

# Inspection Report

## 8 November 2021



## Redlands

**Type of service: Residential Care Home**  
**Address: 20 Adelaide Park, Belfast, BT9 6FX**  
**Telephone number: 028 9066 1526**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Whiteabbey Proprietors Ltd  <b>Responsible Individual:</b> Mr Mark John Uprichard	<b>Registered Manager:</b> Ms Irene Caroline Best  <b>Date registered:</b> 1 April 2005
<b>Person in charge at the time of inspection:</b> Ms Irene Caroline Best	<b>Number of registered places:</b> 17
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category DE – Dementia.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 11
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered residential care home which provides health and social care for up to 17 residents.	

## 2.0 Inspection summary

An unannounced inspection took place on 8 November 2021, from 10.00am to 6.30pm. This was undertaken by care and pharmacist inspectors. The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and reviewed the management of medicines to ensure that the improvements noted at the inspection on 26 January 2021 had been sustained.

There was evidence that management had made a number of improvements since the last inspection. Of the 16 areas for improvement identified, seven had been fully addressed and progress with five areas for improvement had commenced.

In relation to medicines management, the findings indicated that robust systems were not in place for the safe management of medicines and the improvements noted at a follow up inspection in 26 January 2021 had not been sustained. This has resulted in many of the same areas for improvement identified at the inspection on 3 August 2020 being raised again. These were in relation to record keeping, managing medicine changes, administration of medicines, storage of medicines and effective audit processes.

Fifteen new areas for improvement were identified as outlined in the quality improvement plan. In addition, seven areas for improvement identified at the previous inspection have been stated for a second time, with a further one carried forward for review at the next inspection.

RQIA met with the registered person and the registered manager to provide enhanced feedback on 17 November 2021. During the meeting the registered persons discussed the actions they had taken since the inspection to address the concerns raised and provided the necessary assurances to confirm they would address the remaining actions needed to bring the home back into compliance with the relevant regulations and standards. RQIA accepted these assurances and will carry out a further inspection to assess compliance.

The findings of this report will provide the registered persons with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

### **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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

As part of the inspection residents, staff and relative were asked for their opinion on the quality of the care and their experience of living, visiting or working in Redlands. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

### **4.0 What people told us about the service**

We spoke with six residents, one relative and five staff. The residents were complimentary regarding their experiences in the home and how well they were looked after by the staff. They confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff.

The relative spoken with was happy with the care partner arrangements and the care their relative was receiving.

Staff interactions with residents were warm, friendly and supportive. It was evident that they knew the residents well. Staff were complimentary in regard to the home's management team and spoke of how much they enjoyed working with the residents.

## 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 inspection on 13 August 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Regulation 20 (1) (a) <b>Stated:</b> First time	The registered person shall ensure that at all times suitably qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of residents.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the staff duty rota and discussion with staff evidenced that this area for improvement was not met. This is discussed further in Section 5.2.1.  This area for improvement is stated for a second time.	
<b>Area for Improvement 2</b> <b>Ref:</b> Regulation 27 (2) (b) (d) <b>Stated:</b> First time	The registered person shall ensure the second floor area of the home is thoroughly cleaned and decluttered. Stained and worn carpets on the first and second floor should be cleaned and/or replaced as required. Water damage observed on the ceiling of two areas on the second floor should be investigated and addressed immediately.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment and discussion with staff evidenced that this area for improvement was partially met. This is discussed further in Section 5.2.3.  This area for improvement is stated for a second time.	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all staff are made aware of their responsibility to recognise of potential risks and hazards to resident and others and how to proactively address the potential risk to reduce or eliminate the hazard.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 27 (4) (c) (d) (i)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the requirements for fire safety precautions, measures and staff practice are in place and regularly monitored to ensure the safety of residents, staff and visitors to the home</p> <p><b>Action taken as confirmed during the inspection:</b> Review of records and discussion with staff evidenced that this area for improvement was not met. This is discussed further in Section 5.2.3.</p> <p>This area for improvement has not been met and is stated for a second time.</p>	<p><b>Not met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 27 (4) (a)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that an up to date risk assessment and fire management plan are in place and any recommendations made by the fire assessor are addressed in a timely manner. Confirmation of the date of the fire risk assessment should be forwarded to RQIA when known. Confirmation that the assessment has been completed along with any remedial works identified by the fire risk assessor should be sent through to RQIA as agreed.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of records and discussion with staff evidenced that this area for improvement was partially met. This is discussed further in Section 5.2.3.</p> <p>This area for improvement has been partially met and is stated for a second time.</p>	<p><b>Partially met</b></p>

<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure suitable arrangements for the safe storage and administration of medicines.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> This was in relation to medicines being left unattended and potentially accessible to residents. All medicines were found to be stored securely.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> <li>• donning and doffing of personal protective equipment</li> <li>• appropriate use of personal protective equipment</li> <li>• staff knowledge and practice regarding hand hygiene</li> <li>• storage of resident equipment appropriately</li> <li>• staff knowledge regarding the use of hypochlorite solution.</li> </ul> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Observation of the environment/staff practice and discussion with staff evidenced that this area for improvement was partially met. This is discussed further in Section 5.2.3.</p> <p>This area for improvement is stated for a second time.</p>	<p><b>Partially met</b></p>

<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Regulation 10 (1)</p> <p><b>Stated:</b> First time</p>	<p>The registered person and the registered manager shall ensure the implementation and maintenance of a robust audit and governance process.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of records and discussion with staff evidenced that this area for improvement was not met. This is discussed further in Section 5.2.3.</p> <p>This area for improvement is stated for a second time.</p>	<p><b>Not met</b></p>
<p><b>Area for improvement 9</b></p> <p><b>Ref:</b> Regulation 30 (1) (d) (f)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall give notice to RQIA without delay of the occurrence of any notifiable incident. All relevant notifications should be submitted retrospectively.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 10</b></p> <p><b>Ref:</b> Regulation 19 (2) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that relevant records are available for inspection in the home at all times.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 9.3</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure residents are appropriately monitored following a fall and that accurate records are maintained to evidence this.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure a daily menu is displayed in a suitable format and in an appropriate location, so that residents and their representatives know what is available at each mealtime.</p>	<p><b>Partially met</b></p>
<p><b>Action taken as confirmed during the inspection:</b>  Observation of the environment and discussion with staff evidenced that this area for improvement was partially met. This is discussed further in Section 5.2.2.</p> <p>This area for improvement is stated for a second time.</p>		
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 23.4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure staff training needs in relation to the International Dysphasia Diet Standardisation Initiative (IDDSI) are identified and arrangements are put in place to meet them.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b>  There was evidence that this area for improvement was met.</p>		
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 8.5</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure supplementary care records are necessary; and if they are, ensure they are accurately maintained and completed contemporaneously.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b>  There was evidence that this area for improvement was met.</p>		



<b>Area for improvement 5</b> <b>Ref:</b> Standard 6.6 <b>Stated:</b> First time	The registered person shall ensure that resident care plans and risk assessment evidence they are regularly reviewed to ensure they reflect the needs of the resident.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of records evidenced that this area for improvement was partially met. This is discussed further in Section 5.2.2.  This area for improvement has been stated as a new area for improvement under the regulations.	
<b>Area for improvement 6</b> <b>Ref:</b> Standard 13 <b>Stated:</b> First time	The registered person shall review the provision for the delivery of a planned activity programme.	<b>Carried forward to the next inspection</b>
	<b>Action taken as confirmed during the inspection:</b> Progress against this area for improvement is ongoing and is carried forward to the next inspection.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

A review of staff selection and recruitment records evidenced that staff were recruited safely ensuring that all pre-employment checks had been completed prior to each staff member commencing in post. All staff were provided with a comprehensive induction programme to prepare them for providing care to residents. Checks were made to ensure that staff maintained their registrations with the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the number of staff working in the home on a daily basis. Review of the rota evidenced that the capacity in which the manager was working was not clearly indicated. An area of improvement was identified.

Discussion with the manager confirmed she had been working some of her hours as a carer due to staffing challenges and she did not have sufficient management hours. The manager discussed the ongoing staffing challenges within the care home sector and confirmed ongoing recruitment for care assistant positions within the home. Discussion with staff and review of the duty rota confirmed deficits in staffing on identified days, with some staff continuing to work mixed duties. Sufficiency of staff was identified as an area for improvement at the last care inspection and is stated for a second time. An additional area for improvement was identified to ensure the manager has sufficient protected management hours to carry out her role.

Discussion with staff and the manager confirmed that systems were in place to ensure compliance with mandatory staff training. However, review of training records identified improvements in mandatory training uptake was required. Staff were able to correctly describe their roles and responsibilities regarding adult safeguarding although staff confirmed they had not completed training with regards to Deprivation of Liberty Safeguards (DOLS). To ensure all staff have completed mandatory training, have knowledge of the Mental Capacity Act (Northern Ireland) 2016 and the Deprivation of Liberty Safeguarding Code of Practice, an area for improvement was identified.

Residents spoke highly about the care that they received from staff and that they would have no issue with raising any concerns to staff. The relatives spoken with expressed no concerns regarding staffing arrangements in the home.

### 5.2.2 Care Delivery and Record Keeping

Staff meet at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of residents' needs, their daily routine, wishes and preferences. Staff confirmed the importance of keeping one another up to date with any changing needs in residents' care throughout the day.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner and by offering personal care to residents discreetly. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs.

Falls in the home were monitored monthly to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring. There was a system in place to ensure that accidents and incidents were notified to residents' next of kin, their care manager and to RQIA, as required.

Review of care records pertaining to a recent fall identified that staff had responded correctly to support the resident but some inconsistencies were noted in the record keeping. These were discussed with the manager who agreed to address this with staff and monitor as part of the care record audit.

Review of two identified residents care records evidenced their care plans and risk assessments were not consistently updated to reflect the changing needs of the residents. This was identified as an area for improvement under the care standards at the previous care inspection and is stated as a new area for improvement under the regulations.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need support with meals ranging from simple encouragement to full assistance from staff. Staff attended to residents' dining needs in a caring and compassionate manner and residents spoke positively in relation to the quality of the meals provided. The food served was well presented, portions were generous. A variety of drinks were served with the meal.

While the menu was displayed in an appropriate location, it was not in a suitable format for all residents. One resident said "I don't know what's for lunch." This was discussed with staff who agreed to consider the use of a whiteboard and implement dementia friendly menus. An area for improvement is stated for a second time.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Residents' individual likes and preferences were reflected throughout the care records. Care plans contained specific information on each resident's care needs and what or who was important to them. Daily records were kept of the care and support provided by staff. The outcome of visits from any healthcare professional was also recorded.

Review of records evidenced personal possessions were not reconciled on at least a quarterly basis by two staff in keeping with best practice guidance. This was discussed with the manager who agreed to review their current systems. This will be reviewed at a future inspection.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces, the kitchen and communal areas such as lounges and bathrooms. The home was warm, clean and comfortable. There were no malodours detected in the home.

Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices. The lounges were arranged in such a way that residents could safely socially distance.

While resident areas were generally well maintained, further work is required in the storage area and laundry on the second floor. Some improvements were noted in the storage area; however, additional decluttering of this area and the laundry is required. Additional shelving may be required in the storage area to ensure items are not inappropriately stored and the floor can be effectively cleaned. There was evidence that some works had commenced to address water damage observed on the ceiling in two areas of the second floor, although this has yet to be completed. The manager advised new carpet had been ordered and they were hopeful it would be fitted in the coming weeks. An area for improvement identified at the last care inspection was partially met and is stated for a second time.

Examination of the laundry area identified deficits in infection prevention and control. These were discussed with the manager who agreed to review the systems and environment in the laundry. An area for improvement was identified.

It was noted that a storage cupboard and the laundry room were unlocked allowing access to chemicals which, if accessed by residents, had the potential to cause harm. In addition, sweets and lollies were observed to be kept in an area accessible to residents who required their diet to be modified. This had the potential to be a choking risk. This was discussed with the manager who agreed to discuss this with staff and monitor compliance. An area for improvement was identified.

Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible. Review of fire training and drills records confirmed that not all staff were up to date with appropriate training and practice. In addition, there was an absence of a robust system to regularly monitor compliance with fire drills and training. An area for improvement identified at the last care inspection was not met and is stated for a second time.

Discussion with the manager confirmed a fire risk assessment was completed in the home on 1 September 2021 and actions to address the recommendations had commenced. However, confirmation that the assessment has been completed along with any remedial works identified by the fire risk assessor was not sent to RQIA as agreed in the quality improvement plan. In addition, the manager was unable to share a fire management plan for review. An area for improvement identified at the last care inspection was partially met and is stated for a second time.

The manager said that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases.

The home was participating in the regional testing arrangements for staff and any outbreak of infection was reported to the Public Health Authority (PHA). Systems were in place to ensure visitors to the home had a temperature check when they arrived. They were also required to wear personal protective equipment (PPE).

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing PPE. Discussion with staff confirmed that training on IPC measures and the use of PPE had been provided. Observation of practice and review of the environment evidenced improvements since the last care inspection although some deficits remain. These were discussed with the manager and highlighted during a walk around the home. The manager agreed to address all the issues identified. An area for improvement identified at the last care inspection was partially met and is stated for a second time.

#### **5.2.4 Quality of Life for Residents**

Discussion with residents confirmed that they were able to choose how they spent their day. For example, some residents told us they liked the privacy of their bedrooms, but enjoyed going to the dining room for meals and choosing where to sit with their friends. Other residents preferred to enjoy their meals and socialise in the lounge.

Residents were observed enjoying listening to music, reading newspapers/magazines and watching TV, while others enjoyed a visit from relatives. One resident told us there were not many activities delivered in the home. They said, "the music man was here last week but I am not aware of the other planned activities." Another resident said, "I know the music man was in but I don't know what else they do but I am happy here".

No planned activities were displayed for the week of the inspection. However, a review of the activity planner for the previous week noted planned activities such as hymns, coffee mornings, films, games and the Redlands shop. Records reviewed indicated a number of residents meetings had taken place since the last care inspection. The most recent meeting held in August 2021 focused on menu choices.

Staff spoken with confirmed they find it difficult to provide activities due to ongoing work demands. Review of daily progress evidenced improvements since the last care inspection with staff regularly commenting on how each resident spent their day.

Review of the activity audit for September 2021 evidenced activity provision had been limited due to the ongoing pandemic and budget restraints. This was discussed with the manager who confirmed activity provision was under review. An area for improvement identified at the previous care inspection is carried forward for review at the next care inspection.

### 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

Review of a sample of quality assurance audits highlighted that although improvements had been made since the last care inspection, some of the audits were completed in an inconsistent manner. Audits were not consistently signed by the person who completed them and were missing dates of when they were completed; while others did not contain an action plan to address the deficits identified. In addition, no audits were in place to monitor restrictive practice, wounds or complaints. An area for improvement identified at the last care inspection was partially met and is stated for a second time.

A review of accidents and incidents which had occurred in the home found that these were generally well managed and reported appropriately. Review of records identified one accident which had not been reported appropriately. This was discussed with the manager who agreed to submit a retrospective notification to RQIA.

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.

There have been no medicine related incidents reported to RQIA since the medicines management inspection on 3 August 2020. The findings of this inspection indicate that the auditing system is not robust and therefore, incidents may not be identified. See Section 5.2.6.

Discussion with the manager confirmed that while systems were in place for staff supervision, none were in place for staff appraisal. The manager confirmed supervisions were due to be completed before the end of the year. To ensure these requirements in respect of staff appraisal were met, an area for improvement was identified.

Staff commented positively about management and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

We examined the reports of the visits made on behalf of the responsible individual. No reports had been completed for a significant period of time. During the enhanced feedback, the responsible individual gave assurances that these deficits would be addressed. An area for improvement was identified.

## 5.2.6. Medicines Management

### Personal Medication records and medicine related care plans

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 examined were not up to date with resident's currently prescribed medicines. It was noted that discontinued medicines continued to be listed on the records and changes in medicine doses had not been updated. One record indicated the resident was prescribed liquid form medicines and a thickening agent; however, the medicines were supplied in tablet form and the resident is no longer prescribed thickened fluids. A few obsolete records remained in the folder and required removal. New personal medication records were not always signed by two staff at the time of writing and or when new medicines were added.

These records should form an integral part of the administration of medicines process and a system should be in place to check accuracy. This is essential as they may be used by other healthcare professionals and if not accurate could result in medicines being administered incorrectly or the wrong information being shared. An area for improvement was identified. Following the inspection, assurances were sought and received from the manager that all residents' personal medication records were rewritten to reflect the most recent list of prescribed medicines.

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 etc. Review of the care files, indicated that medicine related care plans were in place for pain management and modified diets. However, were not in place regarding self-administered medicines and the ongoing refusal of medicines. See below. It was noted that obsolete records had not been removed and archived. An area for improvement was identified.

### Storage and stock control of medicines

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.

In relation to the storage of medicines, whilst these were held securely, improvement is required. Some topical medicines needed removed for disposal, a few required new labels as the name of the resident was no longer fully visible and one should have been stored in the refrigerator. It was also observed that each resident's supply of medicines was not clearly segregated in the stock cupboards. There was limited space due to the clutter in the room and this should be addressed. An area for improvement was identified.

### **Administration of medicines**

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.

When medicines are administered to residents, the staff record this on pre-printed medicine administration records (MARs) or occasionally handwritten MARs. These records should correlate with the medicines listed on the personal medication record and only detail currently prescribed medicines. Due to the lack of accuracy of the personal medication records, it was evident that they did not form part of the administration of medicines process and there were no effective systems in place to check MARs for accuracy. This should be addressed with immediate effect and monitored through the audit process. An area for improvement was identified.

Review of a sample of these MARs indicated that most medicines had been administered as prescribed. However, there was evidence that some topical medicines and eye preparations had not been administered. This was discussed with staff and it was established that a small number of these were being self-administered by the resident. There was no care plan or risk assessment in place, and the topical medicines held by the resident, did not correlate with those prescribed. The other non-administration related to the refusal of medicines. There was no evidence that staff had recognised that the ongoing refusal of a medicine could impact the resident's health and well-being, and must be reported to the prescriber for review. Two areas for improvement were identified.

There was evidence of an auditing process. The date of opening was recorded on most medicines to assist with audits. Whilst the internal audits showed good outcomes this did not correlate with the inspection findings, as the issues raised at the inspection were not being identified. It was acknowledged that improvement had been noted at the last medicines management inspection, but it is disappointing that it had not been sustained. Robust auditing processes are a fundamental part of the running of the home and help drive improvement and to assist management. An area for improvement was identified.

### **Medicines management training**

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.

Records of staff training in relation to medicines management were available for inspection. Following the inspection, refresher medicines management training was scheduled for 1 December 2021.

## 6.0 Conclusion

Residents were observed to be comfortable in their surroundings and were attended to by staff in a timely and effective manner.

Residents' privacy and dignity were maintained throughout the inspection and staff were observed to be polite and respectful to residents and each other. Residents and staff did not express any concerns about the care provided.

New areas for improvement were made in relation to sufficient protected management hours, care plan and risk assessment review, management of risks, monthly monitoring visits and medicines management and oversight. Further areas requiring improvement were identified in relation to the staffing rota, mandatory training, the laundry environment, staff appraisal, medicine storage and record keeping with regard to medication administration. Seven areas for improvement identified at the previous inspection have been stated for a second time, with a further one carried forward for review at the next inspection.

Following the inspection the findings were discussed with senior inspectors and an enhanced feedback meeting was held with the responsible individual and registered manager on 17 November 2021. An action plan specific to medicines management was provided. RQIA decided that a period of time would be given to implement the necessary improvements and will continue to monitor compliance through a follow up inspection.

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

Based on the inspection findings and discussions held, RQIA are satisfied that this service is providing care in a compassionate manner.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Home Minimum Standards August 2021 (Version 1.1).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	14*	9*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Irene Best, Registered Manager and Mr Mark Uprichard, Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.



<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 20 (1) (a)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that at all times suitably qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of residents.</p> <p>Ref: 5.1 and 5.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The home has sufficient care staff at all times for the dependency of the current residents now down to 9.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 27 (2) (b) (d)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 8 December 2021</p>	<p>The registered person shall ensure the second floor area of the home is thoroughly cleaned and decluttered. Stained and worn carpets on the first and second floor should be cleaned and/or replaced as required. Water damage observed on the ceiling of two areas on the second floor should be investigated and addressed immediately.</p> <p>Ref: 5.1 and 5.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The second floor area has been cleaned and decluttered. The plumbing leak repair has failed and is being monitored to identify next action, second floor worn flooring was scheduled however the contractor failed to complete the job and is rescheduled for 10 January. The first floor carpet has been professionally cleaned 12 November and is scheduled again for 6 January</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 27 (4) (c) (d) (i)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that the requirements for fire safety precautions, measures and staff practice are in place and regularly monitored to ensure the safety of residents, staff and visitors to the home.</p> <p>Ref: 5.1 and 5.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Fire drill completed 16 November, all staff have completed online fire training, in-house third party training being scheduled</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 27 (4) (a)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 8 December 2021</p>	<p>The registered person shall ensure that an up to date risk assessment and fire management plan are in place and any recommendations made by the fire assessor are addressed in a timely manner. Confirmation of the date of the fire risk assessment should be forwarded to RQIA when known. Confirmation that the assessment has been completed along with any remedial works identified by the fire risk assessor should be sent through to RQIA as agreed.</p> <p>Ref: 5.1 and 5.2.3</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> <li>• donning and doffing of personal protective equipment</li> <li>• appropriate use of personal protective equipment</li> <li>• staff knowledge and practice regarding hand hygiene</li> <li>• storage of resident equipment appropriately</li> <li>• staff knowledge regarding the use of hypochlorite solution.</li> </ul> <p>Ref: 5.1 and 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> PPE provision and handwashing facilities have been confirmed in the Laundry. A permanent handsanitizer is in place</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 10 (1)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 8 December 2021</p>	<p>The registered person and the registered manager shall ensure the implementation and maintenance of a robust audit and governance process.</p> <p>Ref: 5.1 and 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> The managers audits have individually been included in the R29 process.</p>

<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 10 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that the registered manager has sufficient protected management hours to carry out the registered managers duties.</p> <p>Ref: 5.2.1</p>
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Regulation 16 (1) (2) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 December 2021</p>	<p>The registered person shall ensure that resident care plans and risk assessment evidence they are regularly reviewed to ensure they reflect the needs of the resident.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> The the falls risk assessment that required updating from the residnets fall on 30 October was completed on 9 November immediately following the inspection and has subsequently been furtehr reviewed.</p>
<p><b>Area for improvement 9</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the residents have access are free from hazards to their safety, and unnecessary risks to the health and safety of residents are identified and so far as possible eliminated.</p> <p>This area for improvement is made with specific reference to the safe storage and supervision of chemicals and food that may present as a choking risk.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> The bowl of sweets in the small lounge has been removed, staff advised not to leave sweets openly available</p>

<p><b>Area for improvement 10</b></p> <p><b>Ref:</b> Regulation 29</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that the Regulation 29 monitoring visits are completed on a monthly basis. These reports should be robust and clear on the actions required to drive the necessary improvements to ensure compliance with regulations and standards.</p> <p>The registered person shall ensure that monthly monitoring reports are forwarded to RQIA by the third day of each month until further notice.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> R29 visits completed on 13 November and 20 December</p>
<p><b>Area for improvement 11</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 December 2021</p>	<p>The registered person shall ensure that personal medication records are kept fully and accurately completed at all times.</p> <p>Ref: 5.2.6</p> <p><b>Response by registered person detailing the actions taken:</b> The Kardex that didn't reflect the change from liquid to tablet of the same medication has been updated. All medications were accurately dispensed despite this omission. Manager audit of medications 30 December identified no further issues.</p>
<p><b>Area for improvement 12</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 December 2021</p>	<p>The registered person shall review the management of self-administered medicines to ensure that a risk assessment and care plan are maintained, the information is clearly recorded on the corresponding personal medication record and a system of review is in place.</p> <p>Ref: 5.2.6</p> <p><b>Response by registered person detailing the actions taken:</b> The resident holding moisture creams for self administration, maintains responsibility for their administration and that he has them is now fully recorded alongside the records of the medication the home administers and in his care plan.</p>

<p><b>Area for improvement 13</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 December 2021</p>	<p>The registered provider shall ensure that any ongoing non-administration of a medicine is reported to the prescriber and details recorded in the resident's care plan.</p> <p>Ref: 5.2.6</p>
<p><b>Area for improvement 14</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 December 2021</p>	<p>The registered person shall develop and implement a robust audit process which is effective in identifying areas for improvement and covers all aspects of medicines management.</p> <p>Ref: 5.2.6</p>
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2021)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 8 December 2021</p>	<p>The registered person shall ensure a daily menu is displayed in a suitable format and in an appropriate location, so that residents and their representatives know what is available at each mealtime.</p> <p>Ref: 5.1 and 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The ordered display has been delayed. Residents are and have always been offered their choice directly by staff.</p>

<p><b>Area for improvement 2</b></p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: 13 August 2021</p>	<p>The registered person shall review the provision for the delivery of a planned activity programme.</p> <p>Ref: 5.2.4</p> <p><b>Action required to ensure compliance with this standard was not fully reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for improvement 3</b></p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p> <p>To be completed by Immediate action required</p>	<p>The registered person shall ensure the staffing rota includes the registered manager's hours and clearly identifies the capacity in which they worked.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> See Area for Imprivement 7 above</p>
<p><b>Area for improvement 4</b></p> <p>Ref: Standard 23.3</p> <p>Stated: First time</p> <p>To be completed by 1 February 2022</p>	<p>The registered person shall ensure that mandatory training requirements are met.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> The training matrix will be upated to include completed online training</p>
<p><b>Area for improvement 5</b></p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by Immediate action required</p>	<p>The registered person shall ensure that the laundry environment is managed in such a way that minimises the risk of infection for staff, residents and visitors.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> See Area for Improvement 5 above</p>
<p><b>Area for improvement 6</b></p> <p>Ref: Standard 24</p> <p>Stated: First time</p> <p>To be completed by: 1 February 2022</p>	<p>The registered person shall ensure all staff have a recorded annual appraisal. An appraisal schedule shall be in place, showing completion dates and the name of the appraiser.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> Appraisals have commenced and will be completed by 1 February</p>

<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 32</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 December 2021</p>	<p>The registered person shall review the storage arrangements for medicines in the medicines room as detailed in the report.</p> <p>Ref: 5.2.6</p>
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Standard 31</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 December 2021</p>	<p><b>Response by registered person detailing the actions taken:</b> Medication room has been tidied, pharmacy have accepted any relevant returns and their distribution boxes.</p> <p>The registered person shall ensure that obsolete records are removed from the care files and the medicines folder and are archived in a timely manner; the records should be filed for easy retrieval.</p> <p>Ref: 5.2.6</p> <p><b>Response by registered person detailing the actions taken:</b> The relevant records have been removed from the care plans and medicines folder. A historic archive and destruction of deceased and left residents and personnel records is in hand.</p>
<p><b>Area for improvement 9</b></p> <p><b>Ref:</b> Standard 31</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 December 2021</p>	<p>The registered person shall review processes to ensure that medicines administration records (MARs) are kept fully and accurately maintained at all times.</p> <p>Ref: 5.2.6</p> <p><b>Response by registered person detailing the actions taken:</b> See Area 11 for improvement above The home managers audit 30 December confirmed all records up to date at that date.</p>

*\*Please ensure this document is completed in full and returned via the Web Portal\**



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