Inspection Report

13 June 2023

William Street Care Home

Type of service: Residential Care Home
Address: 98 William Street, Londonderry, BT48 9AD
Telephone number: 028 7126 4213

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: Western Health and Social Care Trust (WHSCT) **Responsible Individual:** Mr Neil Guckian	**Registered Manager:** Ms Glenda Anthony **Date registered:** 6 January 2023
Person in charge at the time of inspection: Ms Glenda Anthony	**Number of registered places:** 27
Categories of care: Residential Care (RC) I – Old age not falling within any other category.	**Number of residents accommodated in the residential care home on the day of this inspection:** 18
Brief description of the accommodation/how the service operates: William Street Care Home is a registered residential care home which provides health and social care for up to 27 residents. The home is a single storied dwelling and each resident has their own bedroom. Residents also have access to communal areas with outside spaces.	

2.0 Inspection summary

An unannounced inspection took place on 13 June 2023, from 10.30am to 3.15pm. This was completed by a pharmacist inspector and focused on medicines management in 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.

The inspection also assessed progress against the areas for improvement identified at the last medicines management inspection. The areas for improvement identified at the last care inspection will be followed up at the next care inspection.

Review of medicines management found that robust arrangements were in place for the safe management of medicines. Medicine records and medicine related care plans were well maintained. 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.

The outcome of this inspection concluded that the areas for improvement identified at the last medicines management inspection had been addressed. No new areas for improvement were identified.

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. The inspector spoke to staff and management about how they plan, deliver and monitor the management of medicines.

4.0 What people told us about the service

The inspector met with senior care staff and the manager. Staff interactions with residents were warm, friendly and supportive. It was evident that they knew the residents well.

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?

Areas for improvement from the last inspection on 11 January 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 30 **Stated:** First time	The registered person shall ensure that RQIA are notified of any event in the home in accordance with Regulation 30.	**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) (Version 1:1)		Validation of compliance
Area for improvement 1 **Ref**: Standard 31 **Stated:** Second time	The registered provider should ensure that two designated staff are involved in the writing and updating of medicine records.	**Met**
	Action taken as confirmed during the inspection: Medicine records were signed by two members of staff when written and updated.	
Area for improvement 2 **Ref:** Standard 30 **Stated:** First time	The registered provider should review the management of distressed reactions as detailed in the report.	**Met**
	Action taken as confirmed during the inspection: Satisfactory arrangements were in place for the management of medicines prescribed for distressed reactions.	
Area for improvement 3 **Ref**: Standard 31 **Stated:** First time	The registered person shall ensure review the arrangements for the cold storage of medicines to ensure that temperatures are maintained within the accepted range and the thermometer is reset every day.	**Met**
	Action taken as confirmed during the inspection: Medicines requiring cold storage were stored appropriately.	
Area for improvement 4 **Ref**: Standard 31 **Stated:** First time	The registered person shall ensure that the receipt and disposal of medicines records are fully and accurately maintained.	**Met**
	Action taken as confirmed during the inspection: A new medicines receipt book had been implemented and maintained following the last medicines management inspection. A record of any medicines disposed were maintained in the medicines disposal book.	
Area for improvement 5 **Ref:** Standard 19.2 **Stated:** First time	The registered person shall ensure that the manager has oversight of the recruitment process including pre-employment checks.	**Carried forward to the next 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.	

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 largely accurate and up to date. A small number of minor discrepancies highlighted by the inspector were actioned by the manager on the day of the inspection. 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.

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. Directions for use were clearly recorded on the personal medication records; and care plans directing the use of these medicines were in place. Staff knew how to recognise a change in a resident's behaviour and was aware that this change may be associated with pain. Records included the reason for and outcome of each administration.

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. Care plans were in place and reviewed regularly.

Care plans were in place when residents required insulin to manage their diabetes. There was sufficient detail in the care plan to direct staff if the resident's blood sugar was too low. Insulin was administered by the district nurse; records of the administration of insulin were readily available for review.

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 area was observed to be securely locked to prevent any unauthorised access. It was tidy and organised so that medicines belonging to each resident could be easily located. The temperature of the medicine storage area was monitored and recorded to ensure that medicines were stored appropriately.

Medicines which require cold storage must be stored between 2^{o}C and 8^{o}C to maintain their stability and efficacy. In order to ensure that this temperature range is maintained at all times it is necessary to monitor the maximum and minimum temperatures of the medicines refrigerator each day and to then reset the thermometer. There were records available to confirm that the maximum and minimum refrigerator temperature was monitored each day and the thermometer reset. Temperature recordings were within the recommended range.

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.

Within the home, a record of the administration of medicines is recorded on hand-written medicine administration records (MARs). A sample of the MARs was reviewed. The records were found to have been fully and accurately completed. A second member of staff had checked and signed the records when they were written to confirm that they were accurate. The records were filed once completed and readily retrievable for review.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The records of receipt, administration and disposal of controlled drugs were maintained to the required standard in a controlled drug record book.

Management and staff audited medicine administration on a regular basis within the home. 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.

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.

A review of records indicated that satisfactory arrangements were in place to manage medicines for new residents or residents returning from hospital. Written confirmation of the resident's medicine regime was obtained at or prior to admission and details shared with the community pharmacy. The medicine records had been accurately completed.

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.

There has been no medicine related incidents reported to RQIA since the last medicines management inspection. Guidance on identifying and reporting incidents was provided during the inspection to ensure that all staff were aware of the types of medication incidents which must be reported to RQIA.

The audits completed at the inspection indicated that the large majority of medicines were administered as prescribed. A small number of minor discrepancies were highlighted to the manager for review and ongoing monitoring.

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. There were records in place to show that staff responsible for medicines management had received recent training.

6.0 Quality Improvement Plan/Areas for Improvement

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

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

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Ms Glenda Anthony, Registered Manager, as part of the inspection process and can be found in the main body of the report.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Home Regulations (Northern Ireland) 2005	
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Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 **Ref:** Standard 19.2 **Stated:** First time **To be completed by:** From the date of inspection (11 January 2023)	The registered person shall ensure that the manager has oversight of the recruitment process including pre-employment checks. **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

The Regulation and Quality Improvement Authority

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