The Regulation and Quality Improvement Authority

Inspection Report

9 September 2021

Lisgarel

Type of service: Residential Care Home
Address: Gloucester Park, Larne, BT40 1PD
Telephone number: 028 2827 4833

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

1.0 Service information

Organisation/Registered Provider: Northern HSC Trust **Responsible Individual:** Ms Jennifer Welsh, Acting	**Registered Manager:** Mrs Margaret Montgomery, Acting Manager
Person in charge at the time of inspection: Mrs Margaret Montgomery, Acting Manager	**Number of registered places:** 40 The home is approved to provide care on a day basis for four persons.
Categories of care: Residential Care (RC): I – old age not falling within any other category	**Number of residents accommodated in the residential care home on the day of this inspection:** 21
Brief description of the accommodation/how the service operates: This is a residential care home which is registered to provide care for up to 40 residents.	

2.0 Inspection summary

An unannounced inspection took place on 9 September 2021 from 10.30am to 1.45pm. The inspection was carried out by a pharmacist inspector.

This inspection focused on medicines management within the home. The inspection also assessed progress with any areas for improvement identified since the last care and medicines management inspections.

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, the storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines were reviewed.

During our inspection we:

- 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

4.0 What people told us about the service

We met with two senior care assistants and the manager. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

Staff were warm and friendly and it was evident from their interactions that they knew the residents well. Residents were observed to be relaxing in the lounges.

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. They spoke highly of the support given by management.

In order to reduce footfall throughout the home, the inspector did not meet with any residents. Feedback methods included a staff poster and paper questionnaires which were provided to the staff 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 responses had been received.

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 care inspection on 2 October 2020		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref**: Regulation 27 (2) (d) **Stated:** First time	The registered person shall ensure that firm plans are made for the carpets in the hallways throughout the home to be replaced in the near future, unless the major refurbishment work to the home commences before that time. **Action taken as confirmed during the inspection**: All carpets throughout the home had been replaced with vinyl flooring.	**Met**
Area for improvement 2 **Ref:** Regulation 29 (4) (c) **Stated:** First time	The registered person shall ensure that a visit by the registered provider takes place at least once a month; a written report on the conduct of the home is prepared and made available in the home. **Action taken as confirmed during the inspection**: A representative of the registered person visited the home each month. Copies of the written reports were available in the home.	**Met**
Action required to ensure compliance with the Residential Care Homes Minimum Standards (2011)		**Validation of compliance summary**
Area for improvement 1 **Ref**: Standard 35 **Stated:** First time	The registered person shall that when cleaning tasks are completed, this is recorded. **Action taken as confirmed during the inspection**: Forms were in place to facilitate the recording of cleaning tasks. There was evidence that they were audited to monitor completion.	**Met**
Area for improvement 2 **Ref**: Standard 27.8	The registered person shall ensure that the shower door in one identified bathroom is repaired or replaced.	**Met**

Stated: First time	**Action taken as confirmed during the inspection**: The manager advised that the door had been replaced and the shower room had been refurbished.	

No areas for improvement were identified at the last medicines management inspection on 5 April 2017.

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 will change and therefore their medicines should be regularly monitored and reviewed. This is usually done by a GP, a 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 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 are written and updated to provide a 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 in the medicines file. Records of administration were clearly recorded. The reason for and outcome of administration were recorded in the daily progress notes.

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. One care plan was not in place and it was agreed that this would be actioned immediately after the inspection.

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 residents.

The management of thickening agents and nutritional supplements was reviewed for two residents. Speech and language assessment reports and care plan were in place. Records of prescribing which included the recommended consistency level were maintained. Thickening agents were administered by both senior carers and care assistants. However, records of administration were not maintained by care assistants. Records for the administration of thickening agents must be accurately maintained. An area for improvement was identified.

Care plans were in place when residents required insulin to manage their diabetes. Staff also had access to the community nursing notes. The manager advised that she would discuss the management of diabetes with all staff to assess their knowledge and arrange for update training if deemed necessary.

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 areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each resident could be easily located.

A review of the daily records for monitoring the medicine refrigerator temperature indicated that the maximum and minimum temperatures were frequently outside the required range (2^{oC} to 8°C) and that the thermometer was not reset each day. The thermometer was reset at the inspection and appropriate temperatures were observed. Guidance on resetting the thermometer was provided to the manager and staff during the inspection and it was agreed that all staff would receive this information. The manager agreed to closely monitor the daily records to ensure that appropriate temperatures were maintained for medicines requiring cold storage.

Appropriate arrangements were in place for the safe disposal of medicines.

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.

The sample of the medication administration records reviewed had 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. The records reviewed had been maintained to the required standard.

Management and staff audited medicine administration on a regular basis within the home. The audits completed at the inspection indicated that medicines were administered as prescribed.

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.

Safe systems were in place for the management of medicines on admission. Written confirmation of medication regimens was received. The residents' personal medication records were verified and signed by two staff to ensure accuracy. Medicines were accurately received into the home and administered in accordance with the most recent directions. There was evidence that staff had followed up any discrepancies in a timely manner to ensure that the correct medicines were available for administration.

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.

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 staff are supported. Policies and procedures should be up to date and readily available for staff use.

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. A written record was completed for induction, ongoing training and competency assessments.

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.

Although an area for improvement in relation to the management of thickening agents was identified, RQIA is assured that residents were administered their medicines as prescribed.

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

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

	Regulations	Standards
Total number of Areas for Improvement	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Margaret Montgomery, 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 13 (4) **Stated:** First time **To be completed by:** From the date of the inspection (9 September 2021)	The registered person shall ensure that records for the administration of thickening agents are accurately maintained. Ref: 5.2.1
	Response by registered person detailing the actions taken: Records of thickening agents administered by Care Assistants are now in place. This information has been shared with all revelant staff at handovers and team meetings

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