

Inspection Report

1 February 2023



Rosemary Lodge

Type of service: Residential Care Home
Address: 9 Fennel Road, Antrim, BT41 4PB
Telephone number: 02894428877

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Healthcare Ireland No 2 Ltd Responsible Individual: Ms Amanda Mitchell	Registered Manager: Mrs Marie-Clare Kennedy Date registered: 24 November 2022
Person in charge at the time of inspection: Ms Mollie Greer, Senior Care Assistant, 10.15am to 11.05am Mrs Marie-Clare Kennedy, Manager, from 11.05am onwards.	Number of registered places: 45 Including no more than two persons in category RC-LD.
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 PH(E) - physical disability other than sensory impairment – over 65 years LD – learning disability	Number of residents accommodated in the residential care home on the day of this inspection: 39
Brief description of the accommodation/how the service operates: Rosemary Lodge Care Home is a residential care home registered to provide health and social care for up to 45 residents. Accommodation for residents is provided over two floors. Residents also have access to an enclosed garden.	

2.0 Inspection summary

An unannounced inspection took place on 1 February 2023, from 10.15am to 2.35pm. This was completed 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.

Following discussion with the aligned care inspector, it was agreed that majority of the areas for improvement identified at the last care inspection would be followed up at the next care inspection. Progress with one area for improvement was assessed during this inspection.

Review of medicines management found that satisfactory arrangements were in place for the safe management of medicines. Medicine records and medicine related care plans were mostly 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. One area for improvement was identified in relation to the verification of medicine records.

Whilst an area for improvement was 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 regarding the management of medicines.

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 inspector spoke to staff and management about how they plan, deliver and monitor the management of medicines within the home.

4.0 What people told us about the service

The inspector met with the two senior care assistants on duty and the manager. 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 also 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 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 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 1 September 2022		
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) Stated: First time	The registered person shall ensure all pre-employment checks are completed.	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 there is a system in place to monitor and address environmental factors which impact on the robustness of the infection prevention and control measures and practices. This is stated in relation to the chipping on the handrails and door frames downstairs, and the four dining room chairs.	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 14 (2) (a) Stated: First time	The registered persons must ensure that all areas of the home to which patients have access are free from hazards to their safety.	Met
	Action taken as confirmed during the inspection: This was evidenced during the inspection. Creams and dressings were stored in the medicines storage room.	

Action required to ensure compliance with the Residential Care Homes Minimum Standards (2021)		Validation of compliance
Area for improvement 1 Ref: Standard 6.3 Stated: First time	The registered person shall ensure that the resident or their representative, where appropriate, signs the care plan. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.	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 27.1 Stated: First time	The registered person shall ensure the worn carpet is replaced in the upstairs corridor.	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 3 Ref: Standard 13.9 Stated: First time	The registered person shall ensure that a record is kept of all activities that take place in the home.	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 and hospital appointments.

The personal medication records reviewed at the inspection were up to date. However, these had not always been verified by a second member of staff. In line with safe practice, a second member of staff should check and sign these records when they are written and updated to confirm their accuracy. An area for improvement was identified (see Section 5.2.3).

Obsolete personal medication records had not always been cancelled and archived. This is necessary to ensure that staff do not refer to obsolete directions in error and administer medicines incorrectly to the resident. The manager agreed to remind staff of this expected practice following the inspection.

Copies of prescriptions/hospital discharge letters were usually retained in the home so that any entry on the personal medication record could be checked against the prescription. This is good practice.

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, critical medicines etc.

Care plans were in place for residents prescribed medicines for the management of, for example, distressed reactions, pain, diabetes and infection. These were discussed and it was agreed that specific dosage directions and any other relevant details specific to the resident would be added following the inspection.

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

Medicine 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.

The medicines storage area and trolleys were observed to be securely locked when unattended, to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each resident could be located. Temperatures of medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately. A controlled drugs cabinet and medicines refrigerator were available for use as needed.

It was agreed that inhaler spacer devices/masks would be individually labelled and stored for the purposes of infection prevention and control.

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 medicine administration records (MARs) was reviewed. Most records were found to have been accurately completed, however handwritten MARs/additions did not include a start date and had not always been verified by a second member of staff. In line with safe practice, a second member of staff should check and sign these records when they are handwritten/updated to confirm their accuracy. In addition, handwritten MARs had been completed on a poor quality photocopy of the original template, originals should be obtained and used. An area for improvement was identified (see Section 5.2.1).

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.

Management and staff audited most aspects of medicine administration and any discrepancies were investigated. The audits completed during the inspection indicated that medicines were being administered as prescribed. The date of opening was recorded on medicines, this is good practice which facilitates audit. The manager agreed to include the areas highlighted in this report within audit procedures, to ensure that improvement is sustained.

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 GP and/or community pharmacy as necessary.

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

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 and at annual appraisal. Medicines management policies and procedures were in place.

6.0 Quality Improvement Plan/Areas for Improvement

One new area for improvement has been identified where action is required to ensure compliance with The Residential Care Homes Minimum Standards 2021.

	Regulations	Standards
Total number of Areas for Improvement	2*	4*

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

The new area for improvement and details of the Quality Improvement Plan were discussed with Mrs Marie-Claire Devlin, Registered Manager, as part of the inspection process. The timescale 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) Stated: First time To be completed by: Immediately and ongoing (1 September 2022)	The registered person shall ensure all pre-employment checks are completed. 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: 1 January 2023	The registered person shall ensure that there is a system in place to monitor and address environmental factors which impact on the robustness of the infection prevention and control measures and practices. This is stated in relation to the chipping on the handrails and door frames downstairs, and the four dining room chairs. 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 6.3 Stated: First time To be completed by: 1 December 2022	The registered person shall ensure that the resident or their representative, where appropriate, signs the care plan. If the resident or their representative is unable to sign or chooses not to sign, this is recorded. 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 27.1 Stated: First time To be completed by: 1 January 2023	The registered person shall ensure the worn carpet is replaced in the upstairs corridor. 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 13.9</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing (1 September 2022)</p>	<p>The registered person shall ensure that a record is kept of all activities that take place in the home.</p> <hr/> <p>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.</p> <p>Ref: 5.1</p>
<p>Area for improvement 4</p> <p>Ref: Standard 31</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing (1 February 2023)</p>	<p>The registered person shall ensure that two members of staff check and sign personal medication records and handwritten medication administration records when they are written and updated to confirm their accuracy and legibility.</p> <p>Ref: 5.2.1 & 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: Audits have been put in place which specifically identify this area. This is reviewed by Home Manager and Regional Area Manager on her monthly visit.</p>

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