Inspection Report
24 September 2020

Giboney House

Type of Service: Residential Care Home
Address: Hughes Court,
Mount Merrion Avenue, Belfast, BT6 0LX
Tel No: 028 9049 2527
Inspector: Helen Daly

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 15 residents.

2.0 Service details

Organisation/Registered Provider: Clanmil Housing Association **Responsible Individual:** Ms Clare Imogen McCarty	**Registered Manager and date registered:** Ms Danielle Dawson 10 October 2019
Person in charge at the time of inspection: Ms Sharon McConnell, Senior Carer	**Number of registered places:** 15 This number includes one person in category RC-MP (under 65 years) and a maximum of eight persons in category RC-DE.
Categories of care: Residential Care (RC): I – old age not falling within any other category DE – dementia MP - mental disorder excluding learning disability or dementia	**Total number of residents in the residential care home on the day of this inspection:** 12

3.0 Inspection focus

This unannounced inspection was undertaken by a pharmacist inspector on 24 September 2020 from 13.30 to 17.20.

This inspection focused on medicines management within the home.

The inspection also assessed progress with any areas for improvement identified since the last care and medicines management inspections.

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.

During our inspection we:

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

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

- personal medication records
- medicine administration records
- medicine receipt and disposal records
- controlled drug records
- care plans related to medicines management
- governance and audit
- management of medication incidents
- staff training and competency records
- medicine storage temperatures
- RQIA registration certificate

4.0 Inspection Outcome

	Regulations	Standards
Total number of areas for improvement	3*	7*

*The total number of areas for improvement includes one that has been stated for a third and final time under the Regulations and four under the Standards which have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Ms Sharon McDonnell, Senior Carer, as part of the inspection process on the day of the inspection and with Ms Danielle Dawson, Registered Manager, on 28 September 2020, via telephone call. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

5.0 What has this service done to meet any areas for improvement identified at the last last medicines management inspection (22 June 2017) and the last care inspection (14 February 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:** Second time	The registered manager must ensure that the refrigerator temperatures are accurately monitored daily, the thermometer is reset and appropriate action is taken should the temperatures deviate from the acceptable range.	**Not met**
	Action taken as confirmed during the inspection: A new medicines refrigerator had been purchased following the last inspection. There were no medicines which required cold storage. Nutritional supplements were being stored in the refrigerator to make them more appetising for residents. The current, maximum and minimum tempertaures were being monitored daily and the thermometer was being reset. The current temperature was within the accepted range. The majority of readings for the maximum temperature were above 8^{o}C. Guidance on resetting the thermometer was provided during the inspection. See also Section 7.2 This area for improvement is stated for a third and final time.	

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 30 **Stated:** First time	The registered person shall review the admission process to ensure that robust arrangements are in place for confirming the residents' current medicine regime.	**Carried forward for review at the next inspection**
	Action taken as confirmed during the inspection: The senior carer advised that there had been no recent admissions to the home. She advised that current medication regimens were confirmed in writing with the prescriber for all new admissions. This area for improvement is carried forward for review at the next inspection.	
Area for improvement 2 **Ref:** Standard 30 **Stated:** First time	The registered person shall ensure that robust arrangements for the management of warfarin are in place.	**Carried forward for review at the next inspection**
	Action taken as confirmed during the inspection: The senior carer advised that warfarin had not been prescribed for any residents within the last year. This area for improvement is carried forward for review at the next inspection.	
Area for improvement 3 **Ref:** Standard 31 **Stated:** First time	The registered person shall ensure that personal medication records are verified and signed by two staff members and obsolete records are archived.	**Met**
	Action taken as confirmed during the inspection: Personal medication records were verified and signed by two staff members to ensure accuracy. Obsolete personal medication records had been cancelled and archived; only the current personal medication records were available on the medicines file.	

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 27(4) (a) **Stated:** First time	The registered person shall ensure that the two areas for improvement identified in the fire risk assessment are actioned.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was in relation to the fire risk assessment which was carried out in February 2019. All items included in the action plan of the assessment report had been signed off as addressed. The registered manager advised via telephone call that the most recent fire risk assessment was carried out on 25 February 2020. A copy of the action plan was submitted to RQIA. All items included in the action plan of this assessment report had been signed off as addressed.	

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 27 **Stated:** First time	The registered person shall ensure that the areas identified at this inspection in regards to the home's environment are addressed. **Action taken as confirmed during the inspection**: We found that the staining had been removed on floor leading to the staff toilet, the drawer had been replaced in the vanity unit in an identified bedroom and the sluice was uncluttered and clean. However, the following areas had not been addressed: • in an identified toilet there were tiles missing at the handwashing sink and damage was observed in the plaster where something had been removed from the wall • the covering of the ledge housing laundry equipment was missing exposing the underneath concrete It was acknowledged that the improvements were delayed due to the pandemic and therefore this area for improvement was carried forward for review at the next inspection.	**Carried forward to the next inspection**
Area for improvement 2 **Ref:** Standard 6 **Stated:** First time	The registered person shall ensure that the care and recording of post head injury management is improved. **Action taken as confirmed during the inspection**: The senior carer advised that no residents had suffered a head injury since the last inspection therefore records of the care provided were not available for review. This area for improvement is carried forward for review at the next inspection.	**Carried forward to the next inspection**

Area for improvement 3 **Ref:** Standard 6 **Stated:** First time	The registered person shall ensure that all care required in relation to pressure ulcer prevention is recorded in the care plan.	**Met**
	Action taken as confirmed during the inspection: The care plans reviewed at the inspection indicated that the care required in relation to pressure ulcer prevention was recorded.	
Area for improvement 4 **Ref:** Standard 8 **Stated:** First time	The registered person shall ensure that progress notes reflect the effectiveness of treatment given in relation to short term conditions such as infection.	**Met**
	Action taken as confirmed during the inspection: We reviewed the management of one recently prescribed antibiotic. The progress notes provided details of why the prescriber was contacted, when the antibiotic was commenced and the resident's response to the treatment.	
Area for improvement 5 **Ref:** Standard 8 **Stated:** First time	The registered person shall ensure that the daily recording charts for food and fluid, bowels and personal care are fully completed for residents when required.	**Met**
	Action taken as confirmed during the inspection: Personal care charts were in use for several residents. They had been fully completed each day. Bowel charts were completed for residents who were prescribed "when required" laxatives. These were completed and reviewed by the senior carers. Fluid and food charts were in place for a small number of residents. They were fully completed.	

6.0 What people told us about this service?

Residents were relaxing in the lounge throughout the time of the inspection. They then enjoyed their evening meal together.

We spoke with three residents. They said that they were happy in the home and felt well cared for. Comments made included:

- ‘‘Everything is lovely. Everyone here is lovely. I like the wee dog.”
- “I am enjoying my tea. The staff are very good. I have no complaints.”
- “I am happy here but I miss my family. Staff do try to take me out.”

Staff were warm and friendly and it was evident from their interactions that they knew the residents well.

We met with three care assistants and the senior carer. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

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.

Feedback methods included a staff poster and paper questionnaires which were provided to the registered manager for any resident or their family representative to complete and return using pre-paid, self-addressed envelopes.

Three questionnaires were returned during the inspection. The responses indicated that the residents were “very satisfield” with the care provided. Comments made:

- “Very, very good care.”
- “My care is brilliant.”

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 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.

Residents in the home were registered with a local 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 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 are written and updated to provide a double check 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.

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, self-administration of medicines etc.

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.

We reviewed the management of distressed reactions for three residents. It was acknowledged that medication was used infrequently. However, records of prescribing did not include the maximum daily dose and minimum dosage interval. The care plans did not provide sufficient detail on how the resident expressed their distress, any potential triggers or engagement strategies which could be used. The reason for and outcome for administration were not clearly recorded. The management of distressed reactions should be reviewed and revised. An area for improvement was identified.

The management of pain was reviewed for three residents. Staff advised that they were familiar with how each resident expressed their pain and that additional pain relief was administered when required. Care plans were in place.

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 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. A small number of out of date medicines which had been prescribed for administration "when required" were removed for disposal.

A medicine refrigerator and controlled drugs cabinet were available for use as needed.

As stated in Section 5.0, the maximum temperature of the medicines refrigerator was frequently outside of the required range. This area for improvement had been identified at the last two medicines management inspections and must be addressed without delay. The registered manager must provide training for staff on the maintenance of the medicines refrigerator and emphasise the importance of ensuring that the temperature is monitored correctly. The registered manager must submit the record of temperature checks by email to RQIA on a weekly basis until further notice. The monthly monitoring report must be submitted to RQIA for the next three months, demonstrating that the refrigerator temperature checks are being monitored by the registered person. In addition to the original area for improvement, two new areas for improvement have been identified.

We reviewed the disposal arrangements for medicines. Discontinued medicines were returned to the community pharmacy for disposal. The records of disposal were signed by one member of staff only. In order to ensure a clear audit trail two members of staff should sign the records of disposal. An area for improvement was identified.

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.

Within the home, a record of the administration of medicines is completed. A sample of the medication 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 senior carer for ongoing close monitoring. In order to ensure accuracy two members of staff should verify and sign hand-written updates on the medication administration records. An area for improvement was identified.

Running stock balances were maintained for medicines which are not supplied in the monitored dosage system (boxed medicines). The internal audits showed that the medicines had been given as prescribed. The date of opening was recorded on medicines so that they can be easily audited. This is good practice.

Audits completed during this inspection showed that medicines had been given as prescribed.

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.

There had been no recent admissions to the home. We discussed the admission process for residents new to the home or returning to the home after receiving hospital care. Staff advised that robust arrangements were in place to ensure that written confirmation of currently prescribed medicines was received from the hospital or GP.

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 and staff were familiar with the type of incidents that should be reported.

We discussed the medicine related incidents which had been reported to RQIA since the last inspection. 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.

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 that staff 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. Records of staff training in relation to medicines management and competency assessments 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 service was well led.

The outcome of this inspection concluded that two areas for improvement identified at the last care inspection were carried forward for review at the next inspection.

With regards to medicines management one area for improvement in relation to accurately monitoring the refrigerator temperature had not been addressed and is stated for a third and final time. Two areas for improvement regarding the admission process and management of warfarin were carried forward for review at the next inspection. Five new areas for improvement in relation to staff training, the cold storage of medicines, the management of distressed reactions, signing transcriptions on hand-written medication administration reords and the disposal of medicines were identified.

Whilst we identified areas for improvement, we can conclude that overall residents were being administered their medicines as prescribed by their GP.

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

9.0 Quality Improvement Plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Ms Sharon McDonnell, Senior Carer, and Ms Danielle Dawson, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

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).

9.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via the Web Portal for assessment by the inspector.

Quality Improvement Plan

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

Area for improvement 1 **Ref**: Regulation 13 (4) **Stated:** Third and final time **To be completed by:** From the date of the inspection onwards	The registered manager must ensure that the refrigerator temperatures are accurately monitored daily, the thermometer is reset and appropriate action is taken should the temperatures deviate from the acceptable range. Ref: 5.0 & 7.2
	Response by registered person detailing the actions taken: The refrigerator temperatues are and have always been monitored daily and this is supported by records. At the time of the inspection the refrigerator was not being used to store medication but was being used to stored fortified drinks, for resident's comfort as opposed to necessity. At the time of inspection the refrigerator temperature was within range, however the thermometer had not been reset correctly to provide an accurate maximum temperature. To ensure that this avoided going forward staff have been trained on how to reset the thermometer accurately and clear instructions are attached to the fridge. All relevant staff are aware of the action required if the temperatures are not in the acceptable including the maximum and minimum ranges.
Area for improvement 2 **Ref:** Regulation 20(1)(c) **Stated:** First time **To be completed by:** From the date of the inspection onwards	The registered person shall ensure that the relevant staff receive training on how to accurately record the refrigerator temperatures. Ref: 7.2
	Response by registered person detailing the actions taken: All relevant staff have been trained on how to reset the thermometer correctly to ensure readings are accruate.
Area for improvement 3 **Ref:** Regulation 29 **Stated:** First time **To be completed by:** From week commencing 5 October 2020 and	The registered person shall submit to RQIA: • a copy of the refrigerator temperature record on a weekly basis until further notice and • the monthly monitoring report, demonstrating that the refrigerator temperature checks are being monitored by the registered person for the next three months. Ref: 7.2

ongoing	**Response by registered person detailing the actions taken:** Records as requested are being submitted directly to RQIA.

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 30 **Stated:** First time **To be completed by:** 22 July 2017	The registered person shall review the admission process to ensure that robust arrangements are in place for confirming the residents' current medicine regime. Ref: 5.0
	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 inspection.
Area for improvement 2 **Ref**: Standard 30 **Stated:** First time **To be completed by:** 22 July 2017	The registered person shall ensure that robust arrangements for the management of warfarin are in place. Ref: 5.0
	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 inspection.
Area for improvement 3 **Ref:** Standard 27 **Stated:** First time **To be completed by:** 14 March 2020	The registered person shall ensure that the areas identified at this inspection in regards to the home's environment are addressed. Ref: 5.0
	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 inspection.
Area for improvement 4 **Ref:** Standard 6 **Stated:** First time **To be completed by:** 14 March 2020	The registered person shall ensure that the care and recording of post head injury management is improved. Ref: 5.0
	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 inspection.

Area for improvement 5 **Ref**: Standard 30 **Stated:** First time **To be completed by:** From the date of inspection onwards	The registered person shall review and revise the management of distressed reactions as detailed in the report. Ref: 7.1
	Response by registered person detailing the actions taken: A new template as recommended by RQIA has been implemented and all staff involved in this process have been trained.
Area for improvement 6 **Ref**: Standard 31 **Stated:** First time **To be completed by:** From the date of inspection onwards	The registered person shall ensure that two members of staff verify and sign the records of disposal. Ref: 7.2
	Response by registered person detailing the actions taken: All relevant staff will ensure two members of staff verify and sign disposal of medication records. The Registered Manager has included this within the audit process to monitor.
Area for improvement 7 **Ref**: Standard 31 **Stated:** First time **To be completed by:** From the date of inspection onwards	The registered person shall ensure that two members of staff verify and sign hand-written updates on the medication administration records. Ref: 7.3
	Response by registered person detailing the actions taken: All medication that comes into the home is checked and verified by two suitably trained members of staff. In addition relevant staff have been updated and advised of the necessity to ensure the medication administration records are verified and additonal signatures are notated where records are required to be updated by hand, such as in this example when new medications are introduced outside the normal pharmacy delivery cycle. The Registered Manager will monitor this via the monthly audit.

"Please ensure QIP is completed in full and submitted via Web Portal"

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

Assurance, Challenge and Improvement in Health and Social Care