



# Inspection Report

## 4 February 2021



## Redford

**Type of Home: Residential Care Home**  
**Address: 15 Redford Road, Cullybackey BT43 5PR**  
**Tel No: 028 2588 0671**  
**Inspector: Judith Taylor**

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Assurance, Challenge and Improvement in Health and Social Care

This inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during this inspection and do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

**Information relating to our inspection framework, the guidance and legislation that informs the inspections, the four domains which we assess services against as well as information about the methods we use to gather opinions from people who have experienced a service can be found at <https://www.rqia.org.uk/guidance/legislation-and-standards/> and <https://www.rqia.org.uk/guidance/guidance-for-service-providers/>**

## 1.0 Profile of service

This is a residential care home which is registered to provide care for up to 30 residents.

## 2.0 Service details

<b>Organisation/Registered Provider:</b> Redford Residential Care Homes Ltd  <b>Responsible Individual:</b> Mr John Wallace (registration pending)	<b>Registered Manager and date registered:</b> Mr Trevor Gillen
<b>Person in charge at the time of inspection:</b> Ms Reigan Barr, Senior Care Assistant until 14.00 and Mr Trevor Gillen thereafter	<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 PH(E) - physical disability other than sensory impairment – over 65 years DE – dementia	<b>Total number of residents in the residential care home on the day of this inspection:</b> 29

## 3.0 Inspection focus

This inspection was unannounced and undertaken by a pharmacist inspector on 4 February 2021 from 11.10 to 17.35.

This inspection focused on medicines management within the home. We also assessed the progress made with any medicine related areas for improvement identified at the last inspection.

Following discussion with the aligned care inspector, it was agreed that the areas for improvement relating to care would be followed up at the next care inspection.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the last inspections findings, registration information, and any other written or verbal information received.

During our inspection we:

- spoke to residents
- spoke to staff and management about how they plan, deliver and monitor the care and support provided in the home
- observed practice and daily life
- reviewed documents to confirm that appropriate records were kept

A sample of the following records was examined and/or discussed during the inspection:

- personal medication records
- medicine administration records
- medicine receipt and disposal records
- controlled drug records
- care plans related to medicines management
- governance and audit
- staff training and competency records
- medicine storage temperatures
- RQIA registration certificate

The outcomes of the inspection were discussed with the registered persons.

**4.0 Inspection Outcome**

	Regulations	Standards
<b>Total number of areas for improvement</b>	3*	5*

\*The total number of areas for improvement includes three that have been stated for a second time and three that have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mr Trevor Gillen, Registered Manager, Mr John Wallace, Responsible Individual and one other member staff, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

**5.0 What has this home done to meet any areas for improvement identified at the last care inspection (26 November 2020)?**

<b>Quality Improvement Plan</b>		
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13(4)  <b>Stated:</b> First time	The registered person shall ensure that robust arrangements are in place for the management of controlled drugs.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> There was limited evidence to show that robust arrangements were in place to manage controlled drugs. See Section 7.3.  This area for improvement is stated for a second time.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time	The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between residents and staff. With specific reference to: <ul style="list-style-type: none"> <li>• staff were wearing nail polish, gel nails and items of jewellery</li> <li>• plastic covering or wipe able material on all pull cords</li> <li>• replacement / repair of damaged bedroom furniture</li> <li>• replacement of ripped chairs in the lounge</li> <li>• dust build up on wardrobes and bed frames</li> <li>• appropriate PPE to be worn by staff when serving food.</li> </ul>	<b>Carried forward for review at the next inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 27 (1) (2) (b) (c) (j)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the fitness of the residential premises as outlined in the homes statement of purpose.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> <li>• replacement of missing handles on bedroom furniture</li> <li>• replacement of flooring in the identified bedrooms</li> <li>• replacement flooring in the foyer and adjoining corridors</li> <li>• appropriate sink facilities in the identified bathroom</li> <li>• replacement/ refurbishment of the bath seat in the identified bathroom</li> </ul> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>	<p><b>Carried forward for review at the next inspection</b></p>
<p><b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that two staff are involved in the transcribing of medicines information and both staff sign the record.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of records showed that two staff were not routinely involved in the writing and updating of medicine information on personal medication records.</p> <p>This area for improvement has been stated for a second time.</p>	<p><b>Not Met</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall review staff training in relation to the management of diabetes.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>A policy for the management of diabetes was in place and staff had received training.</p>	<p><b>Met</b></p>

<b>Area for improvement 3</b> <b>Ref:</b> Standard 32 <b>Stated:</b> First time	The registered person shall review the storage arrangements for medicines.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> The storage arrangements for medicines had been reviewed. However, we identified issues with the cold storage of medicines and noted expired medicines had not been removed from stock.  This area for improvement is stated for a second time.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 27.5 <b>Stated:</b> First time	The registered person shall ensure that suitable arrangements are in place for the management of smoking, including appropriate receptacles and seating for residents who smoke.	<b>Carried forward for review at the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>	

## 6.0 What people told us about this home?

Residents were observed to be relaxing in the lounge or in their bedrooms watching television or listening to music. Staff interactions with residents were warm, friendly and supportive. It was evident that they knew the residents well and were familiar with their likes and dislikes.

We talked to three residents. Each resident spoke positively about their care and experience in the home and were complimentary regarding the staff. They had no concerns regarding their medicines.

We met with the care staff, registered manager and responsible individual. Staff expressed satisfaction with how the home was managed and advised us they felt well supported in their role. They also said that they had the appropriate training to look after residents and meet their needs. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

Feedback methods included a staff poster and paper questionnaires which were provided to the registered 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, RQIA received eight questionnaires which had been completed by residents. Each resident indicated that they were very satisfied with their care in Redford. We did not receive any responses from staff.

Following the inspection we received an action plan detailing the completed actions and the planned actions to improve the systems in the home, including the storage area for medicines.

## 7.0 Inspection Findings

### 7.1 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 residents' needs will change and therefore their medicines should be regularly monitored and reviewed. This is usually done by a GP, a medical consultant or a pharmacist. Residents in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records are records used to list all of the resident's 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.

Most of these records were well maintained; however, we noted that there were amended entries and some inaccurate information. This could result in medicines being administered incorrectly or the wrong information being provided to another healthcare professional. Two staff should be routinely involved in the writing or updating of these records and both staff should check and sign that the record is accurate. One area for improvement regarding the management of recording errors was identified and one area for improvement stated at the last inspection has been stated for a second time.

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.

All residents should have care plans which detail their specific care needs and how the care is to be delivered. We reviewed the care plans for the management of pain and distressed reactions. They included the medicines prescribed and dates of evaluation. Staff were advised that pain management care plans should state if the resident can verbalise their pain. When a resident is unable to verbalise their pain, the care plan should detail how pain is expressed and managed. Similarly when a resident is prescribed medicines to manage a distressed reaction, the care plan should detail how this is expressed. Staff advised that they were familiar with how each resident expressed their pain/distressed reaction and it was agreed that the care plans would be updated with this information.

## **7.2 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, and residents' medicines were generally well segregated. However, we identified that space was very limited to facilitate the storage of residents' medicines in the home and suitable location of the medicines refrigerator. We acknowledged that a new controlled drug cabinet was in use. It was agreed that a more suitable and adequate storage space for medicines would be made available as part of the home's refurbishment plan.

We identified expired medicines and these were removed from stock. The medicines refrigerator had a build-up of ice and a number of medicines which did not require cold storage. An area for improvement regarding the storage of medicines was stated for a second time.

We reviewed the disposal arrangements for medicines. Discontinued medicines were returned to the community pharmacy for disposal and records maintained. Staff were reminded that although two staff signatures were recorded, a signature from the person receiving these medicines should be recorded.

## **7.3 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 medicine administration records showed that most of these had been well maintained indicating the residents were being administered their medicines. However, in relation to topical medicines, records were incomplete and this was identified as an area for improvement.

Controlled drugs are medicines which are subject to strict legal controls, legislation and record keeping. They commonly include strong pain killers. We reviewed the controlled drug record book and noted that one page had been torn out; and the stock balances were not brought to zero, when a complete supply had been returned for disposal or transferred with the resident at the time of their discharge from the home. This was followed up by staff after the inspection and outcomes shared with RQIA. No controlled drugs were unaccounted for. In relation to one Schedule 2 controlled drug, this had not been recorded in the controlled drug book and at the time was not kept in the controlled drug cabinet. Staff were advised that any discontinued controlled drugs must continue to be checked at shift changes and must only be removed from the controlled drug cabinet at the time of return to the community pharmacy.

An area for improvement regarding controlled drugs stated at the last inspection has been stated for a second time.

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. The audits we completed at the inspection, indicated that residents were being administered their medicines as prescribed. However, as areas for improvement have been stated for a second time, this indicates that the audit process is not identifying deficits in the management of medicines.

It was acknowledged that an action plan was provided to RQIA after the inspection with details of the actions to be taken, the staff responsible and the timescales to be met; and also that a new audit tool had been developed and implemented with immediate effect. It was suggested that the QIP from inspections is used as a working document to drive and sustain improvement.

#### **7.4 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.

We reviewed the management of medicines processes for admitting residents to the home. Written confirmation of the resident's medicine regimen was obtained. Details had been recorded on the residents' personal medication records. However, we identified amended entries and one recording error. See also Section 7.1.

#### **7.5 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 auditing system in place helps staff to identify medicine related incidents. Management and staff were familiar with the type of incidents that should be reported.

We discussed the medicine related incidents which had been reported to RQIA since the last inspection. 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.

## 7.6 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. In addition, up to date policies and procedures must be in place and be readily available for staff.

Staff in the home had received a structured induction in medicines management. Competency had been assessed following induction and annually thereafter. A written record was completed for induction and competency assessments.

Policies and procedures were in place and management advised that these are currently under review and being updated.

## 8.0 Evaluation of Inspection

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

Whilst the outcome of this inspection concluded that residents were being administered their medicines as prescribed, we identified areas for improvement mainly in relation to governance and record keeping. Three areas for improvement have been stated for a second time. We acknowledged the registered persons' plans to drive and sustain improvement and we were provided with evidence that they had commenced their improvement process through detailed action plans and staff training.

We would like to thank the residents and staff/management for their assistance throughout the inspection.

## 9.0 Quality Improvement Plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Trevor Gillen, Registered Manager, Mr John Wallace, Responsible Individual and one other member staff, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## **9.1 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 Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

## **9.2 Actions to be taken by the home**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via the Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13(4)  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediately and ongoing	<p>The registered person shall ensure that robust arrangements are in place for the management of controlled drugs.</p> <p>Ref: 5.0 &amp; 7.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            All staff responsible for dispensing and recording controlled drugs have been re-trained by pharmacist and senior carers.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> 17 October 2020	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between residents and staff. With specific reference to:</p> <ul style="list-style-type: none"> <li>• staff were wearing nail polish, gel nails and items of jewellery</li> <li>• plastic covering or wipe able material on all pull cords</li> <li>• replacement / repair of damaged bedroom furniture</li> <li>• replacement of ripped chairs in the lounge</li> <li>• dust build up on wardrobes and bed frames</li> <li>• appropriate PPE to be worn by staff when serving food</li> </ul> <hr/> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next inspection. Ref: 5.0</b></p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 27 (1) (2) (b) (c) (j)  <b>Stated:</b> First time  <b>To be completed by:</b> 1 November 2021	<p>The registered person shall ensure the fitness of the residential premises as outlined in the homes statement of purpose. With specific reference to:</p> <ul style="list-style-type: none"> <li>• replacement of missing handles on bedroom furniture</li> <li>• replacement of flooring in the identified bedrooms</li> <li>• replacement flooring in the foyer and adjoining corridors</li> <li>• appropriate sink facilities in the identified bathroom</li> <li>• replacement/refurbishment of the bath seat in the identified bathroom</li> </ul> <hr/> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next inspection. Ref: 5.0</b></p>

<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)</b>	
<p><b>Area for improvement 1</b></p> <p>Ref: Standard 30</p> <p>Stated: Second time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure that two staff are involved in the transcribing of medicines information and both staff sign the record.</p> <p>Ref: 5.0 &amp; 7.1</p> <p><b>Response by registered person detailing the actions taken:</b> An audit (monthly) has been put in place to pick up missing signatures and on-going trends. This was included in the re-training exercise.</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Standard 32</p> <p>Stated: Second time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall review the storage arrangements for medicines.</p> <p>Ref: 5.0 &amp; 7.2</p> <p><b>Response by registered person detailing the actions taken:</b> The registered provider has arranged one site survey however this was not a feasible option and is waiting for another site survey to explore further options</p>
<p><b>Area for improvement 3</b></p> <p>Ref: Standard 27.5</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2020</p>	<p>The registered person shall ensure that suitable arrangements are in place for the management of smoking, including appropriate receptacles and seating for residents who smoke.</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next inspection. Ref: 5.0</b></p>
<p><b>Area for improvement 4</b></p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<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> <p>Ref: 7.1 &amp; 7.4</p> <p><b>Response by registered person detailing the actions taken:</b> A monthly audit is now in place to identify any issues in the management of medication.</p>
<p><b>Area for improvement 5</b></p> <p>Ref: Standard 31</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall monitor the administration of medicines process to ensure that administration of topical medicines is full fully and accurately complete.</p> <p>Ref: 7.2</p> <p><b>Response by registered person detailing the actions taken:</b> As for area for improvement 4, the administration of topical medications will be part of the monthly audit.</p>

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



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