

# Inspection Report

1 August 2022



## Ellis Court Respite Unit

Type of service: Residential Care Home  
Address: Ellis Street, Carrickfergus, BT38 8AZ  
Telephone number: 028 9331 5113

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

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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> Northern Health and Social Care Trust	<b>Registered Manager:</b> Mrs Anne McCormick
<b>Responsible Individual:</b> Ms Jennifer Welsh (Applicant)	<b>Date registered:</b> Registration pending
<b>Person in charge at the time of inspection:</b> Ms Kylie Scates, Deputy Manager	<b>Number of registered places:</b> 6  Provision of day service for one identified user only.
<b>Categories of care:</b> Residential Care (RC): LD – learning disability LD(E) – learning disability – over 65 years	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 4
<b>Brief description of the accommodation/how the service operates:</b>  This is a residential care home with provides respite care for up to six residents.	

## 2.0 Inspection summary

An unannounced inspection took place on 1 August 2022, from 11.45am to 1.15pm. This was completed by a pharmacist inspector.

The inspection focused on medicines management within the home and also assessed progress with the areas for improvement identified at the last inspection. 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.

Review of medicines management found that robust arrangements were in place for the safe management of medicines. Medicine records were generally well maintained. There were auditing processes in place to ensure that residents were administered their medicines as prescribed. Staff were trained and competent to manage medicines.

The outcome of this inspection concluded that the areas for improvement identified at the last inspection had been addressed. Two new areas for improvement were identified in relation to monitoring the medicines refrigerator temperature and completion of the controlled drugs record book.

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.

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.

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

At the time of the inspection, most of the residents were not present as they were attending their day centre placement. Staff interactions with the remaining resident were warm, friendly and supportive. In conversation with staff, it was evident that they knew the residents well.

The inspector met with the deputy manager. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

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 care inspection on 19 October 2021		
Action required to ensure compliance with Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Standard 12.4 <b>Stated:</b> First time	The responsible person shall ensure that the menu accurately reflects what food is on offer each day and is displayed in a suitable format for residents.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The daily menu was displayed in the dining room in both written and pictorial form.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time	The responsible person shall ensure that IPC issues identified during this inspection are effectively managed to minimise the risk of infection; this relates specifically to the appropriate use of face masks by staff at all times.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Staff were observed to be appropriately wearing face masks at all times.	

## 5.2 Inspection findings

### 5.2.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Within Ellis Court, residents bring their own medicines with them at the start of their stay and any unused medicines are returned at the end of their stay.

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 arrangements are in place to ensure that medicines regimes for residents receiving short term respite care are up to date.

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 confirm that they were accurate. The deputy manager advised that when the dates for respite care are confirmed, families/carers are advised that an up to date medicines list must be obtained from the general practitioner should the regime have changed since the previous stay. Confirmation of the regime was observed for one resident.

The management of insulin was discussed. Staff advised that the community nursing team administered insulin to residents when required. The nursing team supported the staff in monitoring residents' blood sugar levels and provided clear directions on the actions to take when levels were outside of the recommended range.

Epilepsy management plans were held on file for residents with epilepsy.

### **5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?**

It is important that medicines are stored safely and securely so that there is no unauthorised access.

The records inspected showed that medicines were available for administration when residents required them.

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.

Medicines which require cold storage must be stored between 2°C and 8°C to maintain their stability and efficacy. In order to ensure that this temperature range is maintained it is necessary to monitor the maximum and minimum temperatures of the medicines refrigerator each day and to then reset the thermometer. Review of the medicines refrigerator temperature logs observed temperatures outside this range were recorded. Corrective action had not been taken by the staff and the issue had not been identified through the internal audit process. The thermometer was reset at the start of the inspection. Temperatures within the accepted range were then observed indicating that the refrigerators were working and that staff knowledge needs to be addressed regarding recording the maximum, minimum and current temperature and then resetting the thermometer each day. Staff should receive guidance on how to accurately monitor the refrigerator temperature and reset the thermometer each day. Corrective action must be taken if temperatures outside the required range are observed. An area for improvement was identified.

### **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 and were found to have been fully and accurately completed. The records were filed once completed.

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. It was identified that medicines that are not classed as controlled drugs had been recorded in the controlled drug record book. The layout and recording in the record book was not appropriate. A template for the layout of the controlled drugs record book was provided to the manager following the inspection. Staff should receive further training on the management of controlled drugs and completion of the relevant records. An area for improvement was identified.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out. The audits completed at the inspection indicated that medicines were being administered as prescribed. However audits did not encompass all aspects of the management of medicines and therefore the issues raised at this inspection were not being identified. The audits completed by management should be reviewed to ensure they are effective. Advice was given during the inspection and it was agreed that the auditing system would be reviewed.

#### **5.2.4 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.

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

#### **5.2.5 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.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Competency was planned for review on a yearly basis, however it was noted that this target had not been achieved and some competency assessments were overdue. The deputy manager agreed to ensure that these were completed.

## 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 Minimum Standards 2021.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Kylie Scates, Deputy Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with Residential Care Homes Minimum Standards 2021</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 32</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that medicine refrigerator temperatures are accurately monitored each day and corrective action is taken if temperatures outside the required range are observed.</p> <p>Ref: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b> Deputy Manager has completed training with relevant Senior staff on resetting of refrigerator and ensure appropriate Temperature. Deputy Manager will continue to monitor through Audit tool.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 33</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 September 2022</p>	<p>The registered person shall review the completion of the controlled drugs record book.</p> <p>Staff should receive further training on the completion of records relating to controlled drugs.</p> <p>Ref: 5.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> Deputy Manager has ruled Book from template provided by Inspector. Controlled Drugs book will be included in Audits completed by Deputy Manager . Discussion with Senior staff to the relevant Drugs recorded in Book . Website details provided to Senior staff to have access to Medications which fall within Controlled classification</p>

*\*Please ensure this document is completed in full and returned via the Web Portal\**





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