

Inspection Report

30 March 2022



Belvedere

Type of service: Residential Care Home
Address: 63 Gilford Road, Lurgan, Craigavon, BT66 7EA
Telephone number: 028 3832 5709

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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

<p>Organisation/Registered Provider: Belvedere Residential Care Ltd</p> <p>Responsible Individual: Ms Aisling McShane</p>	<p>Registered Manager: Mrs Catherine McConville</p> <p>Date registered: 6 December 2021</p>
<p>Person in charge at the time of inspection: Mrs Catherine McConville</p>	<p>Number of registered places: 21</p> <p>Category RC-DE for the five residents currently residing at the home (mild to medium dementia).</p> <p>The home is also approved to provide care on a day basis to six persons</p>
<p>Categories of care: I – old age not falling within any other category DE – dementia MP – mental disorder excluding learning disability or dementia MP(E) - mental disorder excluding learning disability or dementia – over 65 years LD(E) – learning disability – over 65 years</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 17</p>
<p>Brief description of the accommodation/how the service operates:</p> <p>This is a residential care home which provides care for up to 21 residents.</p>	

2.0 Inspection summary

An unannounced follow-up inspection took place on 30 March 2022 from 10.45 am to 1.50pm by a pharmacist inspector.

This inspection was undertaken to assess progress made with the areas for improvement identified at the last medicines management inspection on 16 November 2021. The areas for improvement identified at the last care inspection on 14 June 2021, will be reviewed by the care inspector at the next inspection.

The findings of this inspection indicated that management had reviewed and developed the systems to ensure the safe management of medicines. Staff had received training and new auditing processes were in place. There was evidence of the actions taken and planned. Of the five areas for improvement identified at the last medicines management inspection, all had been addressed in a satisfactory manner. The progress and improvements which had been made were acknowledged.

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

Residents were observed to be relaxed and content in their surroundings. Staff interactions with residents were kind and supportive.

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

Staff 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 last inspection?

Areas for improvement from the last inspection on 16 November 2021		
Action required to ensure compliance with The Residential Care Home Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 27.(2).(t) Stated: First time	The registered person shall ensure the environment is managed in such a way to reduce risk from hazards. Reference to this includes ensuring safe storage of hazardous substances.	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(4) Stated: First time	The registered person shall ensure that personal medication records are fully and accurately maintained at all times.	Met
	Action taken as confirmed during the inspection: The selection of personal medication records examined indicated that the relevant information was included. See Section 5.2.1	
Area for Improvement 3 Ref: Regulation 13(4) Stated: First time	The registered person shall ensure that medication administration records are fully and accurately maintained at all times.	Met
	Action taken as confirmed during the inspection: Records of medicines administration were well maintained. See Section 5.2.1	

<p>Area for Improvement 4</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p>	<p>The registered person shall develop and implement a robust auditing system for medicines management which covers all aspects of medicines management.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that management had developed and implemented new audits and documentation to oversee medicines management.</p> <p>See Section 5.2.2</p>	<p>Met</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2021)</p>		<p>Validation of compliance</p>
<p>Area for Improvement 1</p> <p>Ref: Standard 6</p> <p>Stated: First time</p>	<p>The registered person shall ensure care plans are regularly reviewed and updated on a consistent basis.</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>Carried forward to the next inspection</p>
<p>Area for improvement 2</p> <p>Ref: Standard 30</p> <p>Stated: First time</p>	<p>The registered person shall review the process to manage recording errors and updates to ensure medicine entries are not amended or overwritten.</p> <hr/> <p>Action taken as confirmed during the inspection: A significant improvement in the completion of medicine entries was evidenced.</p> <p>See Section 5.2.1</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 31</p> <p>Stated: First time</p>	<p>The registered person shall ensure that two staff are involved in the writing and updating of personal medication records and medication administration records; both staff should sign the records and ensure that each resident's records correlate.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that handwritten entries were overseen by two staff to and systems in place to check correlation with records.</p> <p>See Section 5.2.1</p>	<p>Met</p>

5.2 Inspection findings

5.2.1 Medicine records

A new format for personal medication records had been developed and implemented. The personal medication records examined were up to date and accurate. It was reminded that the date of writing should also be recorded. The manager advised that this would be added to the new template.

The medicine administration records examined, were well maintained and indicated that medicines had been administered as prescribed. Reasons for any omissions were recorded.

Two staff had signed new entries on personal medication records and handwritten entries on the medication administration records. A list of trained senior care staff names and sample initials was in place. It was agreed that this would be updated to include any care staff deemed competent to be the second person signing the records.

An improvement in the management of recording errors was noted and was being closely monitored as part of the audit process.

The management of topical medicines had been reviewed. Management and staff advised of the arrangements put in place to ensure accurate record keeping. Close monitoring is ongoing.

5.2.2 Governance and Audit

Following the last medicines management inspection, staff and management advised that all staff were made aware of the areas for improvement and the systems being implemented to ensure that they were addressed. Staff had completed refresher training in medicines management.

There was evidence that the audit process had been revised. Additional audits were put in place and focused on eye preparations, inhaled medicines and liquid medicines. Records of the completed medicine audits showed that any shortfalls were being identified and the necessary action was taken as required.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Mrs Catherine McConville, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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

* Two areas for improvement have been carried forward for review at the next inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Home Regulations (Northern Ireland) 2005	
Area for Improvement 1 Ref: Regulation 27.(2).(t) Stated: First time To be completed by: 14 June 2021	The registered person shall ensure the environment is managed in such a way to reduce risk from hazards. Reference to this includes ensuring safe storage of hazardous substances.
	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 the Residential Care Homes Minimum Standards (August 2021)	
Area for Improvement 1 Ref: Standard 6 Stated: First time To be completed by: 21 June 2021	The registered person shall ensure care plans are regularly reviewed and updated on a consistent basis.
	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



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