

# Inspection Report

20 June 2023



## Corkey House

Type of Service: Residential Care Home  
Address: 1 Forthriver Crescent, Belfast, BT13 3SR  
Telephone number: 028 9071 8095

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Presbyterian Council of Social Witness  <b>Responsible Individual</b> Mr Dermot Parsons	<b>Registered Manager:</b> Mrs Mae Irvine  <b>Date registered:</b> 16 October 2021
<b>Person in charge at the time of inspection:</b> Mrs Mae Irvine	<b>Number of registered places:</b> 35  This number includes a maximum of ten existing residents in RC-DE category of care and a maximum of two existing residents in RC-MP(E) category of care.  The home is approved to provide care on a day basis only to two persons.
<b>Categories of care:</b> 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	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 32
<b>Brief description of the accommodation/how the service operates:</b> Corkey House is a registered residential care home which provides health and social care for up to 35 residents. The home is divided in three corridors; Glenview, Cavehill and Cairn.  Residents have access to communal lounges, dining rooms and an enclosed garden area.	

## 2.0 Inspection summary

An unannounced inspection took place on 20 June 2023, from 10.45am to 3.15pm. 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 inspection also assessed progress with one of the areas for improvement identified at the last inspection.

Review of medicines management found that robust arrangements were in place for the safe management of medicines. Medicine records and medicine related care plans 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 new area for improvement in relation to medicines requiring cold storage was identified. Details of the area for improvement can be found in the Quality Improvement Plan (QIP).

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 staff and management 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 briefly with a number of residents. The residents spoke positively about their experience of living in Corkey House. Residents were observed to be relaxing in the communal area of the home.

The inspector also met with senior care staff, the deputy manager, manager and regional manager. 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 manager 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 16 February 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (2) (a)  <b>Stated:</b> Second time	The registered person shall ensure that all parts of the residential care home to which residents have access, are free from hazards to their safety. This is specifically in relation to the hair salon.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 24.2 and 24.5  <b>Stated:</b> First time	The registered person shall ensure that all staff have formal recorded supervision no less than every six months and a formal recorded appraisal annually.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 28.3  <b>Stated:</b> First time	The registered person shall ensure that the home is maintained in a safe manner. This is specifically in relation to the treatment room and the electrical cupboard doors.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Treatment room and electrical cupboard doors were observed to be securely locked to prevent unauthorised access.	

## 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.

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.

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 the management of distressed reactions was reviewed. Directions for use were clearly recorded on the personal medication records; and care plans directing the use of these medicines were in place. Staff knew how to recognise a change in a resident's behaviour and was aware that this change may be associated with pain. Records included the reason for and outcome of each administration.

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.

Care plans were in place when residents required insulin to manage their diabetes. There was sufficient detail in the care plan to direct staff if the resident's blood sugar was outside the recommended range. Insulin was administered by the district nurse; records of the administration of insulin were readily available for review.

### **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. One instance when missed doses of medicines occurred due to no stock was highlighted and discussed with the manager for investigation and review. An incident report detailing the outcome of the investigation and action taken to prevent a recurrence was submitted to RQIA on 21 June 2023.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each resident could be easily located. Temperatures of the medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately.

Medicines which require cold storage must be stored between 2°C and 8°C to maintain their stability and efficacy. In order to ensure that this temperature range is maintained it is necessary to monitor the maximum and minimum temperatures of the medicines refrigerator each day and to then reset the thermometer. The daily recordings for the medicine refrigerator indicated that the temperature was frequently outside 2°C and 8°C. The consistent recordings indicated that staff were not resetting the thermometer correctly each day. Care staff should receive training on how to accurately monitor the temperature of the medicine refrigerator. Corrective action should be taken if temperatures outside the required range are observed. An area for improvement was identified.

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. Most of the records were found to have been fully and accurately completed. A small number of missed signatures were brought to the attention of the manager for ongoing close monitoring. 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 records of receipt, administration and disposal of controlled drugs were maintained to the required standard in a controlled drug record book.

Management and staff 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 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.

Management and 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 majority of medicines were being administered as prescribed. A small number of discrepancies were highlighted to the manager for ongoing monitoring.

#### **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. Policies and procedures should be up to date and readily available for staff.

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 with staff and at annual appraisal. Medicines management policies and procedures were in place.

## 6.0 Quality Improvement Plan/Areas for Improvement

One area for improvement was identified where action is required to ensure compliance with The Residential Care Homes Minimum Standards 2021.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	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 Mrs Mae Irvine, Registered Manager, 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (2) (a)  <b>Stated:</b> Second time  <b>To be completed by:</b> From date of inspection (16 February 2023)	The registered person shall ensure that all parts of the residential care home to which residents have access, are free from hazards to their safety. This is specifically in relation to the hair salon.
	<b>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.</b>  Ref: 5.1
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 24.2 and 24.5  <b>Stated:</b> First time  <b>To be completed by:</b> From date of inspection (16 February 2023)	The registered person shall ensure that all staff have formal recorded supervision no less than every six months and a formal recorded appraisal annually.
	<b>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.</b>  Ref: 5.1
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 32  <b>Stated:</b> First time  <b>To be completed by:</b> From date of inspection (20 June 2023)	The registered person shall ensure that medicines that require cold storage are stored within the required temperature range of 2°C and 8°C and action is taken if the temperature of the medicines refrigerator deviates from this range.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b>  Instructions for resetting the fridge and how to do this have been reprinted and clearly displayed in the treatment room. All Seniors have been met and Manager has demonstrated how to reset the fridge. Manager completes regular spot checks and signs to confirm daily checks are carried out by Senior staff. This area for improvement will be reviewed monthly as part of the Regulation 29 process.

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





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