

Inspection Report

3 May 2022



Ard Na Grainde

Type of service: Residential Care Home
Address: 15 Moneyrod Road, Randalstown, BT41 3JB
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organization/Registered Provider: Ard Na Grainde Responsible Person Mr Justin McCann	Registered Manager: Mrs Justine Quigg – Registration pending
Person in charge at the time of inspection: Mrs Justine Quigg	Number of registered places: 19 This number includes four named individuals with mild and moderate dementia.
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 A – past or present alcohol dependence.	Number of residents accommodated in the residential care home on the day of this inspection: 16
Brief description of the accommodation/how the service operates: This is a residential care home which provides health and social care for up to 19 residents.	

2.0 Inspection summary

An unannounced inspection took place on 3 May 2022, from 10:15am to 2.45pm. The inspection was completed by two 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.

The inspection also assessed progress with some of the areas for improvement identified at the last inspection.

Review of medicines management found that robust arrangements were in place for the safe management of medicines. Medicine records and medicine related care plans were well maintained. There were effective auditing processes in place to ensure that staff were trained and competent to manage medicines and residents were administered their medicines as prescribed. No new areas for improvement were identified.

Based on the inspection findings and discussions held, RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the management team 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

To reduce footfall throughout the home, the inspectors did not meet with any residents. Residents were observed to be relaxing in communal areas and bedrooms.

The inspectors met with care staff, the manager and the responsible person. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

Staff interactions with residents were warm, friendly and supportive. It was evident that they knew the residents well.

Staff expressed satisfaction with how the home was managed. They said that they had the appropriate training to look after residents and meet their needs.

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. At the time of issuing this report, no questionnaires had been received by RQIA.

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 8 July 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 (4) (b) Stated: First time	The registered person shall ensure that full employment histories are obtained for all potential employees and any gaps in employment history are explored with rationale documented.	Carried forward to the next inspection
	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.	
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure that infection prevention and control measures and practices are robust and that there is a robust system in place for regular monitoring.	Carried forward to the next inspection
	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.	
Area for improvement 3 Ref: Regulation 32 (h) Stated: First time	The registered person shall ensure that a variation application is submitted to RQIA in relation to the changes made to the residents' smoke room and the treatment room.	Met
	Action taken as confirmed during the inspection: A variation application in relation to changes made to the residents' smoke room was submitted to RQIA on 7 September 2021. The smoke room has been converted into a treatment room. This area for improvement was assessed as met.	

Area for improvement 4 Ref: Regulation 27 (4) Stated: First time	The registered person shall ensure that the premises are maintained to reduce the risk of the spread of fire. This is in relation to inappropriate storage in the boiler room, obstruction of fire detector in the linen store and inappropriate storage of a fire extinguisher in the linen store.	Met
	Action taken as confirmed during the inspection: The fire extinguisher in question has been removed from the linen store and is now mounted on the wall outside the store. The linen store was tidy, organised and uncluttered. The fire detector was unobstructed.	
Area for improvement 5 Ref: Regulation 32 (a) (b) Stated: First time	The registered person shall ensure that arrangements are made to update the home's registration to reflect the day to day management arrangements.	Met
	Action taken as confirmed during the inspection: Mrs Justine Quigg has submitted an application to RQIA to register as manager of Ard Na Grande and the process is currently ongoing.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for improvement 1 Ref: Standard 21 Stated: First time	The registered person shall ensure that the visiting policy is updated and reflective of current arrangements.	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.	

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 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 state that they were accurate.

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.

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. Directions for use were clearly recorded on the personal medication records. Staff knew how to recognise a change in a resident's behaviour and were aware that this change may be associated with pain. The reason for and outcome of each administration was recorded on supplementary medicine administration records. It was agreed with the manager that care plans directing the use of these medicines would be updated to include the name and directions of the prescribed medicine.

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 and reviewed regularly.

Insulin is a high risk medicine and safe systems must be in place to ensure residents are administered the prescribed dose. Insulin is administered by the district nurse for any resident prescribed insulin to manage their diabetes. A discrepancy was identified in relation to the administered dose of insulin for a resident which was administered on the morning of the inspection. This was highlighted to the manager and an incident report detailing the actions taken and measures implemented to prevent a recurrence was submitted to RQIA on 4 May 2022. The manager agreed to include the administration of insulin by the district nurse in the homes internal audit process to ensure any future discrepancies could be identified in a timely manner.

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. Temperatures of the medicine storage area were monitored and recorded to ensure that medicines were stored appropriately. A medicine refrigerator and controlled drugs cabinet were available for use as needed.

Satisfactory arrangements were in place for the safe disposal of medicines and records were 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 medicines administration records was reviewed. Most of the records were found to have been fully and accurately completed. A small number of missed signatures were brought to the attention of the manager for ongoing close monitoring. The manager agreed that a new archiving system would be implemented for completed medicine administration records to ensure they are readily accessible.

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 should be recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs. The manager was reminded that records of the receipt of controlled drugs should detail the name of the community pharmacy the medicines are received from.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out. A weekly medicines administration audit was completed by the Responsible Person. Running stock balances of all medicines were also maintained. The date of opening was recorded on all medicines so that they could be easily audited. This is good practice. As stated in Section 5.2.1, the manager agreed to expand the medicines audit process to include the administration of insulin by the district nurse.

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.

A review of records indicated that satisfactory arrangements were in place to manage medicines for new residents or residents returning from hospital. Written confirmation of the resident's medicine regime was obtained at or prior to admission and details shared with the community pharmacy. Medicines had been accurately received into the home and administered in accordance with the most recent directions. The medicine records had been accurately completed.

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.

There have been no medicine related incidents reported to RQIA. Management and staff were familiar with the type of incidents that should be reported. The audits completed at the inspection indicated that medicines were being 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 they are supported. Policies and procedures should be up to date and readily available for staff.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Ongoing review was monitored through supervision sessions with staff. Medicines management policies and procedures were in place and available for staff.

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

6.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	2*	1*

* The total number of areas for improvement includes three 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 Mr Justin McCann, Responsible Person, and Mrs Justine Quigg, 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 The Residential Care Home Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 21 (4) (b) Stated: First time To be completed by: Immediate action required (8 July 2021)	The registered person shall ensure that full employment histories are obtained for all potential employees and any gaps in employment history are explored with rationale documented. 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. Ref: 5.1
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time To be completed by: Immediate action required (8 July 2021)	The registered person shall ensure that infection prevention and control measures and practices are robust and that there is a robust system in place for regular monitoring. 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. Ref: 5.1
Action required to ensure compliance with Residential Care Homes Minimum Standards 2011	
Area for improvement 1 Ref: Standard 21 Stated: First time To be completed by: 1 September 2021	The registered person shall ensure that the visiting policy is updated and reflective of current arrangements. 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



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