

# Inspection Report

25 October 2021



## Andena

Type of Service: Residential Care Home  
Address: 206-208 Ballymoney Road, Ballymena BT43 5HJ  
Tel no: 028 2564 4767

[www.rqia.org.uk](http://www.rqia.org.uk)

---

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Andena Residential Home Limited  <b>Responsible Individual:</b> Mr James Joseph Mc Conville	<b>Registered Manager:</b> Mrs Christina Ann Shields  <b>Date Registered:</b> 1 April 2005
<b>Person in charge at the time of inspection:</b> Mrs Christina Shields	<b>Number of registered places:</b> 36
<b>Categories of care:</b> 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	<b>Total number of residents in the residential care home on the day of this inspection:</b> 34
<b>Brief description of the accommodation/how the service operates:</b> This is a registered residential care home which provides care for up to 36 persons.	

## 2.0 Inspection summary

An unannounced inspection took place on 25 October 2021 from 9.30am and 12.50pm. This inspection was conducted by a pharmacist inspector and focused on medicines management within the home.

The inspection also assessed progress with one area for improvement relating to medicines management. Following discussion with the aligned care inspector, it was agreed that the remaining four areas for improvement identified at the last care inspection would be followed up at the next care inspection.

Review of medicines management found that residents were being administered their medicines as prescribed. There were robust arrangements for auditing medicines and medicine records were well maintained. Arrangements were in place to ensure that staff were trained and competent in medicines management. Management and staff were commended for their ongoing efforts.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. To complete the inspection a sample of medicine related records, storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines were reviewed.

### **4.0 What people told us about the service**

We met with the two members of staff and the manager.

Staff were warm and friendly and it was evident from their interactions 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. They said that they had the appropriate training to look after residents and meet their needs. They said that the manager was very supportive of staff and 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 manager for any resident or their family representative to complete and return using pre-paid, self-addressed envelopes.

Ten paper questionnaires were returned from residents. The responses indicated that, overall, the respondents were satisfied or very satisfied with all aspects of care.

## 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 17 February 2021		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 31  <b>Stated:</b> First time	The registered person shall ensure that medicine administration records are fully and accurately maintained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The sample of medicine administration records reviewed were fully and accurately maintained.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 23.3  <b>Stated:</b> Second time	The registered person shall ensure mandatory training requirements are met.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 19.2  <b>Stated:</b> First time	The registered person shall ensure, before making an offer of employment that any gaps in an employment record are explored and explanations recorded.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	

<b>Area for improvement 4</b>  <b>Ref:</b> Standard 6.2  <b>Stated:</b> First time	<p>The registered person shall ensure that an individual comprehensive care plan regarding the physical health care needs of each resident includes sufficient information to inform and guide staff on the care required. This includes details of:</p> <ul style="list-style-type: none"> <li>• The daily care, support, opportunities and services provided by the home and others</li> <li>• The management of any identified risks</li> <li>• Strategies or programmes to manage specified behaviours</li> <li>• Directions for the use of any equipment used to assist the delivery of care.</li> </ul> <p><b>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.</b></p>	<b>Carried forward to the next inspection</b>
<b>Area for improvement 5</b>  <b>Ref:</b> Standard 27  <b>Stated:</b> First time	<p>The registered person shall ensure that the environmental deficits listed in section 6.2.5 of the last report are addressed (date 17 February 2021).</p> <p><b>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.</b></p>	<b>Carried forward to the next inspection</b>

## 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 medical 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 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 or hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to provide a double check that they were accurate.

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 what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the resident's distress and if the prescribed medicine is effective for the resident. The management of medicines prescribed on a "when required" basis for the management of distressed reactions was reviewed. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a resident's behaviour and were aware that this change may be associated with pain. Directions for use were clearly recorded on the personal medication records and care plans directing the use of these medicines were available. Records of administration were clearly recorded. The reason for and outcome of administration were recorded.

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.

Some residents may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the resident should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the resident. The management of thickening agents was reviewed for one resident. A speech and language assessment report and care plan were in place. Records of prescribing and administration which included the recommended consistency level were maintained.

### **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 area was observed to be securely locked to prevent any unauthorised access. It was tidy and organised so that medicines belonging to each resident could be easily located.

Discontinued medicines were returned to the community pharmacy for disposal and 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. A sample of the medicine administration records was reviewed. The records were found to have been fully and accurately completed. The records were filed once completed and were readily retrievable for audit/review.

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. Robust arrangements were in place for the management of controlled drugs. The controlled drugs record book had been maintained to the required standard.

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 medicines so that they could be easily audited. This is good practice.

### **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 was reviewed for two residents who had been admitted to this home. The medicines prescribed had been confirmed with the resident's GP practice as part of the admission process. The personal medication records had been accurately written and signed by two members of staff. Medicines had been accurately received into the home and administered in accordance with the most recent directions.

### **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.

The audit system in place helps staff to identify medicine related incidents. Management and staff were familiar with the type of incidents that should be reported.



The audits completed at the inspection indicated that the medicines had been administered as prescribed.

### **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. Policies and procedures should be up to date and readily available for staff.

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.

Records of staff training and competency assessment in relation to medicines management were available for inspection.

## **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 with respect to the management of medicines.

Based on the inspection findings and discussions held, RQIA was satisfied that safe systems were in place for the management and administration of medicines. Residents were administered their medicines as prescribed.

The outcome of this inspection also concluded that the one area for improvement relating to medicines management had been addressed. No new areas for improvement were identified.

RQIA would like to thank the residents and staff for their assistance throughout the inspection.

## **7.0 Quality Improvement Plan/Areas for Improvement**

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of Areas for Improvement</b>	0	4*

\* the total number of areas for improvement includes four which are carried forward for review at the next inspection.

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Mrs Christina Shields, Registered Manager, and Mrs Assumpta McKeown, Care Manager, as part of the inspection process and can be found in the main body of the report.



Quality Improvement Plan	
Action required to ensure compliance with Residential Care Homes Minimum Standards (2011)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 23.3  <b>Stated:</b> Second time  <b>To be completed by:</b> 17 May 2021	The registered person shall ensure mandatory training requirements are met.
	<b>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.</b>  Ref: 5.1
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 19.2  <b>Stated:</b> First time  <b>To be completed by:</b> 17 February 2021	The registered person shall ensure, before making an offer of employment that any gaps in an employment record are explored and explanations recorded.
	<b>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.</b>  Ref: 5.1
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 6.2  <b>Stated:</b> First time  <b>To be completed by:</b> 17 March 2021	The registered person shall ensure that an individual comprehensive care plan regarding the physical health care needs of each resident includes sufficient information to inform and guide staff on the care required. This includes details of: <ul style="list-style-type: none"> <li>• The daily care, support, opportunities and services provided by the home and others</li> <li>• The management of any identified risks</li> <li>• Strategies or programmes to manage specified behaviours</li> <li>• Directions for the use of any equipment used to assist the delivery of care.</li> </ul>
	<b>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.</b>  Ref: 5.1

<b>Area for improvement 4</b>  <b>Ref:</b> Standard 27  <b>Stated:</b> First time  <b>To be completed by:</b> 17 May 2021	The registered person shall ensure that the environmental deficits listed in section 6.2.5 of the last report are addressed (date 17 February 2021).
	<b>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.</b>  Ref: 5.1



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)  
 [@RQIANews](https://twitter.com/RQIANews)