

Inspection Report

11 November 2021



Knockan Lodge

Type of Service: Residential Care Home
Address: 153 Finvoy Road, Ballymoney, BT53 7JN
Telephone Number: 028 2957 1540

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Cara Home Care Ltd	Registered Manager: Mrs Elizabeth McVicker
Responsible Individual: Mrs Elizabeth Kathleen Mary Lisk	Date registered: 29 May 2019
Person in charge at the time of inspection: Mrs Elizabeth McVicker	Number of registered places: 25
Categories of care: Residential Care (RC) I – old age not falling within any other category. DE – dementia MP(E) - mental disorder excluding learning disability or dementia – over 65 years PH(E) - physical disability other than sensory impairment – over 65 years	Number of residents accommodated in the residential care home on the day of this inspection: 20
Brief description of the accommodation/how the service operates: This home is a residential care home which provides social care for up to 25 residents. Resident bedrooms are located over two floors. Residents have access to a communal lounge, a dining room and a garden.	

2.0 Inspection summary

An unannounced inspection took place on 11 November 2021, from 10.00am to 1:00pm. The inspection was conducted by a pharmacist inspector and focused on medicines management within the home.

At the last inspection on 17 June 2021, concerns were identified with the management of medicines. Areas for improvement were identified in relation to the maintenance of personal medication records, the management of bisphosphonate medicines, thickening agents, insulin, and the arrangements for auditing medicines in the home. Following the inspection, feedback was provided to Mrs Elizabeth Lisk, Responsible Person and Mrs Elizabeth McVicker, Registered Manager. This inspection sought to assess the progress made in implementing the necessary improvements identified at the last inspection.

Significant improvements in relation to medicines management were observed during this inspection. Medicine related records were maintained to the required standard and arrangements were in place to audit medicines.

A new senior care assistant with experience in medicines management had been recruited to implement improvements. One area for improvement in relation to the management of thickening agents has been stated for a second time. The manager was reminded that the improvements must be sustained.

Following discussion with the aligned care inspector, it was agreed that the areas for improvement identified at the last 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, storage arrangements for medicines and the auditing systems used to ensure the safe management of medicines were reviewed.

4.0 What people told us about the service

The inspector met with two senior care assistants 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?

Areas for improvement from the last inspection on 17 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 13(4) Stated: Third and final time	The registered person shall review the management of bisphosphonate medicines to ensure these are administered as prescribed.	Met
	Action taken as confirmed during the inspection: Bisphosphonate medications were administered as prescribed. See Section 5.2.1	
Area for improvement 2 Ref: Regulation 27(4) (e) and (f) Stated: First time	The registered person shall ensure all staff receive up-to-date training in fire safety and fire safety drills.	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)(l) Stated: First time	The registered person shall ensure that the electrical switch room is secure at all times and there is no inappropriate storage in this room.	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.	

<p>Area for improvement 4</p> <p>Ref: Regulation 19(1)</p> <p>Stated: First time</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> <hr/> <p>Action taken as confirmed during the inspection: Satisfactory systems were in place for the management of personal medication records.</p> <p>See Section 5.2.2</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p>	<p>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.</p> <hr/> <p>Action taken as confirmed during the inspection: The audit system in place covered all aspects of medicines management.</p> <p>See Section 5.2.3</p>	<p>Met</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard E13</p> <p>Stated: First time</p>	<p>The registered person shall repair;</p> <ul style="list-style-type: none"> • The tear in the corridor carpet • The identified bedroom drawer <hr/> <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>Carried forward to the next inspection</p>
<p>Area for improvement 2</p> <p>Ref: Standard 31</p> <p>Stated: First time</p>	<p>The registered person should ensure that new entries on personal medication records and handwritten entries on printed medication administration records are checked for accuracy and signed by two competent members of staff.</p> <hr/> <p>Action taken as confirmed during the inspection: Satisfactory systems were in place for the management of personal medication records and medicine administration records.</p> <p>See Section 5.2.1 & 5.2.4</p>	<p>Met</p>

<p>Area for improvement 3</p> <p>Ref: Standard 31</p> <p>Stated: First time</p>	<p>The registered person should ensure records of prescribing and administration of thickening agents including the recommended consistency of fluids are maintained.</p> <hr/> <p>Action taken as confirmed during the inspection: The records relating to thickened fluids had not been appropriately completed.</p> <p>See Section 5.2.5</p>	<p>Not met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 32</p> <p>Stated: First time</p>	<p>The registered person shall review the management of insulin to ensure that:</p> <ul style="list-style-type: none"> • the date of opening is recorded to facilitate audit and disposal at expiry • dosage directions on personal medication records are reflective of the resident's current regime <hr/> <p>Action taken as confirmed during the inspection: Satisfactory arrangements for the management of insulin were in place.</p> <p>See Section 5.2.6</p>	

5.2 Inspection findings

5.2.1 Administration of bisphosphonate medicines

Bisphosphonate medicines must be administered separately from food and other medicines as instructed by the manufacturer. Audits conducted by the inspector identified bisphosphonate medicines had been administered according to the specific administration directions. Staff with responsibility for administering these medicines were aware that they must be administered separately from food and other medicines and reminders were in place to ensure staff adhered to the specific administration instructions.

5.2.2 Personal medication records

Personal medication records were in place for all residents selected for review. These records are 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.

It was requested following the last inspection findings that a thorough review of all residents' personal medication records be undertaken by the manager. There was evidence that this had been carried out.

The personal medication records reviewed at the inspection were accurate and up to date. Medication changes had been accurately recorded. The records had been verified and signed by two members of staff at the time of writing and at each update in order to ensure accuracy of transcribing.

5.2.3 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. During feedback at the last inspection, RQIA requested that the medicine audits completed by staff be sent to RQIA for review. These were completed and received as requested by email.

Improvements in the arrangements for auditing medicines in the home were observed. A range of audits were carried out. The senior care assistant completes a weekly medication audit and daily running stock balances of medicines are maintained. The manager also completes a monthly medication audit. The date of opening was recorded on all medicines so that they could be easily audited. This is good practice.

Any necessary actions identified from the internal audit process were discussed with staff for immediate implementation. 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 showed that medicines were administered as prescribed.

5.2.4 Medicine administration records

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. Handwritten MARs were signed by two members of staff to ensure accuracy. These records were filed once completed and were readily retrievable for audit.

5.2.5 Thickened fluids

Some residents may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the residents should be supported with their food and fluid intake should be in place to direct staff.

The management of thickening agents for two residents was reviewed. Up to date speech and language assessments were in place for each resident and care plans to direct the care for each resident was held on file. However, records of prescribing did not contain the recommended consistency of fluids and records for the administration of thickening agents were not maintained. This area for improvement is stated for a second time.

5.2.6 Management of insulin

The management of insulin was reviewed. Insulin was administered by the district nurse. Personal medication records were accurate and reflective of the resident's current insulin regime. In-use insulin pens were individually labelled and easily identifiable. Staff in the home were reminded to consistently record the date of opening on insulin pens to facilitate audit and disposal on expiry.

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 the management of thickening agents, had been addressed.

RQIA can be assured that the home was well led and delivering safe, effective and compassionate care with regards to medicines management. 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	2*	2*

* the total number of areas for improvement includes one under the Standards that has been stated for a second time and 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 Elizabeth McVicker, Registered 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	
Area for improvement 1 Ref: Regulation 27(4) (e) and (f) Stated: First time To be completed by: 17 July 2021	<p>The registered person shall ensure all staff receive up-to-date training in fire safety and fire safety drills.</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>
Area for improvement 2 Ref: Regulation 27(2)(l) Stated: First time To be completed by: With immediate effect (17 July 2021)	<p>The registered person shall ensure that the electrical switch room is secure at all times and there is no inappropriate storage in this room</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>
Action required to ensure compliance with Residential Care Homes' Minimum Standards (August 2011).	
Area for improvement 1 Ref: Standard E13 Stated: First time To be completed by: 24 June 2021	<p>The registered person shall repair;</p> <ul style="list-style-type: none"> • The tear in the corridor carpet • The identified bedroom drawer <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>

<p>Area for improvement 2</p> <p>Ref: Standard 31</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect (11 November 2021)</p>	<p>The registered person should ensure records of prescribing and administration of thickening agents including the recommended consistency of fluids are maintained</p> <p>Ref: 5.2.5</p>
	<p>Response by registered person detailing the actions taken: This has been maintained with immediate effect.</p>

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



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