Inspection Report

5 August 2022

Stewart Lodge

Type of Service: Residential Care Home (RCH)
Address: 1 Ballyharry Heights, Newtownards, BT23 7GE
Tel No: 028 9182 1263

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: Stewart Lodge **Responsible Individual:** Mrs Janet Stewart	**Registered Manager:** Mrs Janet Stewart **Date registered:** 1 April 2005
Person in charge at the time of inspection: Mrs Janet Stewart	**Number of registered places:** 8 This number includes a maximum of two residents in RC-DE category of care.
Categories of care: Residential Care (RC) I – old age not falling within any other category DE – dementia	**Number of residents accommodated in the residential care home on the day of this inspection:** 8
Brief description of the accommodation/how the service operates: This home is a registered residential care home which provides social care for up to eight persons.	

2.0 Inspection summary

An unannounced inspection took place on 5 August 2022, from 1.30pm to 3.45pm. 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 areas for improvement identified at the last care inspection have been carried forward for follow up at the next care inspection.

Review of medicines management identified residents were being administered their medicines as prescribed. Safe systems were in place for the management of medicines for new admissions. One new area for improvement in relation to the disposal of obsolete and expired medicines was identified. One area for improvement in relation to medicines audit has been partially met and has been stated for a second time.

RQIA would like to thank the residents and staff for their assistance during 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. Staff and residents views were also obtained. The inspector 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

Residents were observed to be relaxing in the dining room following lunch. Visits from relatives were being facilitated in the home during the inspection.

The inspector met with the manager and deputy 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 16 May 2022		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 31 **Stated:** First time	The registered person shall ensure that personal medication records document all of the prescribed medicines and are signed and verified by two staff members.	**Met**
	Action taken as confirmed during the inspection: The personal medication records reviewed during the inspection were complete and accurate. The records had been signed and verified by two staff members. Ref: 5.2.1	
Area for improvement 2 **Ref**: Standard 30 **Stated:** First time	The registered person shall review the audit process to ensure that all aspects of the management of medicines are regularly reviewed.	**Partially met**
	Action taken as confirmed during the inspection: Despite evidence of completed medicine audits the audit process did not encompass all aspects of the management of medicines. Ref: 5.2.3 & 5.2.5	
Area for improvement 3 **Ref**: Standard 19.2 **Stated:** First time	The registered person shall ensure that staff are recruited and employed in accordance with relevant statutory employment legislation and mandatory requirements. A pre-employment health assessment should be obtained.	**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.	

Area for improvement 4 **Ref**: Standard 13 **Stated:** First time	The registered person shall ensure that the programme of activities is displayed in a suitable format in an appropriate location in order that residents know what is scheduled and a record is kept of all activities that take place, the person leading the activity and the names of the residents who participate or decline to participate in the planned activity.	**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 confirm 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. Directions for use were clearly recorded on the personal medication records; care plans directing the use of these medicines were in place.

Staff knew how to recognise a change in a resident's behaviour and were aware that this change may be associated with pain. These medicines were used infrequently; staff spoken with were aware to record the reason and outcome of each administration should the medicine be required.

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. Review of the medicines ordering process identified records of medicines ordered were not retained in the home. This is necessary to facilitate audit and to ensure staff can reconcile medicines supplied by the community pharmacy and efficiently address any discrepancies. The manager gave an assurance that this would be actioned following the inspection and records of the medicine orders would be maintained and reviewed through the home's audit process.

The medicines trolley used to store residents' medicines was securely locked to prevent any unauthorised access. It was organised so that medicines belonging to each resident could be easily located. The manager gave an assurance that the trolley used to store residents' medicines would be cleaned following the inspection to ensure compliance with infection prevention and control (IPC). A number of discontinued and out of date medicines remained available on the medicines trolley. Systems should be reviewed to ensure that these medicines are disposed of in a timely manner to ensure they are not administered in error. An area for improvement was identified.

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 reviewed were found to have been fully and accurately completed. 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 were recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs.

The audit process for medicines management was reviewed. The administration of medicines was monitored through daily running stock balances of all medicines. The date of opening was recorded on all medicines so that they could be easily audited. This is good practice. The audits completed at the inspection indicated that medicines were being administered as prescribed. However, the audit process did not incorporate all aspects of medicines management including the disposal of obsolete and expired medicines, review of medicine related records including medicine orders and medicine storage. The area for improvement in relation to medicines audit has been partially met and has been stated for a second time.

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. Medicines had been accurately received into the home and administered in accordance with the most recent directions.

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.

There have been no medicine related incidents reported to RQIA since January 2016. The findings of this inspection indicate that the auditing system is not robust and hence incidents may not be identified. A robust audit system which covers all aspects of medicines management and administration is necessary to ensure that safe systems are in place and any learning from errors/incidents can be actioned and shared with relevant staff.

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. Medicines management policies and procedures were in place.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Residential Care Homes Minimum Standards 2021.

	Regulations	Standards
Total number of Areas for Improvement	0*	4*

* The total number of areas for improvement includes one that has been stated for a second time and two which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Janet Stewart, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with Residential Care Homes Minimum Standards 2021	
Area for improvement 1 **Ref**: Standard 30 **Stated:** Second time **To be completed by:** 5 September 2022	The registered person shall review the audit process to ensure that all aspects of the management of medicines are regularly reviewed. Ref: 5.2.1, 5.2.3, 5.2.5.
	Response by registered person detailing the actions taken: The existing audit process has been reviewed and enhanced following guidance and advice provided by the inspector
Area for improvement 2 **Ref**: Standard 19.2 **Stated:** First time **To be completed by:** From the date of inspection onwards (16 May 2022)	The registered person shall ensure that staff are recruited and employed in accordance with relevant statutory employment legislation and mandatory requirements. A pre-employment health assessment should be obtained.
	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 3 **Ref**: Standard 13 **Stated:** First time **To be completed by:** From the date of inspection onwards (16 May 2022)	The registered person shall ensure that the programme of activities is displayed in a suitable format in an appropriate location in order that residents know what is scheduled and a record is kept of all activities that take place, the person leading the activity and the names of the residents who participate or decline to participate in the planned activity.
	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 4 **Ref:** Standard 30 **Stated:** First time **To be completed by:** From the date of inspection onwards (5 August 2022)	The registered person shall ensure obsolete and expired medicines are disposed of in a timely manner and records are maintained. Ref: 5.2.2
	Response by registered person detailing the actions taken: Records continue to be maintained for returns of medication. All expired medication has to be returned.

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The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews