

# Inspection Report

27 October 2021



## Redford

Type of service: Residential Care Home  
Address: 15 Redford Road, Cullybackey, BT43 5PR  
Telephone number: 028 2588 0671

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Redford Residential Care Homes Limited  <b>Responsible Individual:</b> Mr John Wallace	<b>Registered Manager:</b> Mrs Paula Douglas  <b>Date registered:</b> 14 October 2021
<b>Person in charge at the time of inspection:</b> Ms Reigan Barr, Senior Carer, until 1.00 pm Mrs Paula Douglas, 1.00 pm onwards	<b>Number of registered places:</b> 30  This number includes a maximum of six residents in RC-DE category of care.
<b>Categories of care:</b> Residential Care (RC): I - old age not falling within any other category DE - dementia PH(E) - physical disability other than sensory impairment - over 65 years	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 28
<b>Brief description of the accommodation/how the service operates:</b> This is a residential care home which is registered to provide care for up to 30 residents.	

## 2.0 Inspection summary

An unannounced inspection took place on 27 October 2021 from 10.25 am to 3.40 pm. The inspection was completed by a pharmacist inspector and focused on the management of medicines within the home.

The inspection also assessed progress with any areas for improvement identified since the last care and medicines management inspections.

Review of medicines management found that residents were administered their medicines as prescribed and that the majority of records were well maintained. Arrangements were in place to ensure that staff were trained and competent in medicines management. Areas for improvement were identified in relation to the management of topical medicines, the management of medicines on admission/re-admission to the home and the auditing systems.

### 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 the following were reviewed: a sample of medicine related records, storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. We also spoke to staff and management about how they plan, deliver and monitor the management of medicines in the home.

### 4.0 What people told us about the service

We met with one resident, one key holder, a senior carer and the manager. 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.

The staff members spoken with 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.

Feedback methods included a staff poster and paper questionnaires which were provided to the senior carer for any resident or their family representative to complete and return using pre-paid, self-addressed envelopes. Four residents completed and returned the questionnaires. Three responses were positive regarding all aspects of the care provided. One respondent highlighted a concern which was discussed with the manager via telephone (2 November 2021).

### 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 6 August 2021 (carried forward from 27 May 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)	The registered person shall ensure that robust arrangements are in place for the management of controlled drugs.	Met

<p><b>Stated:</b> Second time</p>	<p><b>Action taken as confirmed during the inspection:</b> Records for the receipt, administration and disposal of controlled drugs were maintained to the required standard in a controlled drug record book. They were verified and signed by two trained staff.</p> <p>Stock balances were brought to zero when controlled drugs were returned for disposal or transferred with the resident at the time of their discharge from the home.</p> <p>Quantities of controlled drugs were checked at each handover.</p>	
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Regulation 20 (3)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that competency and capability assessments for any member of staff with the responsibility of being in charge in the absence of the manager is completed and regularly reviewed.</p> <p><b>Action taken as confirmed during the inspection:</b> Competency and capability assessments were completed in July 2021 for all staff with the responsibility of being in charge in the absence of the manager. The manager advised that these assessments will be reviewed every three months or more frequently if a need is identified.</p> <p>Records were available for inspection.</p>	<p><b>Met</b></p>
<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Regulation 27 (4) (a) (e) (f)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the following in regard to fire safety arrangements:</p> <ul style="list-style-type: none"> <li>● The fire risk assessment is effectively maintained by the manager and evidences any actions taken in regard to recommended actions required</li> <li>● Staff receive regular training in fire safety drill procedures</li> <li>● Staff receive mandatory fire safety training at suitable intervals</li> </ul> <p>Evidence of staff attendance at fire safety training sessions is accurately recorded and maintained.</p>	<p><b>Carried forward to the next inspection</b></p>

	<p><b>Action taken as confirmed during the inspection:</b> The manager advised that all actions in the fire risk assessment (January 2021) had been actioned. Mandatory training, which included a fire drill, had been provided for staff in October 2021. Records were available for inspection. A further fire drill is planned.</p> <p><b>As this area for improvement was not reviewed fully, it is carried forward for review at the next inspection.</b></p>	
<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (1) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that in the event of a fall:</p> <ul style="list-style-type: none"> <li>● The resident's falls observation chart is completed for the specified timeframe as outlined in the home's fall policy</li> <li>● If observations are stopped before the specified timeframe a clear rationale is documented</li> <li>● Relevant documentation is completed in an accurate, comprehensive and contemporaneous manner at all times</li> <li>● A post fall analysis is completed for all residents who have experienced a fall.</li> </ul> <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><b>Carried forward to the next inspection</b></p>
<p><b>Area for Improvement 5</b></p> <p><b>Ref:</b> Regulation 13 (1) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the falls policy within the home is reviewed so that it accurately reflects the care of residents in a residential care setting. This specifically relates to clinical observations.</p> <p><b>Action taken as confirmed during the inspection:</b> The falls policy had been reviewed and updated. The updated policy accurately reflected the care of residents in a residential care setting, specifically in relation to clinical observations.</p>	<p><b>Met</b></p>

<b>Action required to ensure compliance with Residential Care Homes Minimum Standards (2011)</b>		<b>Validation of compliance summary</b>
<b>Area for Improvement 1</b> <b>Ref:</b> Standard 30 <b>Stated:</b> Second time	<p>The registered person shall ensure that two staff are involved in the transcribing of medicines information and both staff sign the record.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Several personal medication records were reviewed. There was evidence that two trained staff had signed the majority of transcriptions. The manager advised that this would be closely monitored as part of the audit process.</p> <p>Due to the progress made and assurances provided this area for improvement has been assessed as met.</p>	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 32 <b>Stated:</b> Second time	<p>The registered person shall review the storage arrangements for medicines.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            A larger treatment room was available for the storage of medicines and medicines requiring cold storage were stored appropriately.</p>	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time	<p>The registered person shall review the management of medicine changes and recording errors to ensure that medicine records are clear and there are no amended entries.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Medicine records were clear and there were no amended entries. However, the management of medicines for one recent re-admission to the home was not satisfactory.</p> <p>This area for improvement as written has been assessed as met but a revised area for improvement in relation to the management of medicines on admission/re-admission to the home was identified. (See Section 5.2.4 and the Quality Improvement Plan).</p>	

<b>Area for improvement 4</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time	The registered person shall monitor the administration of medicines process to ensure that administration of topical medicines is fully and accurately complete.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the medication administration records indicated that records for the administration of topical medicines had not been fully and accurately maintained.  <b>This area for improvement has been stated for a second time.</b>	
<b>Area for improvement 5</b> <b>Ref:</b> Standard 12 <b>Stated:</b> First time	The registered person shall ensure that the daily menu is appropriately displayed in the dining room.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The lunchtime menu was displayed on a blackboard in the dining room. This was the main meal of the day.  The manager advised that staff ask each resident what they would like to eat for tea at 4pm each day.	

## 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 a GP, a 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 majority of personal medication records reviewed at the inspection were accurate and up to date. In line with safe practice, a second member of staff had verified and signed the personal medication records when they were written and updated to provide a check that they were accurate (See also Section 5.2.4). A small number of obsolete personal medication records had not been cancelled and archived. This is necessary to ensure that staff do not refer to obsolete directions in error and administer medicines incorrectly to the resident. This was actioned at the inspection.

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, modified diets, self-administration etc.

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 its effect. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the resident distress and if the prescribed medicine was effective.

The management of medicines prescribed on a "when required" basis for the management of distressed reactions was reviewed for two residents. Staff knew how to recognise signs, symptoms and triggers which may cause a change in each resident's behaviour and were aware that this change may be associated with pain. Directions for use were clearly recorded on the personal medication record and records of administration were accurately maintained. The reason for and outcome of administration were recorded. A care plan directing the use of these medicines was only available for one of the residents. It was agreed that a care plan would be written for the second resident following the inspection.

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 for residents who required regular pain relief.

### **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. They were tidy and organised so that medicines belonging to each resident could be easily located.

Satisfactory systems were in place for monitoring the room and refrigerator temperatures to ensure that medicines were stored at the manufacturers' recommended temperatures.



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

The sample of medication administration records reviewed had been fully and accurately completed indicating that medicines were administered as prescribed. However, as identified at the last medicines management inspection, records for the administration of topical medicines were incomplete. An area for improvement was stated for a second time.

The manager advised that she was currently reviewing the systems for archiving records to ensure that records were readily retrievable for review and audit.

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

The majority of medicines were supplied in a monitored dosage system (MDS) and had been administered as prescribed. However, audit discrepancies were identified in the administration of inhaled medicines and liquid medicines. Running stock balances were in place for medicines not supplied in the MDS system. Review of these records indicated that they were not accurately maintained and were therefore ineffective. The registered person should implement a robust audit system which covers all aspects of the management of medicines, including those identified at this inspection. Any shortfalls identified should be detailed in an action plan and addressed. An area for improvement was identified.

### **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 two residents who had recently been admitted/re-admitted to the home was reviewed. Medicines had been managed safely for one resident and audits showed that they had been administered as prescribed. However, for the second resident, the personal medication record had not been updated accurately and an incorrect dose of one medicine was administered on two occasions. This was discussed with the manager for immediate corrective action. An incident report form was forwarded to RQIA following the investigation. The registered person shall ensure that robust systems are in place for the management of medicines on admission/re-admission to the home. An area for improvement

was identified. It was agreed that the management of medicines on admission/re-admission would be included in the home's audit process.

### **5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?**

Occasionally medicine 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 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 they are supported.

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.

The manager advised that the findings of this inspection would be discussed with all staff to ensure sustained improvement.

## **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 improvements in some areas of the management of medicines were necessary. One area for improvement in relation to the management of topical preparations was stated for a second time. Two new areas for improvement in relation to the management of medicines on admission and the auditing system were identified. Whilst we identified areas for improvement, we can conclude that overall, with the exception of a small number of medicines, the residents were administered their medicines as prescribed.

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 Home Regulations (Northern Ireland) 2005 and The Residential Care Homes Minimum Standards (2011).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	4*	1*

\* the total number of areas for improvement includes one which has been stated for a second time and two which have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Paula Douglas, 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>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 27 (4) (a) (e) (f)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (6 August 2021)</p>	<p>The registered person shall ensure the following in regard to fire safety arrangements:</p> <ul style="list-style-type: none"> <li>● The fire risk assessment is effectively maintained by the manager and evidences any actions taken in regard to recommended actions required</li> <li>● Staff receive regular training in fire safety drill procedures</li> <li>● Staff receive mandatory fire safety training at suitable intervals</li> </ul> <p>Evidence of staff attendance at fire safety training sessions is accurately recorded and maintained</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>
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (1) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (6 August 2021)</p>	<p>The registered person shall ensure that in the event of a fall:</p> <ul style="list-style-type: none"> <li>● The resident's falls observation chart is completed for the specified timeframe as outlined in the home's fall policy</li> <li>● If observations are stopped before the specified timeframe a clear rationale is documented</li> <li>● Relevant documentation is completed in an accurate, comprehensive and contemporaneous manner at all times</li> <li>● A post fall analysis is completed for all residents who have experienced a fall.</li> </ul> <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>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall implement a robust audit system which covers all aspects of the management of medicines, including those identified at this inspection. Any shortfalls identified should be detailed in an action plan and addressed.</p> <p>Ref: 5.2.3</p>

<p><b>To be completed by:</b> From the date of inspection (27 October 2021)</p>	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Manager has arranged for audits on eyedrops, creams and inhalers to be completed weekly instead of monthly, to help minimise missed/irregular applications.</p> <p>New loose balance sheets have commenced from 1st Nov for all residents and these will be audited by SCA on a weekly basis, feedback provided to manager, who will then sample audit checks to ensure these are being accurately recorded. If any missed signatures/recording noted, staff will be advised and this will be under on-going review and monitoring.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection (27 October 2021)</p>	<p>The registered person shall ensure that robust systems are in place for the management of medicines on admission/re-admission to the home.</p> <p>Ref: 5.1 &amp; 5.2.4</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Keyholders and SCA's will be retrained in the process for admissions and readmission of residents. This will cover medication confirmation obtained from GP and reviewing/recording any changes accurately onto Kardex and Marrs (checked by 2nd staff member)</p> <p>Manager will recheck all information the following day to ensure there are no discrepancies.</p>
<p><b>Action required to ensure compliance with The Residential Care Homes Minimum Standards (2011)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> Second time</p> <p>Immediately and ongoing (4 February 2021)</p>	<p>The registered person shall monitor the administration of medicines process to ensure that administration of topical medicines is fully and accurately complete.</p> <p>Ref. 5.1</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Review of creams was sought from each GP to clarify what each resident is prescribed and the directions for application and updated kardex accordingly. Audit of creams completed weekly to ensure they are dated when opened, being applied as directed by GP and reflected by signed for on MARR. Staff have been advised (plotted to the end of the year) highlighting designated days for creams to be applied for particular resident.</p>

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



The Regulation and  
Quality Improvement  
Authority

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