

Inspection Report

20 June 2023



Rowandale

Type of service: Residential Care Home
Address: 1-3 Shingle Cove, Bay Road, Carnlough, BT44 0EH
Telephone number: 028 2888 5543

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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 Patrick Samuel MacMahon	Registered Manager: Miss Kirsty Kirpatrick, Acting Manager
Person in charge at the time of inspection: Ms Danielle Johnston	Number of registered places: 15 Including: no more than two male residents in category RC-MP(E) and no more than six residents in category RC-DE on the ground floor in single bedrooms.
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	Number of residents accommodated in the residential care home on the day of this inspection: 12
Brief description of the accommodation/how the service operates: Rowandale is a residential care home registered to provide health and social care for up to 15 residents.	

2.0 Inspection summary

An unannounced inspection took place on 20 June 2023, between 10.05am and 1.10pm. The inspection was completed by a pharmacist inspector and focussed on the management of medicines in the home. The areas for improvement identified at the last care inspection will be followed up at the next care inspection.

The findings of the medicines management inspection on 5 January 2023 indicated that although the majority of medicines were administered as prescribed, robust systems were not in place for all aspects of the management of medicines. Areas for improvement were identified in relation to the availability of medicines, governance and audit, staff training and competency assessment in the management of medicines, the storage temperature for medicines, and records of incoming medicines and medicines disposed of.

The findings of the last medicines management inspection were discussed with the RQIA senior pharmacist inspector. It was agreed that as detailed feedback had been given to the manager,

a period of time would be given to implement the improvements and that this follow up inspection would be undertaken to determine if the necessary improvements had been implemented and sustained.

The outcome of this inspection indicated that improvements had been made in three of the areas for improvement identified. However, four of the seven medication related areas for improvement had not been met and two are stated for a second time and two for a third and final time. These include the availability of medicines, governance and audit, staff training and competency assessment in the management of medicines and recording the storage temperature for medicines and are detailed in the quality improvement plan (QIP).

Despite the identified deficits in some aspects of medicines management, the majority of medicines were found to have been administered as prescribed. The findings of this report and the detailed feedback provided, will aid management and staff to make the necessary improvements to ensure robust systems are in place for all aspects of medicines management. It was acknowledged that both the manager and responsible individual are new to the service following a change in ownership. The findings of the inspection were discussed with the RQIA senior pharmacist inspector and it was agreed that a further follow up inspection will be completed to assess compliance with the QIP. The manager and responsible individual were advised that enforcement action may be considered should the required improvements not be made.

RQIA would like to thank the 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, staff training and the auditing systems used to ensure the safe management of medicines. The inspector 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 inspector met with the senior care assistant on duty and one other staff member, the inspector also spoke with a visiting professional from the Permanent Placement Team at the Northern Health and Social Care Trust. Staff were warm and friendly and it was evident from discussions that they knew the residents well.

Following the inspection, the inspector provided detailed feedback (via telephone call) on the inspection findings and required improvements to the manager and responsible individual, who provided assurances that the improvements would be implemented and sustained.

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 5 January 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: Second time	The registered person shall ensure that medicines requiring cold storage are stored appropriately with reference to: <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. 	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met. See Section 5.2.5	
Area for improvement 2 Ref: Regulation 13 (4) Stated: Second time	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.	Not met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement had not been met. It is stated for a third and final time.	

	See Section 5.2.2	
Area for improvement 3 Ref: Regulation 20 (1) (c)(i)(ii)(iii) Stated: First time	The registered person shall put a more robust system in place to ensure compliance with mandatory staff training. 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.	Carried forward to the next inspection
Area for improvement 4 Ref: Regulation 16 (1) Stated: First time	The registered person shall ensure individual resident care plans are written with sufficient detail to direct the care required to meet the resident's needs. This is made in regards to skincare and SALT care plans. 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.	Carried forward to the next inspection
Area for improvement 5 Ref: Regulation 27 Stated: First time	The registered person shall ensure that the flooring in the bathroom is repaired/ replaced and the ceiling in the lounge is repainted. 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.	Carried forward to the next inspection
Area for improvement 6 Ref: Regulation 14 (2) (a)(c) Stated: First time	The registered person shall ensure that substances hazardous to the health of residents, such as chemicals, are safely stored in accordance with COSHH requirements. 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.	Carried forward to the next inspection
Area for improvement 7 Ref: Regulation 17 (1) Stated: First time	The registered person shall ensure that a robust governance system is implemented and maintained to assure the quality of services in the home. Action required to ensure compliance with this regulation was not reviewed as	Carried forward to the next inspection

	part of this inspection and this is carried forward to the next inspection.	
Area for improvement 8 Ref: Regulation 13 (4) Stated: First time	The registered person shall establish robust systems, to ensure that medicines are ordered in a timely manner and available for administration as prescribed. Action taken as confirmed during the inspection: There was evidence that this area for improvement had not been met. It is stated for a second time. See Section 5.2.4	Not met
Action required to ensure compliance with the Residential Care Homes Minimum Standards 2021		Validation of compliance
Area for improvement 1 Ref: Standard 30 Stated: Second time	The registered person shall ensure that records are in place to demonstrate that staff responsible for medicines management have been trained and deemed competent. Action taken as confirmed during the inspection: There was evidence that this area for improvement had not been met. It is stated for a third and final time. See Section 5.2.3	Not met
Area for improvement 2 Ref: Standard 13 Stated: Third time	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.	Carried forward to the next inspection
Area for improvement 3 Ref: Standard 25 Stated: Second time	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. 	

	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.	Carried forward to the next inspection
Area for improvement 4 Ref: Standard 24 Stated: First time	The registered person shall ensure all staff have a recorded annual appraisal and supervision no less than every six months. A supervision and appraisal schedule shall be in place, showing completion dates and the name of the appraiser/supervisor.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 5 Ref: Standard 31 Stated: First time	The registered person shall ensure that the temperature of the medicines storage area is monitored and recorded on a daily basis.	Not met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement had not been met. It is stated for a second time. See Section 5.2.5	
Area for improvement 6 Ref: Standard 31 Stated: First time	The registered person shall ensure that all incoming medicines are recorded appropriately.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement had been met. See Section 5.2.1	
Area for improvement 7 Ref: Standard 31 Stated: First time	The registered person shall ensure that medicines for disposal are stored appropriately and disposed of in a timely manner. Records of disposal should be available for inspection.	Met

	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement had been met.</p> <p>See Section 5.2.1</p>	
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5.2 Inspection findings

5.2.1 Medicine records

Personal medication records were up to date and had been verified by a second member of staff. This is necessary to verify accuracy and is considered good practice. The allergy status was missing from three personal medication records, the manager agreed to update these following the inspection. Some personal medication records no longer in use were still on the medicines file which may lead to confusion and errors in the administration of medicines. It was agreed that these would be cancelled and archived promptly.

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

Medication administration records had been completed in a satisfactory manner.

Records of medicines received into the home had been recorded appropriately and facilitated a clear audit trail.

Records of the disposal of medicines were available for inspection. Staff were reminded that the quantity of each medicine returned/transferred must be recorded on every occasion.

The controlled drug record book had been completed in a satisfactory manner but was almost full, the manager agreed to obtain a new record book following the inspection.

5.2.2 Governance and audit

Robust and effective audit arrangements were not in place for all aspects of medicines management. Although a small number of spot checks had been completed in May 2023, the auditing system in place did not include all aspects of the management of medicines and did not include the areas for improvement identified at the last inspection. This was discussed and a sample audit tool was shared with the manager following the inspection. Assurances were provided that all aspects of the management of medicines including those restated at this inspection would be included in the audit process to ensure that the necessary improvements are implemented and sustained. This area for improvement is stated for the third and final time.

It was acknowledged that the audits completed at this inspection indicated that the majority of medicines were administered as prescribed (see also Section 5.2.4).

5.2.3 Staff training and competency assessment

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines must be appropriately trained. The registered person has a responsibility to check that they staff are competent in managing medicines and the systems in use.

From discussion with staff and examination of records, it was evident that no progress had been made with this area for improvement. No staff training or competency assessments had been completed since the last inspection. This area for improvement was stated for a third and final time.

5.2.4 Stock control

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.

There was evidence that a system was in place to order medicines and ensure they were received, however there was no evidence that this was completed routinely in a timely manner. As a result, six medicines were out of stock at the time of the inspection and unavailable for administration as prescribed.

It was acknowledged that the majority of medicines, including critical medicines and antibiotics had been administered appropriately. A system of stock checking and ordering medicines in a timely manner is necessary to ensure that prescribed medicines are always available for administration.

It was evident that staff did not re-order medicines until stock ran out. Although orders were followed up, insufficient time in the system in use, meant that prescribed medicines may not be received on time and may therefore be omitted. Management and staff were reminded that missed doses of medicines have the potential to affect the health and well-being of residents. Systems must be reviewed to ensure that medicines are ordered before they run out of stock. An area for improvement was stated for a second time.

5.2.5 Medicine storage

The medicines storage areas were observed to be securely locked when not in use, 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.

Medicines requiring cold storage were stored appropriately. An appropriate maximum/minimum thermometer was in place. Recordings were in place for most days, staff were reminded that this should take place every day. The temperature range was satisfactory for the majority of the records examined, for May and June 2023. It was agreed that the refrigerator temperature would be adjusted as necessary, to ensure the maximum temperature does not exceed 8°C.

Although a thermometer was in place in the medicines storage area, the room temperature was not being monitored and recorded. This is necessary to ensure that medicines are stored at or below 25°C in accordance with the manufacturers' instructions. An area for improvement was stated for a second time.

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 Regulations (Northern Ireland) 2005 and the Residential Care Homes Minimum Standards, August 2021.

	Regulations	Standards
Total number of Areas for Improvement	7*	5*

* the total number of areas for improvement includes two that have been stated for a third and final time, two that have been stated for a second time and eight which are carried forward for review at the next care inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Danielle Johnston, Senior Care Assistant, and with Miss Kirsty Kirkpatrick, Manager, by telephone on 20 June 2023 following the inspection. The inspector also provided feedback by telephone to Mr Patrick Samuel MacMahon, Responsible Individual, on 30 June 2023, 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 13 (4) Stated: Third and final time To be completed by: 18 July 2023	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. Ref: 5.1 & 5.2.2 Response by registered person detailing the actions taken: A robust audit system has been put in place to improve the Home's medication management. This will be monitored by the Home Manager and Group Compliance Manager.
Area for improvement 2 Ref: Regulation 13 (4) Stated: Second time To be completed by: Immediately and ongoing (20 June 2023)	The registered person shall establish robust systems, to ensure that medicines are ordered in a timely manner and available for administration as prescribed. Ref: 5.1 & 5.2.4 Response by registered person detailing the actions taken: Daily, weekly and monthly medication audits are now in place to measure the quantity of medication within the Home allowing timely ordering moving forward.

<p>Area for improvement 3</p> <p>Ref: Regulation 20 (1) (c)(i)(ii)(iii)</p> <p>Stated: First time</p> <p>To be completed by: 1 September 2022</p>	<p>The registered person shall put a more robust system in place to ensure compliance with mandatory staff training.</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>
<p>Area for improvement 4</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p> <p>To be completed by: 1 September 2022</p>	<p>The registered person shall ensure individual resident care plans are written with sufficient detail to direct the care required to meet the resident's needs. This is made in regards to skincare and SALT care plans.</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>
<p>Area for improvement 5</p> <p>Ref: Regulation 27</p> <p>Stated: First time</p> <p>To be completed by: 1 September 2022</p>	<p>The registered person shall ensure that the flooring in the bathroom is repaired/ replaced and the ceiling in the lounge is repainted.</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>
<p>Area for improvement 6</p> <p>Ref: Regulation 14 (2)(a)(c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required (9 June 2022)</p>	<p>The registered person shall ensure that substances hazardous to the health of residents, such as chemicals, are safely stored in accordance with COSHH requirements.</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>
<p>Area for improvement 7</p> <p>Ref: Regulation 17 (1)</p> <p>Stated: First time</p> <p>To be completed by: 1 September 2022</p>	<p>The registered person shall ensure that a robust governance system is implemented and maintained to assure the quality of services in the home.</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>

Action required to ensure compliance with the Residential Care Homes Minimum Standards 2021	
Area for improvement 1 Ref: Standard 30 Stated: Third and final time To be completed by: 18 July 2023	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: 5.1 & 5.2.3
	Response by registered person detailing the actions taken: Staff medication competencies have been carried out with audit tool now in place to ensure medication administration training is in place and kept current for all staff responsible.
Area for improvement 2 Ref: Standard 31 Stated: Second time To be completed by: 27 June 2023	The registered person shall ensure that the temperature of the medicines storage area is monitored and recorded on a daily basis. Ref: 5.1 & 5.2.5
	Response by registered person detailing the actions taken: Room and fridge temperatures are being monitored daily with a robust audit in place to ensure compliance.
Area for improvement 3 Ref: Standard 13 Stated: Third 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 4 Ref: Standard 25 Stated: Second time To be completed by: With immediate effect (9 June 2022)	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.
	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

<p>Area for improvement 5</p> <p>Ref: Standard 24</p> <p>Stated: First time</p>	<p>The registered person shall ensure all staff have a recorded annual appraisal and supervision no less than every six months. A supervision and appraisal schedule shall be in place, showing completion dates and the name of the appraiser/supervisor.</p>
<p>To be completed by: 1 September 2022</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> <p>Ref: 5.1</p>

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