



Unannounced Follow Up Medicines Management Inspection Report 27 June 2019



Peacehaven

Type of Service: Residential Care Home
Address: 34-38 Newry Street, Rathfriland, BT34 5PY
Tel No: 028 4063 8855
Inspector: Catherine Glover

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that 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 the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home which is registered to provide care for up to eight residents who are living with dementia.

3.0 Service details

Organisation/Registered Provider: Peacehaven Care Services Ltd Responsible Individual: Mary O'Hanlon	Registered Manager: Mary O'Hanlon
Person in charge at the time of inspection: Janine Porter, Assistant Manager	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) DE – Dementia	Number of registered places: 8

4.0 Inspection summary

An unannounced inspection took place on 27 June 2019 from 10.30 to 11.00.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

The inspection focused solely on the management of warfarin to ensure that robust processes were in place. This issue had been stated for a third and final time at the last inspection on 16 May 2019 and it was agreed that this would be re-examined within a short timescale. The processes in place for the management of warfarin were found to be satisfactory.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Janine Porter, Assistant Manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection

The most recent unannounced RQIA inspection of the home focused on care, medicines management and the premises and took place on 16 May 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of incidents: it was ascertained that there were no incidents involving medicines had been reported to RQIA since the last medicines management inspection

During the inspection we met with one care assistant and the assistant manager.

A sample of the following records was examined during the inspection:

- personal medication records
- medicine administration records
- warfarin dosage regimen and running stock balance

The areas for improvement identified regarding medicines management were reviewed and assessment of compliance recorded as met, partially met, or not met.

The areas for improvement identified in relation to care and premises were not reviewed as part of this inspection and are carried forward to the next inspection.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 16 May 2019

The inspection focused solely on the management of warfarin to ensure that robust processes were in place. This area for improvement identified in relation to medicines management was assessed as met.

The areas for improvement in relation to care and premises from the last inspection on 16 May 2019 were not reviewed as part of the inspection and are carried forward to the next inspection.

6.2 Inspection findings

We found that the management of warfarin had been reviewed and revised by the management team in the home. Running stock balances of warfarin and accurate records of administration were now maintained. The audits completed at the inspection indicated that warfarin had been administered as prescribed. Staff on duty were reminded that these improvements must be sustained.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Janine Porter, Assistant Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 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 Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)	
<p>Area for improvement 1</p> <p>Ref: Standard 27.1</p> <p>Stated: Second time</p> <p>To be completed by: 31 July 2019</p>	<p>The registered person shall ensure the following:</p> <ul style="list-style-type: none"> • the protective cover for pipes is replaced • wipeable sheaths for light cords are provided • a dividing curtain is provided in one identified shared bedroom • safety clips are provided to secure the looped pull cords on blinds <p>Ref: 6.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next inspection.</p> <p>Ref: 6.1</p>
<p>Area for improvement 2</p> <p>Ref: Standard 27.8</p> <p>Stated: First time</p> <p>To be completed by: 11 July 2019</p>	<p>The registered provider should repair or replace the hold open device currently fitted to the first floor corridor compartment door.</p> <p>Ref: 6.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next inspection.</p> <p>Ref: 6.1</p>



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