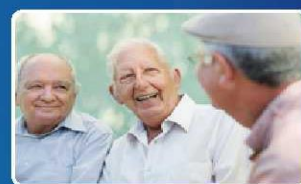




Inspection Report

12 August 2020



Slieve Roe House

Type of Service: Residential Care Home
Address: Manse Road, Kilkeel, Newry, BT34 4BN
Tel No: 028 4176 3760
Inspector: Paul Nixon

www.rqia.org.uk

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 20 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 and care inspections.

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 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:

- a sample of staff medicines management training and competency assessments
- RQIA registration certificate
- personal medication records
- medicine administration records
- medicine receipt records
- controlled drug record book
- hospital discharge records for two residents
- audits.

3.0 Service details

Organisation/Registered Provider: Southern HSC Trust Responsible Individual: Mr Shane Devlin	Registered Manager and date registered: Mrs Hylde Patterson Registration pending
Person in charge at the time of inspection: Mrs Hylde Patterson	Number of registered places: 20 RC-DE for 5 existing residents. RQIA to be notified of any requests for further admissions of residents with DE.
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia	Total number of residents in the residential care home on the day of this inspection: 17

4.0 What has this service done to meet any areas for improvement made at or since the last medicines management and care inspections on 5 July 2017 and 3 October 2019?

There were no areas for improvement from the last medicines management inspection on 5 July 2017.

Areas for improvement from the last care inspection		Validation of compliance
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		
Area for improvement 1 Ref: Regulation 27 (2) (b) Stated: First time	The registered person shall ensure that plans are put in place for the following: <ul style="list-style-type: none"> • replacement of the wardrobes in some rooms • completion of work in the laundry, as recommended by the Trust Infection Control Team • resurfacing of the courtyard area and provision of garden furniture 	Partially met
	Action taken as confirmed during the inspection: The courtyard pavement blocks had been re-laid and it had been tidied up; furniture had also been purchased. However, the wardrobes	

	<p>had not been replaced and the work in the laundry, as recommended by the Trust Infection Control Team, had not been completed. The manager stated that a request had been submitted to the trust to replace the wardrobes in five bedrooms but this work had not been completed.</p> <p>Because all aspects of this area for improvement had only been partially met, it is stated in full for a second time</p>	
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5.0 What people told us about this service

On the day of inspection we spoke to several staff on duty. They 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.

Good interactions were observed between staff and residents. Staff were warm and friendly and knew the residents well.

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. One questionnaire was completed within the timeframe for inclusion in this report. The respondent indicated that they were very satisfied with all aspects of care in the home. They stated, "All care is 100%. I couldn't be in a better place."

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 all been fully and accurately completed. In line with best practice, a second member of staff had checked and signed these 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 manager advised that there is a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

On arrival at the home the medicines storage area was observed to be securely locked. It was tidy and organised so that medicines belonging to each resident could be easily located. The medicines currently in use were stored within a medicine trolley that was also securely stored so that there could be no unauthorised access. Controlled drugs were stored in the controlled drug cabinet. When medicines needed to be stored at a colder temperature, they were stored within the medicine refrigerator and the temperature of this refrigerator was monitored each day.

Medicines disposal was discussed with the manager, who advised that they were returned to the community pharmacy regularly and were not allowed to accumulate in the home.

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.

A sample of medicine administration records were reviewed which found that they had been fully and accurately completed. The completed records were filed once completed.

The management audits medicine administration on a monthly basis within the home. The audit shows that medicines had been given as prescribed. The date of opening was recorded on all medicines so that they could be easily audited. This is good practice.

Audits completed during this inspection showed that medicines 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 reviewed the management of medicines for two recently admitted residents to this home. In each instance, a hospital discharge letter had been received and a copy had been forwarded to the resident's GP. The resident's personal medication record had been accurately written. Medicines had been accurately received into the home and administered in accordance with the dosage directions. There was evidence that staff had followed up issues identified in the discharge information with the hospitals and GPs, to ensure that medicines were available for administration and administered as prescribed.

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 that 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 have been no medicine related incidents in the home since the last inspection.

The audit system in place would help staff to identify medicine related incidents. The manager was 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 provider 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. Competency 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 residents and their relatives can be assured that medicines are well managed within the home. There were no areas for improvement relating to the management of medicines. However, as stated in section 4.0, the one area for improvement from the previous care inspection had only been partially met and is, therefore, stated for a second time.

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

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 Mrs Hylda Patterson, 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 the Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 27 (2) (b)</p> <p>Stated: Second time</p> <p>To be completed by: 31 October 2020</p>	<p>The registered person shall ensure that plans are put in place for the following:</p> <ul style="list-style-type: none"> • replacement of the wardrobes in some rooms • completion of work in the laundry, as recommended by the Trust Infection Control Team • resurfacing of the courtyard area and provision of garden furniture <p>Ref: 4.0</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The requirements set out under Regulation 27 (2) (b) have been escalated to the Trust Estates Team during 2020. The Registered Manager has noted the significance of the requirement being referenced for the second time and will share this with the Head of Service for immediate escalation to OPPC Director noting the significance that a failure to comply notice will be issued if the works stated remain incomplete for a third time,</p> <p>Uodate 12 October 2020 - all estates works have been approved and Trust Contractor to commence before the end of October 2020.</p>

Please ensure this document is completed in full and returned via the Web Portal



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