

Inspection Report

24 July 2023



Westlands

Type of service: Residential Care Home
Address: 2 Westland Road, Cookstown, BT80 8BX
Telephone number: 028 8672 3922

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

Organisation/Registered Provider: Northern Health and Social Care Trust (NHSCT)	Registered Manager: Mr Sean McCartan
Responsible Individual: Ms Jennifer Welsh	Date registered: 1 April 2005
Person in charge at the time of inspection: Mr Jordan Kearney (Senior Care Assistant)	Number of registered places: 20 This number includes a maximum of three residents in RC-PH category of care. The home is approved to provide care on a day basis only to four persons.
Categories of care: Residential Care (RC) I – old age not falling within any other category. PH – physical disability other than sensory impairment.	Number of residents accommodated in the residential care home on the day of this inspection: 11
Brief description of the accommodation/how the service operates: Westlands is a registered residential care home which provides health and social care for up to 20 residents. The home is divided into two floors and each resident has their own bedroom. Residents also have access to communal areas with secure outside spaces.	

2.0 Inspection summary

An unannounced inspection took place on 24 July 2023, from 10.45am to 2.15pm by a pharmacist inspector. The inspection 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 the area for improvement identified at the last medicines management inspection.

The areas for improvement identified at the last care inspection have been carried forward for follow up at the next care inspection.

The outcome of this inspection concluded that improvements in some areas for the management of medicines were necessary.

The area for improvement identified at the last medicines management inspection in relation to medicines audit had not been suitably addressed. Further areas for improvement in relation to ensuring residents have a continuous supply of their medicines and medicines storage were identified. Details of the areas for improvement can be found in the quality improvement plan (QIP).

Whilst areas for improvement were identified, RQIA can conclude that overall, with the exception of a small number of medicines, the residents were being administered their medicines as prescribed. Medicine related records were completed to a satisfactory standard and staff had received recent medicines management training. The manager agreed to share the findings of the inspection with staff in order to further drive and sustain improvements.

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, the storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. The inspector spoke to staff about how they plan, monitor and deliver the management of medicines in the home.

4.0 What people told us about the service

The inspector met with care staff and the senior care assistant. Feedback of the inspection was also provided to the manager via telephone call. 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.

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 2 February 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 21 (1) (b) Schedule 2 Stated: First time	The registered person shall ensure that a detailed recruitment checklist is made available for the home manager to ensure that they have adequate oversight of the recruitment process.	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 27 (4) (b) Stated: First time	The registered person shall ensure that fire doors are not propped open.	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.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for Improvement 1 Ref: Standard 30 Stated: First time	The registered person shall review the auditing process to ensure this includes liquid medicines, inhaled medicines and medicines prescribed on a "when required" basis.	Not met
	Action taken as confirmed during the inspection: This area for improvement was assessed as not met and has been subsumed into the Regulations. See Section 5.2.3	

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.

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. Assurances were provided that the care plans would be updated to reflect the name of the prescribed pain relief medicines.

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 the majority of medicines were available for administration when residents required them. However, audits completed by the inspector identified a total of three medicines had been out of stock in recent weeks which resulted in missed doses. There was no evidence these missed doses were considered as notifiable events to RQIA. Residents must have a continuous supply of their prescribed medicines as missed doses or delayed administrations can impact the health and well-being of residents. An area for improvement was identified.

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.

A medicine refrigerator and controlled drugs cabinet were available for use as needed. In order to ensure medicines are stored according to the manufacturer's instructions, it is necessary to monitor and record the temperature of the medicines storage area. The temperature of the medicines storage area was not monitored and recorded daily. An area for improvement was identified.

Satisfactory 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.

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 senior care assistant for ongoing close monitoring. The records were filed once completed and readily retrievable for 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 should be recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs.

The medicines audit process was reviewed. Monthly medicine administration audits were completed by senior care staff. Records of the audits were available for review. The audits completed by the inspector identified the large majority of medicines had been administered as prescribed. However, the date of opening was not recorded on all medicines. This is necessary to facilitate audit. As stated in Section 5.2.2, a small number of missed doses occurred due to medicines being out of stock.

The frequency of audits completed by care staff did not allow for discrepancies to be identified in an efficient manner. The findings of this inspection indicate the audit process does not incorporate all aspects of medicines management including medicine stock control, storage and medicine related records. The area for improvement identified at the last medicines management inspection in relation to medicine audits has not been met and is subsumed into the Regulations.

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. 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.

The findings of this inspection indicate that the auditing system is not robust and hence incidents may not be identified. As stated in Section 5.2.3, the need for a robust audit system which covers all aspects of medicines is necessary to ensure that safe systems are in place and any learning from errors/incidents can be actioned and shared with relevant staff. RQIA must be notified of any incident which adversely affected the health and wellbeing of any resident.

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. Medicines management policies and procedures were in place and readily accessible to staff.

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 2022.

	Regulations	Standards
Total number of Areas for Improvement	4*	1

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Jordan Kearney, Senior Care Assistant, as part of the inspection process. Feedback was also provided via telephone call to Mr Sean McCartan, Registered Manager. 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 21 (1) (b) Schedule 2 Stated: First time To be completed by: With immediate effect (2 February 2023)	The registered person shall ensure that a detailed recruitment checklist is made available for the home manager to ensure that they have adequate oversight of the recruitment process.
	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 27 (4) (b) Stated: First time To be completed by: With immediate effect (2 February 2023)	The registered person shall ensure that fire doors are not propped open.
	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 3 Ref: Regulation 13 (4) Stated: First time To be completed by: Ongoing from the date of inspection (24 July 2023)	The registered person shall ensure residents have a continuous supply of their prescribed medicines. Ref: 5.2.2
	Response by registered person detailing the actions taken: Procedures are in place to ensure that residents have a continuous supply of medications. In the event of a medication being out of stock with pharmacy, RQIA will be notified in accordance with 'Statutory Notification of Medication Related Incidents' guidance.
Area for improvement 4 Ref: Regulation 13 (4) Stated: First time To be completed by:	The responsible person shall implement a robust audit system which covers all aspects of the management of medicines. Any identified incident that adversely affects the health or wellbeing of any resident must be notified to RQIA in a timely manner. Ref: 5.2.3 & 5.2.5

<p>Ongoing from the date of inspection (24 July 2023)</p>	<p>Response by registered person detailing the actions taken:</p> <p>A meeting has been arranged with RQIA pharmacist inspector to discuss 'RQIA Medicines Management Tool' this will take place on 21.09.2023. In the interim we have devised and are using an audit tool which covers all aspects of the management of medicines</p> <p>All identified incidents that adversely affect the health or wellbeing of a resident will be notified to RQIA in a timely manner</p>
<p>Action required to ensure compliance with Residential Care Homes Minimum Standards 2022</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 32</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of inspection (24 July 2023)</p>	<p>The registered person shall ensure the temperature of the medicines storage area is monitored and recorded daily to ensure medicines are stored as per the manufacturer's instructions.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken:</p> <p>A thermometer has been purchased and the temperature of the medicines storage area is now monitored and recorded daily</p>

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



The Regulation and Quality Improvement Authority

RQIA, 1st Floor
James House
Gasworks
2 – 4 Cromac Avenue
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
📍 @RQIANews

Assurance, Challenge and Improvement in Health and Social Care