



Inspection Report

23 February 2021



Crozier House

Type of Home: Residential Care Home
Address: Meeting House Road, Banbridge, BT32 3ER
Tel No: 028 4066 2734
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 residential care home which is registered to provide care for up to 27 residents.

2.0 Service details

Organisation/Registered Provider: Southern HSC Trust Responsible Individual: Mr Shane Devlin	Registered Manager and date registered: Mrs Deidre Irvine Acting – no application required
Person in charge at the time of inspection: Mrs Deidre Irvine	Number of registered places: 27
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: 16

3.0 Inspection focus

Following a risk assessment and to reduce the risk to residents during the pandemic outbreak, this inspection was carried out remotely.

This inspection was completed following a review of information requested and submitted to RQIA on 9 February 2021. Feedback was discussed with the manager on 23 February 2021.

This inspection focused on medicines management within the home. The inspection also assessed progress with the areas for improvement identified at the last medicines management inspection. Following discussion with the aligned care inspector, it was agreed that the areas for improvement identified at the last care inspection would be followed up at the next care 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.

As part of the inspection process we:

- spoke to management about how they plan, deliver and monitor the care and support provided in the home
- reviewed documents to confirm that appropriate records were kept

A sample of the following records was examined and/or discussed as part of the inspection:

- personal medication records
- medicine administration records (MARs)
- care plans related to medicines management
- medicines management governance and audit
- medicines management staff training and competency records
- manager's completed self-assessment

4.0 Inspection Outcome

	Regulations	Standards
Total number of areas for improvement	1*	2*

*This includes three areas for improvement which have not been reviewed during this inspection and have been carried forward for review at the next care inspection.

No new areas for improvement were identified.

Findings of the inspection were discussed with Mrs Deidre Irvine, 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.

5.0 What has this service done to meet any areas for improvement made at or since the last medicines management inspection on 23 October 2017 and care inspection on 29 October 2020?

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with Department of Health, Social Services and Public Safety (DHSSPS) The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13(4) Stated: First time	The registered person shall ensure that personal medication records detail all the medicines prescribed for the resident and if a second record is used this must be clearly referenced.	Met
	Action taken as confirmed during the inspection: The personal medication records submitted to RQIA as part of the remote inspection process were fully and accurately maintained. When a second record was used this was clearly referenced.	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 22 Stated: First time	The registered person shall ensure that care plans for the management of pain are in place for the relevant residents.	Met
	Action taken as confirmed during the inspection: The records belonging to two residents who were prescribed regular analgesia were reviewed. For each resident a pain management care plan was in place.	
Area for improvement 2 Ref: Standard 30 Stated: First time	The registered person shall ensure that the management of medicines supplied in compliance aids is reviewed and revised.	Met
	Action taken as confirmed during the inspection: The manager confirmed that the management of medicines supplied in compliance aids had been reviewed and revised to ensure that the pharmacist is requested to include medicine descriptions.	

Areas for improvement from the last care inspection		
Action required to ensure compliance with Department of Health, Social Services and Public Safety (DHSSPS) The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 30 Stated: First time	The registered person shall ensure that accidents and incidents which occur in the home are notified to RQIA in line with the current guidance.	Carried forward to the next care inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 8.5 Stated: First time	The registered person shall ensure that all care records are appropriately signed and dated.	Carried forward to the next care inspection
	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 care inspection.	
Area for improvement 2 Ref: Standard 24.2, 24.4 Stated: First time	The registered person shall ensure that a robust system is put in place to support managerial oversight of staff supervisions and appraisals.	Carried forward to the next care inspection
	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 care inspection.	

6.0 What people told us about this home?

Feedback methods included a poster and online links to questionnaires which were provided to the manager for staff and any resident or their family representative to complete. At the time of issuing this report, four questionnaires from residents' representatives had been received by RQIA. The respondents indicated that they were very satisfied/satisfied with all aspects of care. Comments made were:

- "I am very happy with the care provided. The staff are very helpful and patient."
- "Very impressed with the manager and staff of Crozier House and the attentiveness of the team in looking after my relative. I am sorry it was not a longer stay."
- "A great place. My relative felt very at home. Staff were very professional and very caring. The food was excellent."

- "I am very impressed by the care my relative is receiving and the staff and welcoming, helpful, friendly and attentive."

7.0 Inspection Findings

7.1 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 will 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.

Personal medication records were in place for each resident. These are records used to list all 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 e.g. medication reviews, 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 provide a double check that they were accurate.

All residents should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets, etc.

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.

7.2 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 residents' 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. The manager advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

Because this was a remote inspection the arrangements for the storage and disposal of medicines were not reviewed on this occasion.

7.3 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 these records was reviewed. The records were found to have been fully and accurately completed.

Management and staff audited medicine administration on a regular basis within the home. A range of audits was carried out.

7.4 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 residents who had been admitted to this home. Hospital discharge letters had been received. The residents' personal medication records had been accurately written and signed by two staff members.

The service is supported in the delivery of care with a pharmacy team who are on site three times a week. This quality improvement initiative provides direct support in relation to any medication concerns that may arise. The pharmacists act as liaison between the hospital discharge team, hospital pharmacy team and the resident's GP. Prior to discharge the pharmacist meets with the resident to discuss their current medication and also, when relevant, to provide advice regarding self-administration. The pharmacist also ensures the residents have adequate supplies of their medicines provided on discharge.

7.5 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.

The audit system in place helps staff to identify medicine related incidents. Management were familiar with the type of incidents that should be reported.

We discussed the medicine related incident which had been reported to RQIA since the last inspection. There was evidence that the incident had been reported to the prescriber for guidance, investigated and learning shared with staff in order to prevent a recurrence.

7.6 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 are supported.

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

Records of staff training in relation to medicines management were available for inspection.

8.0 Evaluation of Inspection

The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to the management of medicines.

The outcome of this inspection concluded that all areas for improvement identified at the last medicines management inspection had been addressed. No new areas for improvement were identified. The areas for improvement identified at the last care inspection were not reviewed and will be followed up at the next care inspection.

We can conclude that the residents were being administered their medicines as prescribed.

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

9.0 Quality Improvement Plan

Areas for improvement are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Mrs. Deidre Irvine, Manager, as part of the inspection process.

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.

9.1 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).

Quality Improvement Plan

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

Area for improvement 1 Ref: Regulation 30 Stated: First time To be completed by: Immediately and ongoing	The registered person shall ensure that accidents and incidents which occur in the home are notified to RQIA in line with the current guidance.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection. Ref: 5.0

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 8.5 Stated: First time To be completed by: Immediately and ongoing	The registered person shall ensure that all care records are appropriately signed and dated.
	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 care inspection. Ref: 5.0
Area for improvement 2 Ref: Standard 24.2, 24.4 Stated: First time To be completed by: 31 December 2020	The registered person shall ensure that a robust system is put in place to support managerial oversight of staff supervisions and appraisals.
	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 care inspection. Ref: 5.0



The **Regulation and
Quality Improvement
Authority**

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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