

Inspection Report

11 January 2022



Kirk House

Type of service: Residential Care Home
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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: Belfast Central Mission Responsible Individual: Ms Lynne Kavanagh (registration pending)	Registered Manager: Mrs Lynne Green (Acting Manager, not registered)
Person in charge at the time of inspection: Mrs Lynne Green	Number of registered places: 46 (RC-DE – a maximum of 14 residents)
Categories of care: Residential Care (RC): DE – dementia I – old age not falling within any other category PH – physical disability other than sensory impairment PH(E) - physical disability other than sensory impairment – over 65 years	Number of residents accommodated in the residential care home on the day of this inspection: 34
Brief description of the accommodation/how the service operates: This is a residential care home that provides care for up to 46 residents.	

2.0 Inspection summary

An unannounced inspection took place on 11 January 2022 from 10.50am to 3.00pm. It was completed by a pharmacist inspector.

This inspection focused on medicines management within the home and also assessed progress with three of the six areas for improvement identified at the last care inspection. The other three areas will be reviewed at the next inspection.

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.

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. No new areas for improvement were identified at this inspection.

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 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 reviewing a sample of medicine related records and care plans, medicines storage and the auditing systems used to ensure the safe management of medicines. Discussions were held with 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

To reduce footfall throughout the home, the inspector did not meet with any residents.

Staff interactions with the residents were warm, friendly and supportive. It was evident that they were familiar with the residents, their likes and dislikes. Staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

The inspector met with the deputy manager and the registered manager. Staff were knowledgeable about the residents' medicines. They expressed satisfaction with their role and the team working in the home. It was acknowledged that a number of staff have been in post for several years.

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. 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 last inspection?

Areas for improvement from the last care inspection on 2 September 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 29 Stated: Third time	The registered person shall ensure that monthly reports to confirm compliance with Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005 are available for review.	Met
	Action taken as confirmed during the inspection: A specific folder for Regulation 29 reports was in place. These reports were completed on a monthly basis. A copy of the most recent reports were provided and shared with the care inspector.	
Area for Improvement 2 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. A more robust system to ensure infection prevention and control compliance must be developed.	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 (2011)		Validation of compliance summary
Area for Improvement 1 Ref: Standard 12.4 Stated: First time	The registered person shall ensure the daily menu is displayed in a suitable format and in appropriate locations.	Met
	Action taken as confirmed during the inspection: Due to refurbishment work, the menu display board had been removed. Staff provided a copy of the menu and advised that this is taken to each resident every day to discuss their meal preferences. Following the completion of the refurbishment work, the display board will be put back in place. Given the information provided, this area for improvement has been assessed as met.	
Area for improvement 2 Ref: Standard 29.6 Stated: First time	The registered person shall ensure a system is put in place to ensure that all staff complete a fire drill in the home, at least once a year.	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 13 Stated: First time	The registered person shall implement a programme of activities and events specifically for Memory Lane unit which provides positive outcomes for residents and is based on identified needs and interests of the residents. The activity plan should be displayed in a suitable format.	Met
	Action taken as confirmed during the inspection: An activities planner specific for residents accommodated in Memory Lane unit was provided. This planner had colourful pictures of each activity in place to assist residents with their understanding and the type of activity occurring.	

Area for improvement 4 Ref: Standard 20.10 Stated: First time	The registered person shall ensure working practices in the home are regularly audited and that records are maintained for inspection.	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 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 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. These were maintained electronically. 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.

All entries on the personal medication records were checked for accuracy in consultation with the community pharmacist and cross-referenced with prescriptions. In line with best practice, a second member of staff had checked and verified these records to ensure 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.

In relation to high risk medicines, for example, warfarin and controlled drugs, two staff were involved in each administration and daily stock counts were maintained by the staff. Care plans were in place.

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.

Review of the management of distressed reactions indicated that staff knew how to recognise signs, symptoms and triggers which may cause a change in a resident's behaviour and were aware that this change may be associated with pain. Medicine directions were clearly recorded on the personal medication records. Care plans directing the use of these medicines were available, but some required more detail. The manager assured that these would be updated with immediate effect. The reason for and outcome of administration were usually recorded.

The management of pain was discussed. Staff advised that they were familiar with how each resident expressed their pain. They stated that where pain relief is prescribed on a "when required" basis, this is checked with the resident at each medicine round. There was evidence that some residents had detailed pain management care plans; however, they were not in place for all residents who could not express pain and some required more detail. Following the inspection, management advised that the care plans had been reviewed and updated to include the necessary information.

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. Temperatures of the medicine room and medicines refrigerator were monitored and recorded to ensure that medicines were stored at the correct temperature. The medicine cupboards were tidy and organised so that medicines belonging to each resident could be easily located.

There were systems in place to monitor and replace medicines which expire shortly after opening, such as eye drops.

Satisfactory arrangements were in place for the safe disposal of medicines including controlled drugs.

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 record of the administration of medicines is maintained electronically. There were prompts in place to remind staff to check if medicines prescribed on a "when required" basis were required. The records had been completed accurately.

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 a controlled drug record book. A few missed signatures were noted in relation to administration and it was agreed that this area would be closely monitored within the audit process. There were no discrepancies in the stock balances.

Occasionally, a resident may have their medicines administered in food/drinks to assist administration. This had been discussed with the resident's GP and community pharmacist to ensure the medicines were safely administered.

Management and staff reviewed medicine administration on a regular basis within the home. Stock balances were maintained for all medicines. Stock reconciliation checks were completed at monthly intervals for all medicines and any discrepancies investigated.

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.

The admission process for residents new to the home or returning to the home after receiving hospital care was discussed. Staff advised that robust arrangements were in place to ensure that they were provided with an up to date list of resident's medicines and this was shared with the community pharmacist.

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 helps 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 relevant persons and learning shared with staff in order to prevent a recurrence.

The audits we completed at the inspection indicated that residents were being administered their medicines 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 that staff are supported. Policies and procedures should be up to date and readily available for staff use.

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. Medicines management policies and procedures were in place.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no new areas for improvement being identified.

	Regulations	Standards
Total number of Areas for Improvement	1*	2*

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

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Home Regulations (Northern Ireland) 2005	
Area for Improvement 1 Ref: Regulation 13 (7) Stated: First time To be completed by: 31 October 2021	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.
	A more robust system to ensure infection prevention and control compliance must be developed.
	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
Action required to ensure compliance with the Residential Care Homes Minimum Standards	
Area for improvement 1 Ref: Standard 29.6 Stated: First time To be completed by: 31 October 2021	The registered person shall ensure a system is put in place to ensure that all staff complete a fire drill in the home, at least once a year.
	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 2 Ref: Standard 20.10 Stated: First time To be completed by: Immediately from the date of inspection (2 September 2021)	The registered person shall ensure working practices in the home are regularly audited and that records are maintained for 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. Ref: 5.1



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