

Inspection Report

5 October 2023



Ardview House

Type of service: Residential Care Home
Address: 18 The Ward, Ardglass, BT30 7UP
Telephone number: 028 4484 1093

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: South Eastern Health and Social Care Trust (SEHSCT)</p> <p>Registered Individual: Ms Roisin Coulter</p>	<p>Registered Manager: Miss Cathryn Anne Canning</p> <p>Date registered: 8 June 2015</p>
<p>Person in charge at the time of inspection: Ms Grainne Higgins (Senior Care Assistant)</p>	<p>Number of registered places: 38</p> <p>A maximum of 10 persons in category RC-DE in the Dementia unit on the ground floor. A maximum of 28 persons to be accommodated in the other units in categories RC-MP (E); RC-PH; RC-I; RC-E; RC-A and RC-TI. This includes a nine bedded unit for persons with delirium. Bedroom 33 within the delirium unit has been repurposed as a dining room temporarily reducing the total number of beds to 38. RQIA must be notified prior to this room reverting to a bedroom. The home is also approved to provide care on a day basis only to five persons.</p>
<p>Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. PH – Physical disability other than sensory impairment. A – Past or present alcohol dependence. TI – Terminally ill.</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 16</p>
<p>Brief description of the accommodation/how the service operates:</p> <p>Ardview House is a registered residential care home which provides social care for up to 38 residents. Residents' bedrooms are located over two floors. Tower Suite which provides care for people with dementia is located on the ground floor.</p>	

The home also provides care for residents who require a short period of rehabilitation following discharge from hospital. Residents have access communal lounges, dining rooms and a garden area.

2.0 Inspection summary

An unannounced inspection took place on 5 October 2023, from 9.30am to 12.05pm. This was completed by a pharmacist inspector.

The inspection 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 were not reviewed and are carried forward to be followed up at the next care inspection.

Review of medicines management found that satisfactory arrangements were in place for the safe management of medicines. Medicine records were well maintained. There were effective auditing processes in place to ensure that staff were trained and competent to manage medicines and residents were administered their medicines as prescribed. One area for improvement was identified in relation to care planning.

Based on the inspection findings and discussions held, RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the management team with respect to medicines management.

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 also spoke to the person-in-charge 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 the senior care assistant in charge.

Staff 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.

Staff interactions with residents were warm, friendly and supportive. It was evident that they knew the residents well.

Feedback methods included a staff poster and paper questionnaires which were provided to the person-in-charge 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 25 November 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (2) (d) Stated: First time	The registered person shall ensure that the premises are well maintained in order to remain suitable for their stated purpose and that Tower Suite is redecorated to meet current infection control best practice.	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 23.7 Stated: First time	The registered person shall ensure that all mandatory training is up to date and there is a robust written training and development plan that is kept under review and is updated at least annually to reflect the training needs of individual staff.	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 medical 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.

Residents will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff on when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the resident's distress and if the prescribed medicine is effective for the resident.

The management of medicines prescribed on a "when required" basis for distressed reactions was reviewed for three residents. Directions for use were clearly recorded on the personal medication records.

Records included the reason for and outcome of each administration. However, for two residents the care plans did not provide information to direct staff on the use of these medicines. An area for improvement was identified.

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. Care plans were in place and reviewed regularly.

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.

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 monitored and recorded to ensure that medicines were stored appropriately. 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 were found to have been completed in a satisfactory manner. 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.

Management audited medicine administration on a regular basis within the home. A range of audits were carried out. The date of opening was recorded on all medicines so that they could be easily audited. This is good practice.

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. 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.

Staff were familiar with the type of incidents that should be reported. The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and learning shared with staff in order to prevent a recurrence.

The audits completed at the inspection indicated that the medicines were being administered as prescribed.

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

An area for improvement has been identified where action is required to ensure compliance with The Residential Care Homes Minimum Standards 2022.

	Regulations	Standards
Total number of Areas for Improvement	1*	2*

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

The area for improvement and details of the Quality Improvement Plan were discussed with Ms. Grainne Higgins, Senior Care Assistant, as part of the inspection process. The timescale for completion commences from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Home Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (2) (d) Stated: First time To be completed by: 24 March 2023	The registered person shall ensure that the premises are well maintained in order to remain suitable for their stated purpose and that Tower Suite is redecorated to meet current infection control best practice.
	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
Action required to ensure compliance with Residential Care Homes Minimum Standards (version 1.2, December 2022)	
Area for improvement 1 Ref: Standard 23.7 Stated: First To be completed by: Immediate action required (25 November 2022)	The registered person shall ensure that all mandatory training is up to date and there is a robust written training and development plan that is kept under review and is updated at least annually to reflect the training needs of individual staff.
	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 (5 October 2023)	The registered person shall ensure that, when residents are prescribed medicines for administration on a “when required” basis for the management of distressed reactions, the care plans provide information to direct staff on the use of these medicines. Ref: 5.2.1
	Response by registered person detailing the actions taken: Completed (05/10/23) following inspection for named service user. Registered Manager has also communicated and reminded all staff to complete for all service users upon receipt of prescription.

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