

Inspection Report

20 June 2022



Rosedale

Type of service: Residential Care Home
Address: 100 Kilgreel Road, Antrim, BT41 1EH
Telephone number: 028 9442 9402

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 Responsible Individual: Ms Jennifer Welsh (Applicant)	Registered Manager: Miss Geraldine Lindsay Date registered: Acting Manager
Person in charge at the time of inspection: Miss Geraldine Lindsay	Number of registered places: 38
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: 10
Brief description of the accommodation/how the service operates: Rosedale is a residential care home which is registered to provide care for up to 38 residents. The home provides care for short term periods of recovery and rehabilitation following hospital stays before residents return home or move onwards to a more permanent care placement. The home also provides periods of respite care.	

2.0 Inspection summary

An unannounced inspection took place on 20 June 2022, from 10.40am to 12.45pm. The inspection was completed by a pharmacist inspector 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 areas for improvement identified at the last care inspection will be followed up at the next care inspection.

Review of medicines management found that medicine records were well maintained. Medicines were stored safely and securely and there were effective systems in place to ensure that staff were trained and competent to manage medicines. Three areas for improvement were identified in relation to expanding the current audit process, care planning for pain relief and records relating to thickened fluids.

Whilst these areas for improvement were identified, it was concluded that the residents were being administered their medicines as prescribed.

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. Staff and residents views were also sought.

4.0 What people told us about the service

The inspector spoke with three residents during the inspection. All expressed satisfaction with their care. They said that the staff were kind and helpful and all three were very complimentary of the meals provided. Staff interactions with residents were warm, friendly and supportive. It was evident that they knew the residents well.

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

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 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 29 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 14 (2) (a) Stated: First time	The registered person shall ensure that all areas of the home containing materials hazardous to health are secured when unsupervised in keeping with COSHH legislation.	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 Residential Care Homes Minimum Standards (2021)		Validation of compliance
Area for Improvement 1 Ref: Standard 25 Criteria 3 Stated: Second time	The registered person shall ensure that all competencies and capability assessments for any member of staff being in charge of the home in the absence of the manager are up to date and regularly reviewed.	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.	
Area for improvement 2 Ref: Standard 27 Criteria 8 Stated: First time	The registered person shall ensure that continence products are stored in line with manufacturer's guidance and maintained within infection prevention and control standards.	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 temporarily with a local GP for the duration of their stay 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.

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. The records for two patients were reviewed and showed that pain relief was being administered as prescribed. Care plans to direct staff in the management of pain had not been completed and this was discussed with the manager. This is necessary to ensure that a consistent level of care is provided by all staff, including those staff who may not know the residents well. An area for improvement was identified.

Some residents may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing. Care plans detailing how the resident should be supported with their food and fluid intake should be in place to direct staff.

The management of thickening agents and nutritional supplements was reviewed. A speech and language assessment report was in place, however, care plans, records of prescribing and administration had not been completed. This is necessary to ensure to provide evidence that prescribed thickening agents are administered in accordance with the most recent recommendations. An area for improvement was identified.

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. Temperatures of medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately. A medicine refrigerator and controlled drugs cabinet were available for use as needed. Staff were reminded that the medicines refrigerator thermometer must be reset daily after the readings have been taken to ensure that the temperature has been maintained between 2°C and 8°C over the 24 hour period.

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 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 should be recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs. Records had been maintained to the required standard.

The community pharmacist provided advice and external audit support, however there is no internal audit system to monitor medicines management. A system of regular audit which covers all aspects of medicines management should be implemented. An area for improvement was identified.

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.

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.

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.

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 and competency assessments.

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 (Northern Ireland) 2005 and Residential Care Homes Minimum Standards 2021.

	Regulations	Standards
Total number of Areas for Improvement	1*	5*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Geraldine Lindsay, 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 14 (2) (a) Stated: First time To be completed by: With immediate effect (29 July 2021)	The registered person shall ensure that all areas of the home containing materials hazardous to health are secured when unsupervised in keeping with COSHH legislation. 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 2021	
Area for improvement 1 Ref: Standard 25 Criteria 3 Stated: Second time To be completed by: 28 February 2021	The registered person shall ensure that all competencies and capability assessments for any member of staff being in charge of the home in the absence of the manager are up to date and regularly reviewed. 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
Area for improvement 2 Ref: Standard 27 Criteria 8 Stated: First time To be completed by: With immediate effect (29 July 2021)	The registered person shall ensure that continence products are stored in line with manufacturer's guidance and maintained within infection prevention and control standards. 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

<p>Area for improvement 3</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 20 July 2022</p>	<p>The registered person shall ensure that care plans to direct staff in the management of pain are completed when appropriate.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Staff are directed by individual pain management instructions given by GP'S which are accurately maintained in client care records. The manager has a audit system in place to review pain medication records and flow charts for effectiveness.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 20 July 2022</p>	<p>The registered person shall ensure that care plans, personal medication records and administration records are completed for those residents who require thickened fluids.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The manager has complied a aduit system which includes care plans, personal medication records and administration records to ensure records are up to date, accurate and regularly reviewed. A record of thickened drinks is kept by care staff but was not availble on day of inspection .</p>
<p>Area for improvement 5</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: 20 July 2022</p>	<p>The registered person shall ensure that a system of regular audit which covers all aspects of medicines management is implemented.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The manager has implemented a aduit system which covers all aspects of medicines management ,to compliment the ongoing twice yearly pharmacy inspections .</p>

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