



The Regulation and
Quality Improvement
Authority

Inspection Report 4 August 2020



The Firs

Type of Service: Residential Care Home
Address: 16 Fair Green, Church Street, Ballygawley,
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Tel No: 028 8556 7048
Inspector: Paul Nixon

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Assurance, Challenge and Improvement in Health and Social Care

This inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during this inspection and do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

Information relating to our inspection framework, the guidance and legislation that informs the inspections, the four domains which we assess services against as well as information about the methods we use to gather opinions from people who have experienced a service can be found at <https://www.rqia.org.uk/guidance/legislation-and-standards/> and <https://www.rqia.org.uk/guidance/guidance-for-service-providers/>

1.0 Profile of service

This is a registered residential care home which provides care for up to eight residents.

2.0 Inspection focus

This inspection focused on medicines management within the service. The inspection also assessed progress with any areas for improvement identified since the last medicines management inspection.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspections findings, registration information, and any other written or verbal information received.

During our inspection we:

- spoke to residents
- spoke to staff and management about how they plan, deliver and monitor the care and support provided in the home
- observed practice and daily life
- reviewed documents to confirm that appropriate records were kept.

The following records were examined and/or discussed during the inspection:

- RQIA registration certificate
- training and competency and capability assessments for staff managing medicines
- personal medication records
- medicine administration records
- medicine receipt and disposal records
- controlled drug record book
- audits.

3.0 Service details

Organisation/Registered Provider: The Firs Services (Ireland) Limited Responsible Individual: Mrs Pauline Gormley	Registered Manager and date registered: Mrs Pauline Gormley 1 April 2005
Person in charge at the time of inspection: Mrs Pauline Gormley	Number of registered places: 8 The home is also approved to provide care on a day basis only to 14 persons
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Total number of residents in the residential care home on the day of this inspection: 7

4.0 What has this service done to meet any areas for improvement made at or since the last inspection on 6 January 2020?

Areas for improvement from the last inspection		Validation of compliance
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).		
Area for improvement 1 Ref: Standard 31 Stated: First time	The registered person shall ensure that personal medication records are accurately maintained. Action taken as confirmed during the inspection: The personal medication records had been accurately maintained.	Met

5.0 What people told us about this service

We met all residents during the inspection whenever they were enjoying their mid-morning tea. They said that they were happy in the home and good relationships with staff were observed. Staff were warm and friendly and obviously knew the residents well. We discussed the difficulties with the lockdown. They told us that the food was good and they were looking forward to lunch.

On the day of inspection we asked to meet with one member of staff. This staff member said that the residents were well looked after and expressed satisfaction with how the home was managed. She said that she had the appropriate training to look after residents and meet their needs.

Feedback methods also included a staff poster and paper questionnaires which were provided to the registered person for any resident or their family representative to complete and return using pre-paid, self-addressed envelopes. Nine questionnaires were completed within the timeframe for inclusion in this report. The responses in the questionnaires indicated that residents were very satisfied with all aspects of care in the home. One relative responded, "As parents, we are extremely satisfied with all aspects of care. We appreciate the very high standards which are always evident."

One staff member completed the online survey. They indicated that they were very satisfied with all aspects of care in the home. They stated, "I feel this is a really good care facility."

5.1 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 medical practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times residents' needs may change and therefore their medicines should be regularly monitored and reviewed. This may be done by the GP or the pharmacist.

All residents in the home were registered with a local GP and medicines were reviewed and dispensed by the community pharmacist.

Personal medication records were in place for each resident. These contained a list of all 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 e.g. medication reviews, transfers to hospital. These records had been completed in a satisfactory manner. In line with best practice, a second member of staff had checked and signed the records when they were updated to provide a double check that they were accurate.

Copies of residents' prescriptions are retained in the home so that any entry on the personal medication record can be checked against the prescription. This again contributes to confidence that the systems in place are safe.

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

Medicines must be available to ensure that they are administered to residents as prescribed and when they require them. It is important that they are stored safely and securely and disposed of promptly so that there is no unauthorised access.

The records inspected showed that medicines were available for administration when residents required them. The registered provider advised that she had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

On arrival at the home the medicines cupboards were observed to be securely locked. They were tidy and organised so that medicines belonging to each resident could be easily located. Controlled drugs were stored in the controlled drug cabinet.

Medicines for disposal were returned to the community pharmacy regularly and were not allowed to accumulate in the home. Disposal of medicine records were examined and had been completed so that all medicines could be accounted for.

5.3 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.

Within the home, a record of the administration of medicines is completed on pre-printed medicine administration records (MARs) when medicines are administered to a resident. A sample of these records were reviewed which found that they had been fully and accurately completed. The completed MARs are filed once completed.

The registered person audits medicine administration on a monthly basis within the home. The audits showed that medicines had been given as prescribed. The date of opening was recorded for all medicines so that they can be easily audited. This is good practice.

Audits completed on a range of medicines during this inspection showed that they had been given as prescribed.

5.4 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.

We examined the medicines prescribed for one recently admitted resident. There were procedures in place to ensure the safe management of medicines during the resident's admission to the home. The registered provider had obtained written confirmation of medicines from the GP. Two members of staff had accurately recorded the medicines prescribed onto the medicine records.

5.5 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.

There had been a couple of medicine related incidents in the home since the last inspection. There was evidence of the action taken and learning implemented following these incidents. The audit system in place would help staff to identify medicine related incidents. The registered person is familiar with the type of incidents that should be reported.

5.6 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 that staff are supported.

Staff in the home had received a structured induction which included medicines management when that forms part of their role. Competencies had been assessed following induction and annually thereafter. A written record was completed for induction and competency assessments.

6.0 Evaluation of Inspection

This inspection sought to assess if the home was delivering safe, effective and compassionate care and if the service was well led.

The outcome of this inspection concluded that the area for improvement identified at the last inspection had been addressed and no new areas for improvement were identified. We can conclude that residents and their relatives can be assured that medicines are well managed within the home.

We would like to thank the residents and staff for their assistance throughout the inspection.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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