

Inspection Report

5 December 2023



Sir Samuel Kelly Memorial Eventide Home

Type of Service: Residential Care Home
Address: 39 Bangor Road, Holywood BT18 0NE
Telephone number: 028 9042 2293

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: The Salvation Army</p> <p>Responsible Individual: Mrs Glenda Roberts (Registration pending)</p>	<p>Registered Manager: Mrs Sharon Boyd</p> <p>Date registered: 31 August 2018</p>
<p>Person in charge at the time of inspection: Mrs Sharon Boyd</p>	<p>Number of registered places: 56</p> <p>This number includes a maximum of 30 residents in RC-DE; a maximum of 22 residents in RC-I; a maximum of two residents in RC-MP and a maximum of two residents in RC-TI categories of care.</p>
<p>Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia MP - Mental disorder excluding learning disability or dementia TI – Terminally ill.</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 46</p>
<p>Brief description of the accommodation/how the service operates: Sir Samuel Kelly Memorial Eventide Home is a registered residential care home which provides health and social care for up to 56 residents. The home is divided in four units over two floors. On the ground floor, Primrose Meadows and Lavender Glen. On the top floor Blueberry Wood and Buttercup Hill. Each unit has their own dining and living areas.</p>	

2.0 Inspection summary

An unannounced inspection took place on 5 December 2023 from 9.45 am to 12.00 pm by a pharmacy inspector, and focused on the management of medicines.

At the last inspection on 9 February 2023, robust arrangements were not in place for all aspects of the management of medicines. Areas for improvement were identified in relation to the medicines management auditing process and the recording arrangements in relation to medicines prescribed for administration on a “when required” basis for the management of behaviour.

The outcome of this inspection provided evidence that management and staff had taken appropriate action to ensure the necessary improvements in relation to the two areas of improvement identified at the last medicines management inspection. A robust process was in place for auditing medicines management. Satisfactory arrangements were in place for recording in relation to medicines prescribed for administration on a “when required” basis for the management of behaviour

Staff provided assurances that they would continue to monitor all aspects of the management of medicines to ensure that these improvements are sustained.

The three areas for improvement identified at the last care inspection have been carried forward for review at the next care inspection. No new areas for improvement were identified.

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 the home was 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. To complete the inspection, the following were reviewed: a sample of medicine related records and the auditing systems used to ensure the safe management of medicines. The inspector spoke with the manager and assistant head of care 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 the assistant head of care.

Residents were observed to be relaxed and comfortable in the home. Staff were warm and friendly and it was obvious from their interactions that they knew the residents well and were aware of their likes/dislikes.

Staff said they had worked hard to implement and sustain improvements identified at the last inspection and had received help and support from management in order to do so.

Feedback methods included a staff poster and questionnaires which were provided to the manager for any patient 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 inspection on 9 February 2023		
Action required to ensure compliance with The Residential Care Home Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 29 Stated: First time	The registered person shall ensure that the monthly monitoring report examines all aspects of the running of the home and includes consultation with residents, their relatives and staff and has a meaningful action plan in place where required.	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 13(4) Stated: First time	The registered person shall ensure that there is a robust audit system which covers all aspects of medicines management. This is specifically in relation to audits being regularly performed on medicines using the dates of opening of the containers as the base level for this activity.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met. See Section 5.2.1	

Action required to ensure compliance with Residential Care Homes Minimum Standards 2022		Validation of compliance
Area for improvement 1 Ref: Standard 23.1 Stated: First time	The registered person should ensure that a record is kept to evidence that newly appointed and agency staff have completed a structured induction.	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 6.6 Stated: First time	The registered person shall ensure that resident care records and risk assessments are reviewed and updated to reflect the individual assessed need of the resident in relation to modified diets.	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 10 Stated: First time	The registered person shall ensure that whenever medicines prescribed on a “when required” basis for behavioural management are administered to residents, the reason for and outcome of administration are recorded.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met. See Section 5.2.2	

5.2 Inspection findings

5.2.1 Medicines management auditing process

All medicines had the date and time of opening recorded on the containers. A range of medicine audits were performed. The team leaders audit each resident's medicines, medicine records and care plans each month and report their findings to management. The Head of Care completes a monthly audit of medicines for eight residents ensuring all residents are covered at least once during the year. The audit outcomes are discussed with the manager. In addition, the manager completes a six monthly medication audit. Records were maintained of all the audit activity. Action plans are developed when necessary.

Audits completed during the inspection indicated that the residents were being administered their medicines as prescribed.

5.2.1 Medicines prescribed for behavioural management

The records belonging to three residents who were prescribed medicines on a 'when required' basis for the management of behaviour were reviewed. The reason for administration and the outcome/effect were generally recorded.

6.0 Quality Improvement Plan/Areas for Improvement

	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.

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Mrs. Sharon Boyd, Registered Manager, as part of the inspection process and can be found in the main body of the report.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Home Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 29 Stated: First time To be completed by: With immediate effect (19 January 2023)	The registered person shall ensure that the monthly monitoring report examines all aspects of the running of the home and includes consultation with residents, their relatives and staff and has a meaningful action plan in place where required. 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 Residential Care Homes Minimum Standards 2022	
Area for improvement 1 Ref: Standard 23.1 Stated: First time To be completed by: With immediate effect (19 January 2023)	The registered person should ensure that a record is kept to evidence that newly appointed and agency staff have completed a structured induction. 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 6.6 Stated: First time To be completed by: 28 February 2023	The registered person shall ensure that resident care records and risk assessments are reviewed and updated to reflect the individual assessed need of the resident in relation to modified diets. 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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