Inspection Report

20 June 2023

Scrabo House

Type of service: Residential Care Home
Address: 203 Scrabo Road, Newtownards, BT23 4SJ
Telephone number: 028 9182 6384

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: Scrabo House **Responsible Individual:** Mr Alexander Buchanan	**Registered Manager:** Mr Grant Alexander Buchanan **Date registered:** Registration pending
Person in charge at the time of inspection: Mr Grant Alexander Buchanan	**Number of registered places:** 17
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:** 17
Brief description of the accommodation/how the service operates: Scrabo House is a residential care home registered to provide health and social care for up to 17 residents. Residents have access to communal lounge and dining areas.	

2.0 Inspection summary

An unannounced inspection took place on 20 June 2023, from 11.00am to 3.00pm. This was completed by a pharmacist inspector. The inspection 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 and will be followed up at the next care inspection.

The outcome of this inspection concluded that robust arrangements were not in place for all aspects of medicines management. Areas for improvement have been identified regarding the management of medicines for new admissions, maintaining accurate patient medication records, recording the date of opening on all boxed medicines and implementing a medicines management audit within the home as detailed in the report and quality improvement plan.

Following the inspection, the findings were discussed with the Senior Pharmacist Inspector. RQIA decided that a period of time would be given to implement the necessary improvements. A follow up inspection will be undertaken to determine if the necessary improvements have been implemented and sustained. Failure to implement and sustain the improvements may lead to enforcement.

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 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 spoke 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

The inspector met with the former manager, the manager and the responsible person. They said staff had received appropriate training to look after residents and meet their needs. 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 31 January 2023		
Action required to ensure compliance with Residential Care Homes Minimum Standards (2021)		**Validation of compliance**
Area for Improvement 1 **Ref:** Standard 5.4 and 5.5 **Stated:** Second time	The registered person shall ensure needs and risk assessments are signed and dated by the member of staff responsible for carrying it out. Falls risk assessments are amended and updated as changes occur, including actions taken by the home to manage the risk.	**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 20.10 **Stated:** First time	The registered person shall ensure that a care record audit is developed and includes the monitoring of residents' care plans to encompass daily social preferences and any assessed physical needs.	**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.

It was identified that these records were not up to date with the most recent prescription. The records had not been checked and signed by a second member of staff when they were written to verify that they were accurate. This could result in medicines being administered incorrectly or the wrong information being provided to another healthcare professional. It was evident that staff did not use these records as part of the administration of medicines process. In addition, obsolete personal medication records had not been cancelled and archived. This is necessary to ensure that staff do not refer to obsolete directions in error and administer medicines incorrectly to the resident. An area for improvement was identified.

Copies of residents' prescriptions were retained in the home so that any entry on the personal medication record could be checked against the prescription. This is good practice.

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. The manager gave an assurance that care plans for these residents would be put in place immediately following the inspection to direct staff.

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 area 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. The temperature of medicine storage area was monitored and recorded to ensure that medicines were stored appropriately. A medicine refrigerator and controlled drugs cabinet were available for use as needed.

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

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. Most of the records were found to have been fully and accurately completed. One medicines administration record for a newly admitted resident was inaccurate (see Section 5.2.4). The manager was asked to investigate this and report the findings through to the inspector. The investigation report was received by RQIA on 5 July 2023. The records were filed once completed and readily retrievable for audit.

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 should be recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs.

Management advised that they did not audit the management and administration of medicine within the home. The date of opening was not recorded on boxed medicines to facilitate audit. Guidance on how to complete a medicines management audit was provided at the inspection. An area for improvement was identified.

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 not in place to manage medicines for new residents or residents returning from hospital. Written confirmation of the resident's medicine regime was not obtained at or prior to admission. The medicine records had not been accurately completed. There was no record of medicines received on admission. This is necessary to ensure that medicines are administered in accordance with the prescriber's most recent directions. 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.

There have been no medicine related incidents reported to RQIA since the last medicines management inspection. However, the findings of this inspection indicate that the auditing system is not robust and hence incidents may not be identified. The need for a robust audit system which covers all aspects of medicines is necessary to ensure that safe systems are in place and any learning from errors/incidents can be actioned and shared with relevant staff. An area for improvement was identified.

The audits completed at the inspection indicated that the majority of medicines in compliance aids 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.

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.

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 (Northern Ireland) 2005.

	Regulations	Standards
Total number of Areas for Improvement	3	3*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Grant Alexander Buchanan, Manager, Mr Alexander Buchanan, Responsible Person and Mrs Elizabeth Buchanan, Former 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 13 (4) **Stated:** First time **To be completed by:** Immediate and ongoing (20 June 2023)	The registered person shall ensure that accurate personal medication records are maintained as detailed in the report. Ref: 5.2.1
	Response by registered person detailing the actions taken: Our procedures have been revised to ensure that accurate records are maintained and verified by a senior staff member.
Area for improvement 2 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** Immediate and ongoing (20 June 2023)	The registered person shall ensure that the process of managing medicines for new admissions is reviewed to ensure that an accurate written confirmation of medicines is obtained at or prior to admission and that medicine records are accurately completed. Ref: 5.2.4
	Response by registered person detailing the actions taken: A written confirmation of current medications will be requested prior to all new admissions and an accurate record completed.
Area for improvement 3 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 20 July 2023	The registered person shall implement a robust audit system which covers all aspects of medicines management and administration to ensure that safe systems are in place and any learning from errors/incidents can be actioned and shared with relevant staff. Ref: 5.2.3 & 5.2.5
	Response by registered person detailing the actions taken: A robust audit system covering all aspects of medicines management and administration has been implemented.
Action required to ensure compliance with Residential Care Homes Minimum Standards 2021	
Area for improvement 1 **Ref:** Standard 5.4 and 5.5 **Stated:** Second time	The registered person shall ensure needs and risk assessments are signed and dated by the member of staff responsible for carrying it out. Falls risk assessments are amended and updated as changes occur, including actions taken by the home to manage the risk.

To be completed by: 28 February 2023	**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:** 1 April 2023	The registered person shall ensure that a care record audit is developed and includes the monitoring of residents' care plans to encompass daily social preferences and any assessed physical needs.
	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 3 **Ref:** Standard 30 **Stated:** First time **To be completed by:** Immediate and ongoing (20 June 2023)	The registered person shall ensure that the date of opening is recorded on all boxed medicines to facilitate audit. Ref: 5.2.3
	Response by registered person detailing the actions taken: The date of opening is recorded on all boxed medicines.

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

The Regulation and Quality Improvement Authority

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