.40am to 12.40pm. It was undertaken by a pharmacist inspector.

This inspection focused on medicines management within the home and also assessed progress with areas for improvement identified at the last medicines management and care inspections.

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. One area for improvement was identified in relation to the completion of administration records for external medicines. There were systems in place to ensure that staff were trained and competent to manage medicines.

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. We also spoke to staff about how they plan, deliver and monitor the management of medicines in the home.

4.0 What people told us about the service

Residents were relaxed and content in the home and when walking around the home several residents were complimentary about the staff, how well they were looked after and said they were happy in the home. No concerns were raised.

The inspector met with senior care assistant in charge and spoke to the manager on the telephone following the inspection. Staff were warm and friendly and it was evident from discussions that they knew the residents well. 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 and the training received. They said that the team communicated well and the manager was readily available to discuss any issues and concerns should they arise.

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 inspection on 24 August 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (2) (g)	The registered person shall ensure that all residents have access to an appropriate communal dining space at all times. Ref: 5.2.3	Met

Stated: Second time	Action taken as confirmed during the inspection: A communal dining space was available. Staff advised that several residents choose to eat meals in their bedrooms, however a choice is provided on a daily basis and three or four residents are regularly using the dining room.	
Area for improvement 2 Ref: Regulation 27 (4) (b) Stated: First time	The registered person shall ensure that the practice of propping doors open must cease. Ref: 5.2.3 Action taken as confirmed during the inspection: No doors were observed to be propped open.	Met
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance summary
Area for Improvement 1 Ref: Standard 32 Stated: First time	The registered person shall ensure that all medicines are stored at appropriate temperatures according to the manufacturer's requirements. Ref: 5.1 Action taken as confirmed during the inspection: Medicines were stored at appropriate temperatures according to the manufacturer's requirements, this included refrigerated medicines.	Met
Area for improvement 2 Ref: Standard 30 Stated: First time	The registered person shall ensure that audit procedures for the management of medicines are overseen by management and ensure consistency with the home's policy and procedures as detailed in the report. Ref: 5.1 Action taken as confirmed during the inspection: There was evidence that audit procedures are overseen by management and ensure consistency with the home's policy and procedures as detailed in the report.	Met

Area for improvement 3 Ref: Standard 25.6 Stated: First time	The registered person shall ensure that the hours worked by the manager are recorded on the staff duty rota. Ref: 5.2.1 Action taken as confirmed during the inspection: The hours worked by the manager were recorded on the staff duty rota.	Met
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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 check that they were accurate.

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 safe 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, warfarin, self-administration etc. Following a review of residents' files, there was evidence that medicine related care plans were in place. The care plans were up to date and included the name of the medicine, details of recent medicine changes and were reviewed regularly.

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 worked closely with each resident's GP and the community pharmacist to ensure that medicines are 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. A medicine refrigerator and controlled drugs cabinet were available for use as needed. Temperatures of the medicine refrigerator and storage areas were monitored and recorded every day and these were within the recommended temperature range.

Discontinued medicines were safely returned to the community pharmacy for disposal and records 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.

Review of a sample of the medicine administration records (MARs) evidenced that they had mostly been well maintained and indicated that overall, residents had received their medicines as prescribed. A number of gaps were highlighted indicating that external medicines such as creams and emollients had not been administered as prescribed or administered and not signed for. The manager and staff audit medicine administration on a regular basis within the home. This issue had also been highlighted in these audits. An area for improvement was identified. Systems were in place to ensure that these records were filed appropriately each month.

Some residents were responsible for the administration of some or all of their medicines. This is to be encouraged and was mostly well documented with records of handover maintained, with the exception of some external medicines. It was agreed that this would take place for all medicines.

Controlled drugs are medicines which are subject to strict legal controls, record keeping and legislation. They commonly include strong pain killers. A review of the controlled drugs records indicated that they had been well maintained and stocks were checked at each shift change.

The date of opening was recorded on all medicines so that they could be easily audited and a running stock balance was maintained for most medicines. These are areas of good practice.

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 residents new to the home or returning to the home after receiving hospital care was discussed. Staff advised that robust arrangements were in place to ensure that they were provided with a list of medicines from the GP or hospital and this was shared with the community pharmacist and/or GP.

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.

The audit system in place helps 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.

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 were records in place to show that staff were trained and deemed competent in medicines management. Policies and procedures were up to date and readily available for staff use.

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 regarding the management of medicines.

The outcome of this inspection concluded that all areas for improvement identified at the last medicines management and care inspections had been addressed. One new area for improvement was identified. RQIA was assured 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.

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 Home Regulations (Northern Ireland) 2005.

	Regulations	Standards
Total number of Areas for Improvement	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Sarah Gildernew, Senior Care Assistant and Mrs Jacqueline McElhinney, 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 Home Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediate and ongoing	The registered person shall ensure that records of administration of external medicines are fully and accurately maintained. Ref: 5.2.3 Response by registered person detailing the actions taken: Records in place to record administration of external medication. Staff have been made aware of this area of improvement and their ongoing responsibility to ensure that records are accurately maintained.

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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

Web www.rqia.org.uk

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