

Inspection Report

7 November 2022



Croft Communities Limited Residential Care Home

Type of service: Residential Care Home
Address: 71 Bloomfield Road, Bangor, BT20 4UR
Telephone number: 028 9145 9784

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Croft Communities Limited Responsible Individual: Mrs Margret Cameron	Registered Manager: Mr Alan Hutchinson Date registered: 4 January 2016
Person in charge at the time of inspection: Ms Caroline Barr, Acting Manager	Number of registered places: 16
Categories of care: Residential Care (RC): LD – learning disability LD(E) – learning disability – over 65 years	Number of residents accommodated in the residential care home on the day of this inspection: 9
Brief description of the accommodation/how the service operates: This is a residential care home which provides health and social care for up to 16 residents. The home has two units, Mayne House, which accommodates nine permanent residents and Croft Lodge which provides short term respite care for up to a maximum of seven residents. Day care is also provided for up to 15 persons in The Barn which is on the same site.	

2.0 Inspection summary

An unannounced inspection took place on 7 November 2022, from 10.40am to 12.50pm. 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 will be followed up at the next care 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 and staff were trained and competent to manage medicines. Residents were administered their medicines as prescribed. No new areas for improvement were identified.

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.

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 manager and 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 the manager. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed. 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 27 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 27 (4)(a) & (d)(i)	The registered person shall ensure that doors in the home are not wedged open. Staff should be aware of their responsibilities around fire safety. If it is necessary to keep	Carried forward to the next inspection

<p>Stated: First time</p>	<p>doors open for monitoring or other purposes safe and appropriate systems should be in place.</p> <p>All units of the home should have a current fire risk assessment and management plan in place in order that any required actions are identified and undertaken in a timely manner.</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2)(a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that substances, such as cleaning products, which could potentially be hazardous to the health of residents are not accessible and are stored safely and securely at all times.</p> <p>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.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13(7)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all staff adheres to current guidance regarding the use of PPE, hand hygiene and being bare below the elbow. Staffs' use of PPE and hand hygiene should continue to be monitored. If necessary staff should be provided with appropriate training to ensure that they understand their responsibilities in this area and embed their training into practice.</p> <p>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.</p>	<p>Carried forward to the next inspection</p>
<p>Action required to ensure compliance with Residential Care Homes Minimum Standards (2011)</p>		<p>Validation of compliance summary</p>
<p>Area for improvement 1</p> <p>Ref: Standard 6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that care plans regarding personal care include details of the residents' preferred and/or usual time to get up, washed and dressed. The daily care records should include details of the time care was provided at and the reason for any changes in the planned care or routine should be clearly documented.</p>	<p>Carried forward to the next inspection</p>

	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.	
Area for improvement 2 Ref: Standard 27.1 Stated: First time	The registered person shall ensure that all ceiling extractor fans are effectively cleaned; a record of cleaning should be maintained.	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 were arrangements in place to verify medicine regimes for respite residents.

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. Records included the reason for and outcome of each administration.

Some residents may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing. The manager was advised that records of administration of thickening agents should be completed.

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 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 medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately. The manager was advised that the maximum and minimum refrigerator temperature should be recorded daily.

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 and they had been fully and accurately completed. The records were appropriately 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. Although there had been no controlled drugs for a number of years, there were satisfactory arrangements in place.

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 availing of respite care. Written confirmation of the resident's medicine regime was obtained at or prior to admission. 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 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

	Regulations	Standards
Total number of Areas for Improvement	3*	2*

* All of the areas for improvement which were identified at the last inspection are carried forward for review at the next inspection.

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Caroline Barr, Manager, as part of the inspection process and can be found in the main body of the report.

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 (4)(a) & (d)(i)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (27 September 2022)</p>	<p>The registered person shall ensure that doors in the home are not wedged open. Staff should be aware of their responsibilities around fire safety. If it is necessary to keep doors open for monitoring or other purposes safe and appropriate systems should be in place.</p> <p>All units of the home should have a current fire risk assessment and management plan in place in order that any required actions are identified and undertaken in a timely manner.</p> <p>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.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2)(a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (27 September 2022)</p>	<p>The registered person shall ensure that substances, such as cleaning products, which could potentially be hazardous to the health of residents are not accessible and are stored safely and securely at all times.</p> <p>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.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13(7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (27 September 2022)</p>	<p>The registered person shall ensure that all staff adheres to current guidance regarding the use of PPE, hand hygiene and being bare below the elbow. Staffs' use of PPE and hand hygiene should continue to be monitored. If necessary staff should be provided with appropriate training to ensure that they understand their responsibilities in this area and embed their training into practice.</p> <p>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.</p>

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
<p>Area for improvement 1</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (27 September 2022)</p>	<p>The registered person shall ensure that care plans regarding personal care include details of the residents' preferred and/or usual time to get up, washed and dressed. The daily care records should include details of the time care was provided at and the reason for any changes in the planned care or routine should be clearly documented.</p> <p>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.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2022</p>	<p>The registered person shall ensure that all ceiling extractor fans are effectively cleaned; a record of cleaning should be maintained.</p> <p>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.</p>



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