

Inspection Report

28 February 2023



Iniscora

Type of service: Residential Care Home

Address: 29 St Patrick's Drive, Downpatrick, BT30 6NE

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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: Mainstay DRP Responsible Individual: Dr Patrick Moore – Acting	Registered Manager: Miss Danielle Lunn (Registration pending)
Person in charge at the time of inspection: Miss Danielle Lunn	Number of registered places: 9
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: 4
Brief description of the accommodation/how the service operates: This home is a registered residential care home which provides a short break social care service for up to 9 persons. Resident bedrooms are located over two floors. Residents have access to the communal lounges, the dining room, the garden and the patio area.	

2.0 Inspection summary

An unannounced inspection took place on 28 February 2023, from 9.40am to 12.15pm. 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 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 mostly satisfactory arrangements were in place for the safe management of medicines. Medicine records and medicine related care plans were generally 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.

The outcome of this inspection concluded that improvements in two areas for the management of medicines were necessary.

The two areas for improvement regarding the admission process and maintaining accurate personal medication records are detailed in the Quality Improvement Plan.

Although two 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 with respect to the management of medicines.

RQIA would like to thank the manager 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 manager 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 manager and one member of care staff.

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 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 22 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 Stated: First time	The registered person shall ensure that the premises are well maintained and remain suitable for their stated purpose and that the external laundry facility is suitably refurbished 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.	
Area for improvement 2 Ref: Regulation 14 (2) (a) Stated: First time	The registered person shall ensure that all parts of the home to which patients have access are free from hazards to their safety.	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 19 Stated: First time	The registered person shall ensure that records regarding recruitment of staff are at all times available for inspection in the home by any person authorised by the RQIA. This relates specifically to the recording of reasons for leaving past employment.	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 2 Ref: Standard 23 Stated: First time	The registered person shall ensure that a robust system is developed and implemented which ensures effective managerial oversight of staff competency and capability assessments.	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 3 Ref: Standard 24 Stated: First time	The registered person shall ensure that staff are supervised and their performance appraised to promote the delivery of quality care and services and a record is kept.	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?

Due to the short stay provision of care, residents bring their own prescribed medicines into Iniscora with them at the beginning of their stay and any unused medicines are returned at the end of their stay. Following discussions with the manager it was evident that, when applicable, relevant healthcare professionals were contacted in response to the residents' needs, as necessary, and should medicines be prescribed, arrangements were in place to ensure that these were obtained in a timely manner.

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. However, the medicine allergy status of the residents was generally not recorded on their personal medication records. An area for improvement was identified.

Care plans were in place when residents required seizure rescue medication to manage their epilepsy. A care plan was in place when a resident required insulin to manage their diabetes. There was sufficient detail in the care plans to direct staff in the provision of care.

5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Staff were not usually responsible for ordering medicines, as prescribed medicines were brought in for each short stay. However, they regularly reviewed stock levels and ensured that each resident had a continuous supply of their medicines. The records reviewed showed that medicines were available for administration when needed.

The medicines storage cupboard 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. A medicine refrigerator and controlled drugs cabinet were available for use as needed.

Satisfactory arrangements were in place for the safe return of medicines whenever residents were discharged.

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 to the required standard.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out.

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 written confirmation of the resident's medicine regime was not always obtained at or prior to their admission to the home for respite care. This information had not been obtained for two of the four residents whose records were examined. A robust system needs to be in place for confirming the resident's medicine regimen at or prior to their initial admission to the home and for any subsequent changes to that regimen. An area for improvement was identified.

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.

The manager was 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.

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. A written record was completed for induction and competency assessments.

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	2*	5*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Danielle Lunn, 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 The Residential Care Home Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 Stated: First time To be completed by: 2 December 2022	The registered person shall ensure that the premises are well maintained and remain suitable for their stated purpose and that the external laundry facility is suitably refurbished 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
Area for improvement 2 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: Immediate action required (22 September 2022)	The registered person shall ensure that all parts of the home to which patients have access are free from hazards to their safety.
	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
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Area for improvement 3 Ref: Standard 24 Stated: First time To be completed by: Immediate action required (22 September 2022)	The registered person shall ensure that staff are supervised and their performance appraised to promote the delivery of quality care and services and a record is kept. 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 4 Ref: Standard 31 Stated: First time To be completed by: Immediate action required (28 February 2023)	The registered person shall ensure that the resident's medicine allergy status is always recorded on their personal medication record. Ref: 5.2.1 Response by registered person detailing the actions taken: The registered manager has made communication in writing with all next of kins for up to date current medication and any known allergies and this document has been signed by their general practitioner. As these returned their care plan and kardex is updated.
Area for improvement 5 Ref: Standard 31 Stated: First time To be completed by: Immediate action required (28 February 2023)	The registered person shall ensure that a robust system is in place for confirming the resident's medicine regimen at or prior to their initial admission to the home and for any subsequent changes to that regimen. Ref: 5.2.4 Response by registered person detailing the actions taken: The manager has reminded her support staff of the medication policy and process. All the staff have attended the medication training facilitated by ARC. All medicines brought in are cross referenced with GP medical form the written kardex and pharmacy label. Any discrepancies are followed up with the next of kin before such medicines are administered.

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