

Inspection Report

10 July 2023



Crozier House

Type of service: Residential Care Home
Address: Meeting House Road, Banbridge, BT32 3ER
Telephone number: 028 4066 2734

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Southern Health and Social Care Trust Responsible Individual: Dr Maria O’Kane	Registered Manager: Mrs Deirdre Irvine Date registered: 22 December 2022
Person in charge at the time of inspection: Ms Chantal Parsons, Senior Residential Support Worker	Number of registered places: 27 This number includes a maximum of five residents in RC-DE. The home is approved to provide care on a day basis to four persons.
Categories of care: Residential Care (RC): I – old age not falling within any other category DE – dementia	Number of residents accommodated in the residential care home on the day of this inspection: 21
Brief description of the accommodation/how the service operates: Crozier House is a residential care home registered to provide health and social care for up to 27 residents. Residents’ bedrooms are located over one floor and residents have access to communal lounge, dining and garden areas. The home is adjoined to Crozier Lodge Day Care Setting which is under a separate manager.	

2.0 Inspection summary

An unannounced inspection took place on 10 July 2023, from 10.30am to 3.00pm. This was completed by a pharmacist inspector and 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.

The areas for improvement identified at the last care inspection have been carried forward and will be followed up at the next care inspection.

The outcome of this inspection concluded that improvements in some areas for the management of medicines were necessary. Areas for improvement are detailed in the quality improvement plan and include monitoring and recording the temperature of the clinical room, maintaining a record of administration of thickening agents, implementing a robust medicines management audit and ensuring care plans are in place for the management of pain.

Whilst areas for improvement were identified, RQIA can conclude that overall, with the exception of a small number of medicines, the residents were being administered their medicines as prescribed.

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 with staff about how they plan, deliver and monitor the management of medicines in the home.

4.0 What people told us about the service

The inspector met with senior care staff. 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 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 to the staff 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 questionnaires 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 23 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 15 (1) Stated: First time	The registered person shall review the robustness of the pre-assessment process to ensure the appropriateness of residents admitted to the residential care home.	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 27 (4) (d) (i) Stated: First time	The registered person shall ensure that doors leading to unattended rooms are not propped open preventing closure.	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) (c) Stated: First time	The registered person shall ensure that chemicals are stored in line with COSHH legislation when not in use.	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.	

Action required to ensure compliance with Residential Care Homes Minimum Standards (2021)		Validation of compliance
Area for Improvement 1 Ref: Standard 13 Stated: First time	The registered person shall review the provision of activities in the home to ensure that those residents who wish to have the opportunity to be involved in meaningful activities.	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 or hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to state that they were accurate. There was no photograph in place for multiple residents to ensure staff safely identify the correct resident when administering medicines. This had been previously identified by staff and a new camera purchased. Staff gave an assurance that this would be followed up following the inspection.

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

The management of pain was discussed. Staff advised that they were familiar with how each resident expressed their pain and that pain relief was administered when required. However, care plans were not in place for two residents. An area for improvement was identified.

Some residents may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the resident should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the resident.

The management of thickening agents was reviewed. A speech and language assessment report and care plan was in place and records of prescribing included the recommended consistency level. However, records of administration were not maintained. An area for improvement was identified.

The management of warfarin was reviewed. Warfarin is a high risk medicine and safe systems must be in place to ensure that patients are administered the correct dose and arrangements are in place for regular blood monitoring. Review of the warfarin administration records and audits completed at the inspection identified satisfactory arrangements were in place for the management of warfarin.

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

Medicines 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. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner. Staff were requested to submit an incident notification to RQIA for one discrepancy identified at the inspection.

The medicines storage area was observed to be securely locked to prevent any unauthorised access. It was tidy and organised so that medicines belonging to each resident could be easily located. The temperature of the medicine storage area was not monitored and recorded to ensure that medicines were stored appropriately. An area for improvement was identified. A medicine refrigerator and controlled drugs cabinet were available for use as needed.

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 the medicines administration records was reviewed. The records reviewed were found to have been fully and accurately completed. The records were filed once completed.

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.

Staff audited medicine administration on a regular basis within the home. The date of opening was recorded on most medicines so that they could be easily audited. This is good practice. It has been identified at a previous audit by staff that some medicines had no date of opening recorded and this was being closely monitored.

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 community pharmacy. The medicine records had been accurately completed.

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.

There had been no medicine related incidents reported to RQIA since the last medicines inspection. However, the findings of this inspection indicate that the auditing system is not robust and hence incidents may not be identified. The need for a robust audit system which covers all aspects of medicines is necessary to ensure that safe systems are in place and any learning from errors/incidents can be actioned and shared with relevant staff.

The audits completed at the inspection indicated that the majority of medicines were being administered as prescribed. However, audit discrepancies were observed in the administration of a small number of medicines. A review of the audits indicated that the issues raised at this inspection were not being identified and needs to be expanded. An area for improvement was identified.

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.

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.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes (Northern Ireland) 2005 and Residential Care Homes Minimum Standards 2021.

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

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Hazel Owens, Senior Care Assistant as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 15 (1) Stated: First time To be completed by: With immediate effect (23 September 2022)	The registered person shall review the robustness of the pre-assessment process to ensure the appropriateness of residents admitted to the residential care home.
	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 27 (4) (d) (i) Stated: First time To be completed by: With immediate effect (23 September 2022)	The registered person shall ensure that doors leading to unattended rooms are not propped open preventing closure.
	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 3 Ref: Regulation 14 (2) (a) (c) Stated: First time To be completed by: With immediate effect (23 September 2022)	The registered person shall ensure that chemicals are stored in line with COSHH legislation when not in use.
	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 4 Ref: Regulation 13 (4) Stated: First time To be completed by: With immediate effect (10 July 2023)	The responsible person shall ensure that records of administration of thickening agents are accurately maintained and that they include the recommended consistency level. Ref: 5.2.1
	Response by registered person detailing the actions taken: The thickening agent instructions are on the SALT referral. There is a copy kept in the kitchen and a copy kept with the resident's care plan. This is also transcribed on to the resident's Medicine MARs with instructions on recommended consistency levels and recorded by staff after each

	administration. The thickening agent is stored in the treatment trolley in the doctor's room.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 13 Stated: First time To be completed by: 31 October 2022	The registered person shall review the provision of activities in the home to ensure that those residents who wish to have the opportunity to be involved in meaningful activities. 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 6 Stated: First time To be completed by: With immediate effect (10 July 2023)	The responsible person shall ensure that care plans are in place to direct staff when residents are prescribed medicines for chronic pain. Ref: 5.2.1 Response by registered person detailing the actions taken: For chronic pain care plans are now in place to direct staff.
Area for improvement 3 Ref: Standard 32.1 Stated: First time To be completed by: With immediate effect (10 July 2023)	The responsible person shall ensure that the temperature of the room where medicines are stored is monitored and recorded daily to ensure medicines are stored appropriately. Ref: 5.2.2 Response by registered person detailing the actions taken: With immediate effect, Senior staff are now monitoring and recording daily the room temperature of the room where the medicines are stored.
Area for improvement 4 Ref: Standard 33 Stated: First time To be completed by: 10 August 2023	The responsible person shall ensure that a robust system of audit which covers all aspects of medicines management is implemented to ensure that safe systems are in place and any learning from errors/incidents can be actioned and shared with relevant staff. Ref: 5.2.5 Response by registered person detailing the actions taken: We are in the process of revising our medicine audit. This will be completed and implemented within the next month.

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



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