

Inspection Report

12 May 2022



Rowandale

Type of Service: Residential Care Home
Address: 1-3 Shingle Cove, Bay Road, Carnlough,
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Lynn McKillop Ltd Responsible Individual: Mr Feargal Joseph Lynn	Registered Manager: Mr Feargal Joseph Lynn Date registered: 9 May 2011
Person in charge at the time of inspection: Mr Feargal Lynn	Number of registered places: 15 This number includes no more than 2 male residents in category RC-MP(E) and no more than 6 residents in category RC-DE on the ground floor in single bedrooms.
Categories of care: Residential Care (RC) DE – dementia I – old age not falling within any other category MP(E) - mental disorder excluding learning disability or dementia – over 65 years	Number of residents accommodated in the residential care home on the day of this inspection: 11
Brief description of the accommodation/how the service operates: This is a registered residential care home which provides care for up to 15 residents.	

2.0 Inspection summary

An unannounced inspection took place on 12 May 2022, from 10.00am to 2.40pm. It was completed by pharmacist inspectors and focused on medicines management within 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.

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

The outcome of this inspection concluded that robust arrangements were not in place for all aspects of medicines management. Areas for improvement are detailed in the quality improvement plan and include confirming prescribed medicines at admission/readmission, monitoring of medicine refrigerator temperatures, ensuring medicines are not used after their expiry, verification of entries on medicine records and establishing a robust audit system. These improvements are required to ensure that the home is delivering safe, effective and well-led care with respect to medicines management.

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 inspectors 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

The inspectors met with the manager and the senior carer. Staff were warm and friendly and it was evident from discussions that they knew the residents well. Staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

The staff spoken with expressed satisfaction with how the home was managed and the training received. They said that the team communicated well and that management were available to discuss any issues and concerns should they arise.

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. One response was received from a relative, who indicated that they were very satisfied with the care received.

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 5 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 21 (5)(d)(i)	The registered person shall ensure that a robust system is in place which ensures that all relevant staff are registered with NISCC within expected timescales.	Carried forward to the next inspection

Stated: First time	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)		Validation of compliance
Area for improvement 1 Ref: Standards 5 and 6 Stated: Second time	<p>The registered person shall ensure the following with regard to residents care records:</p> <ul style="list-style-type: none"> • resident involvement in the assessment and care planning process should be evidenced • care records and assessments, as appropriate, are signed by the resident • they contain a recent photograph of the resident. <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>	Carried forward to the next inspection
Area for improvement 2 Ref: Standard 13 Stated: Second time	<p>The registered person shall ensure that a structured and varied schedule of activities is produced, implemented and appropriately displayed. The activities plan should demonstrate the involvement of residents in its production.</p> <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>	Carried forward to the next inspection
Area for improvement 3 Ref: Standard 25 Stated: First time	<p>The registered person shall ensure that the staff duty rota:</p> <ul style="list-style-type: none"> • includes the manager's hours of work and the capacity in which they work within the home • does not evidence the use of correction fluid. <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>	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 and hospital appointments.

The personal medication records reviewed at the inspection were mostly accurate and up to date. In line with best practice, a second member of staff had usually verified the personal medication records when they were written to provide a check that they were accurate. Staff were reminded that this should happen on every occasion and for any additions to these records.

Copies of prescriptions were retained in the home so that any entry on the personal medication record could be checked against the prescription.

Obsolete personal medication records had been cancelled but were not always archived in an organised manner. It was agreed that this would be addressed immediately.

The management of pain was discussed and examined. Staff advised that they were familiar with how each resident expressed their pain and that pain relief was administered as prescribed. Care plans were in place. A recent medicine change for one resident was not reflected in their care plan. Staff were reminded that these must be updated promptly with any changes in prescribed medicines and that each entry must be dated.

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 once the prescription was received. The medicines storage areas were observed to be securely locked to prevent any unauthorised access. They were organised so that medicines belonging to each resident could be located. The medicines trolley was tidy and organised. A controlled drugs cabinet was available for use as needed.

The temperature of the medicines refrigerator was not being monitored since there was no thermometer in place. This had been highlighted to the manager as an area for action by the community pharmacist at a visit on 1 February 2022. It is important that maximum, minimum and current refrigerator temperatures are monitored and recorded on a daily basis to ensure that medicines are stored appropriately. An area for improvement was identified.

The arrangements in place for the disposal of medicines were examined. Although these were mostly maintained appropriately, staff were reminded that the reason for disposal and two staff signatures should be recorded for each entry.

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.

A sample of the medicine administration records was reviewed. Records were found to have been accurately completed. Records should be archived promptly once completed (See also section 5.2.2).

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. There were satisfactory arrangements in place for the management of controlled drugs.

The management of medicines was not being audited within the home. However, the date of opening was recorded on medicines so that they could be audited. Three eye preparations which have a limited shelf-life after opening were identified during the inspection which had been administered after expiry. This had not been identified by staff. 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.

For two out of three recent admissions/readmissions examined, prescribed medicines had not been confirmed in writing. This is necessary to verify accuracy. An area for improvement was identified.

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.

The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that these incidents had been reported to the prescriber for guidance, investigated and the learning shared with staff in order to prevent a recurrence. The type of incidents that should be reported and reporting responsibilities were discussed with the manager.

The audits completed at the inspection indicated that medicines were being administered as prescribed (see section 5.2.3). However, the findings of this inspection indicate that no auditing system was in place and incidents may not be identified. Management and staff were not aware of the areas for improvement and discussion identified at this inspection. The need for audit procedures had been highlighted to the manager by the community pharmacist at a visit on 1 February 2022 and no progress had been made to address this.

A robust audit system which covers all aspects of medicines is necessary to ensure that safe systems are in place and any learning from errors/incidents can be actioned and shared with relevant staff. An area for improvement was identified.

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.

There were no recent records in place to show that staff responsible for medicines management had been trained and deemed competent. The manager advised that it is difficult to find the time and that it is difficult to appoint permanent staff. This was acknowledged and it was advised that ongoing review can be monitored through supervision sessions with staff and at annual appraisal. An area for improvement was identified.

Medicines management policies and procedures were in place, dated February 2022.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes (Northern Ireland) 2005 and Residential Care Homes Minimum Standards 2021 (and previously 2011).

	Regulations	Standards
Total number of Areas for Improvement	4*	5*

* The total number of areas for improvement includes four that have been carried forward for review at the next care inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Feargal Lynn, 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 Home Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 21 (5)(d)(i) Stated: First time To be completed by: With immediate effect (5 May 2021)	<p>The registered person shall ensure that a robust system is in place which ensures that all relevant staff are registered with NISCC within expected timescales.</p> <hr/> <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 13 (4) Stated: First time To be completed by: Immediately and ongoing (12 May 2022)	<p>The registered person shall ensure that medicines requiring cold storage are stored appropriately with reference to:</p> <ul style="list-style-type: none"> • having an appropriate medicines refrigerator thermometer in place • monitoring and recording minimum, maximum and current refrigerator temperatures on a daily basis • ensuring that refrigerator temperatures remain in the required range of 2°C to 8°C and that appropriate action is taken if temperatures deviate from this range. <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: Two fridge thermometers in place and staff advised to record daily and of action to take if any deviation.</p>
Area for improvement 3 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediately and ongoing (12 May 2022)	<p>The registered person shall ensure that medicines with a limited life after opening are not administered after expiry.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: System in place to monitor eye drops with limited opening times</p>
Area for improvement 4 Ref: Regulation 13 (4) Stated: First time To be completed by:	<p>The registered person shall implement a robust audit system which covers all aspects of the management of medicines. Any shortfalls identified should be detailed in an action plan and addressed.</p> <p>Ref: 5.2.5</p>

Immediately and ongoing (12 May 2022)	Response by registered person detailing the actions taken: Audits reinstated.
Action required to ensure compliance with the Residential Care Homes Minimum Standards 2011	
Area for improvement 1 Ref: Standards 5 and 6 Stated: Second time To be completed by: 30 May 2021	The registered person shall ensure the following with regard to residents care records: <ul style="list-style-type: none"> resident involvement in the assessment and care planning process should be evidenced care records and assessments, as appropriate, are signed by the resident they contain a recent photograph of the resident.
	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
Area for improvement 2 Ref: Standard 13 Stated: Second time To be completed by: 30 May 2021	The registered person shall ensure that a structured and varied schedule of activities is produced, implemented and appropriately displayed. The activities plan should demonstrate the involvement of residents in its production.
	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
Area for improvement 3 Ref: Standard 25 Stated: First time To be completed by: With immediate effect (5 May 2021)	The registered person shall ensure that the staff duty rota: <ul style="list-style-type: none"> includes the manager's hours of work and the capacity in which they work within the home does not evidence the use of correction fluid.
	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
Area for improvement 4 Ref: Standard 30 Stated: First time	The registered person shall ensure that prescribed medicines are confirmed in writing for each admission or readmission. Ref: 5.2.4

<p>To be completed by: Immediately and ongoing (12 May 2022)</p>	<p>Response by registered person detailing the actions taken: System reinstated .</p>
<p>Area for improvement 5 Ref: Standard 30 Stated: First time</p>	<p>The registered person shall ensure that records are in place to demonstrate that staff responsible for medicines management have been trained and deemed competent. Ref: 5.2.6</p>
<p>To be completed by: Immediately and ongoing (12 May 2022)</p>	<p>Response by registered person detailing the actions taken: Records of staff competency and training updated. Medicines competency was previously included in Key Competency Assessments</p>

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