

Inspection Report

9 February 2023



Sir Samuel Kelly Memorial Eventide Home

Type of Service: Residential Care Home
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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: Miss Jenny Pattinson (Acting)</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 2 residents in RC-MP and a maximum of 2 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: 39</p>
<p>Brief description of the accommodation/how the service operates: This 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 9 February 2023, from 9.40am to 2.35pm. 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 will be followed up at the next care inspection.

Review of medicines management found that mostly satisfactory arrangements were in place for the safe management of medicines. Medicine records and medicine related care plans were well maintained. Staff were trained and competent to manage medicines. However, two new areas for improvement were identified in relation to the auditing process and the recording of the administration of medicines prescribed on a “when necessary” basis for the management of behaviour. The areas for improvement are detailed in the Quality Improvement Plan.

The outcome of this inspection concluded that improvements in several areas for the management of medicines were necessary. However, based on the inspection findings and discussions held, RQIA are satisfied that this service is providing safe and effective care and that the service is well led by the management team with respect to medicines management.

RQIA would like to thank the manager and staff for their assistance throughout the inspection.

3.0 How we inspect

RQIA’s inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. The inspection was completed by examining a sample of medicine related records, the storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. The inspector also spoke to the manager and staff 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 two senior care staff.

All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

Staff interactions with residents were warm, friendly and supportive. It was evident that they knew the residents well.

Staff expressed satisfaction with how the home was managed. They said that they had the appropriate training to look after residents and meet their needs.

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 19 January 2023		
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: 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.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards 2021		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.	

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 medical 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.

The personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to state that they were accurate.

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.

The management of medicines prescribed on a "when required" basis for behavioural management was reviewed for two residents. Directions for use were clearly recorded on the personal medication records; and care plans directing the use of these medicines were in place. Staff knew how to recognise a change in a resident's behaviour and was aware that this change may be associated with pain. However, records did not include the reason for and outcome of each administration. An area for improvement was identified.

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. Care plans were in place and reviewed regularly.

Some residents may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the resident should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the resident.

The management of thickening agents was reviewed for two residents. A speech and language assessment report and care plan was in place. Records of prescribing and administration which included the recommended consistency level were maintained.

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.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each resident could be easily located. Temperatures of medicine storage areas were 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. The records were found to have been completed to the required standard.

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 and staff audited medicine administration on a regular basis within the home. A range of audits were carried out. However, the dates of opening were not recorded on medicines; this meant that a significant number of medicines could not be audited. The manager needs to review the auditing arrangements to 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 containers as the base level for this activity. 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 in place to manage medicines for new residents or residents returning from hospital. Written confirmation of the resident's medicine regime was obtained at or prior to admission and details shared with the community pharmacy. The medicine records had been accurately completed.

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 2020. However, as specified in section 5.2.3, the findings of this inspection indicate that the auditing system is not robust and hence incidents may not be identified. A robust audit system which covers all aspects of medicines management is necessary to ensure that safe systems are in place and any learning from errors/incidents can be actioned and shared with relevant staff.

The audits that could be completed at the inspection indicated that the medicines were being administered as prescribed. However, as stated in section 5.2.3, a significant number of medicines could not be audited due to the non-recording of the dates of opening of the medicine containers.

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. Medicines management policies and procedures were in place.

6.0 Quality Improvement Plan/Areas for Improvement

Two new areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and Residential Care Homes Minimum Standards 2021.

	Regulations	Standards
Total number of Areas for Improvement	2*	3*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs. Sharon Boyd, Registered 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (19 January 2023)</p>	<p>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.</p> <hr/> <p>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.</p> <p>Ref: 5.1</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (9 February 2023)</p>	<p>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.</p> <p>Ref: 5.2.3 and 5.2.5</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>All medications have had the time of opening and the date recorded on the box with the staff signature since 9/2/2023. The monthly cycle commenced on 6/3/2023 and this is now recorded for all medications in use. On arrival into the home all medications are scanned into the electronic Atlas administration system but then the time, date of opening and staff signature are recorded on opening the new medication On our Resident of the Day system a medication audit is completed for that resident and this is their monthly medication audit completed by the team leader. The Head of Care also completes a monthly audit of medicines for 8 residents ensuring all residents are covered over the year. The Home Manager completes a 6 monthly audit in addition.</p>

Action required to ensure compliance with Residential Care Homes Minimum Standards 2021	
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
Area for improvement 3 Ref: Standard 10 Stated: First time To be completed by: With immediate effect (9 February 2023)	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. Ref: 5.2.1
	Response by registered person detailing the actions taken: From 9/2/2023 all 'when required' medications for behavioural management are recorded with the reason for administration and 1 hour later the outcome/effect of this for the resident. This is recorded on the Atlas system using 'add note'. This is also recorded in their daily notes on the PCS electronic system. If 'when required' medication is routinely administered for 3-5 days the GP is contacted for advice regarding this.

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