

Inspection Report

14 December 2023



SENSE

Type of service: Residential Care Home
Address: 41 Edenvale Avenue, Eden, Carrickfergus, BT38 7NP
Telephone number: 028 9336 2792

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

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| Organisation/Registered Provider: SENSE Responsible Individual: Mr Martin Walls | Registered Manager: Mrs Lindsay Mullan Date registered: 13 April 2023 |
| Person in charge at the time of inspection: Mrs Lindsay Mullan | Number of registered places: 10 |
| Categories of care: Residential Care (RC): SI – sensory impairment | Number of residents accommodated in the residential care home on the day of this inspection: 8 |
| Brief description of the accommodation/how the service operates: SENSE is a residential care home registered to provide health and social care for up to 10 residents. The home is divided into two five bedded bungalows which are interlinked by a courtyard garden. Residents’ bedrooms all have ensuite facilities. Residents have access to communal lounges and dining rooms and an enclosed courtyard garden. | |

2.0 Inspection summary

An unannounced inspection took place on 14 December 2023, from 10.00am to 12.10pm. This was completed by a pharmacist inspector and focused on medicines management. 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.

Review of medicines management found that medicines were stored safely and securely. There were effective auditing processes in place to ensure that staff were trained and competent to manage medicines and residents were administered the majority of their medicines as prescribed. Three new areas of improvement were identified in relation to the management of medicines prescribed for distressed reactions, records of medicines administered and medicines received into the home.

Whilst areas for improvement were identified, RQIA can conclude that overall, with the exception of a small number of medicines, the residents were being administered their medicines as prescribed.

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. Discussions took place 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 team leader and the manager. 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.

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 17 August 2023 | | |
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| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for Improvement 1 Ref: Regulation 27 (2) Stated: Second time | The registered person shall ensure as far as reasonably practicable that <ul style="list-style-type: none"> the premises are kept in a good state of repair externally and internally; all parts of the home are kept clean and reasonably decorated. | 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 27 (4) (b) (d) (i) (f) Stated: Second time | The registered person shall - <ul style="list-style-type: none"> make adequate arrangements for detecting, containing and extinguishing fires; ensure, by means of fire drills and practices at suitable intervals, that the persons working in the home and, so far as practicable, residents, are aware of the procedure to be followed in case of fire, including the procedure for saving life. | 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, December 2022 | | Validation of compliance |
| Area for Improvement 1 Ref: Standard 5.5 | The registered person shall ensure that all assessments are kept under review and amended as changes occur to accurately reflect the needs of the residents. | Carried forward to the next inspection |

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| Stated: Second time | 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. | |
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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.

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 distressed reactions was reviewed. Directions for use were clearly recorded on the personal medication records. Staff knew how to recognise a change in a resident's behaviour and were aware that this change may be associated with pain or other factors. However, for one resident a care plan directing the use of these medicines was not in place and there was no record of the reason for and outcome of each administration. An area for improvement was identified.

5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicine 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. A record of medicines received into the home was maintained however, medicines supplied in a monitored dosage system were not recorded individually. This is necessary to ensure a clear audit trail. An area for improvement was identified.

The medicine 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 medicine administration records was reviewed. Records included the total quantity of tablets administered from a monitored dosage system only and not the individual prescribed medicine and dose administered. This is necessary to ensure a clear audit trail. An area for improvement was identified.

Staff audited medicine administration on a regular basis within the home. A range of audits were carried out. The date of opening was recorded on all medicines not supplied in a monitored dosage system so that they could be easily audited. This is good practice.

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.

There had been no recent admissions to the home. However, the admission process for new residents or residents returning from hospital was reviewed. Staff advised that robust arrangements were in place to ensure that they were provided with a current list of the resident's medicines and this was shared with the community pharmacist.

5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

Management and staff were familiar with the type of incidents that should be reported. The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and learning shared with staff in order to prevent a recurrence.

The audits completed at the inspection indicated that the majority of medicines were being administered as prescribed. A small number of minor discrepancies were highlighted to the manager for close monitoring.

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.

It was agreed that staff would be provided with further training to ensure that the areas for improvement identified can be addressed.

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 Minimum Standards, December 2022.

| | Regulations | Standards |
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| Total number of Areas for Improvement | 2* | 4* |

* 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 Lyndsay Mullan, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

| Quality Improvement Plan | |
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| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | |
| Area for improvement 1 Ref: Regulation 27 (2) Stated: Second time To be completed by: From date of inspection (17 August 2023) | The registered person shall ensure as far as reasonably practicable that <ul style="list-style-type: none"> • the premises are kept in a good state of repair externally and internally; • all parts of the home are kept clean and reasonably decorated. |
| | 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 |
| Area for improvement 2 Ref: Regulation 27 (4) (b) (d) (i) (f) Stated: Second time To be completed by: From date of inspection (17 August 2023) | The registered person shall - <ul style="list-style-type: none"> • make adequate arrangements for detecting, containing and extinguishing fires; • ensure, by means of fire drills and practices at suitable intervals, that the persons working in the home and, so far as practicable, residents, are aware of the procedure to be followed in case of fire, including the procedure for saving life. |
| | Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1 |
| Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2) | |
| Area for improvement 1 Ref: Standard 5.5 Stated: Second time To be completed by: From date of inspection (17 August 2023) | The registered person shall ensure that all assessments are kept under review and amended as changes occur to accurately reflect the needs of the residents. |
| | 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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| <p>Area for improvement 2</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: From date of inspection (14 December 2023)</p> | <p>The registered person shall review the management of medicines prescribed 'when required' for distressed reactions, to ensure that a care plan is in place to direct staff and the reason for and outcome of each administration is recorded.</p> <p>Ref: 5.2.1</p> |
| <p>Area for improvement 3</p> <p>Ref: Standard 31.2</p> <p>Stated: First time</p> <p>To be completed by: From date of inspection (14 December 2023)</p> | <p>Response by registered person detailing the actions taken: Careplan is now in place and all outcomes of medications are being recorded to ensure they are effective</p> <p>The registered person shall ensure that an accurate record of medicines received into the home is maintained.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: This has now been completed and all staff who sign in medication have been shown how to do this accurately</p> |
| <p>Area for improvement 4</p> <p>Ref: Standard 31.2</p> <p>Stated: First time</p> <p>To be completed by: From date of inspection (14 December 2023)</p> | <p>The registered person shall ensure that an accurate record of medicines administered is maintained.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: This has been completed. Kardex's and MARs sheets that are applicable have been changed to reflect.</p> |

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