

Inspection Report

30 November 2021



Bawn Cottage

Type of Service: Residential Care Home
Address: 31a Main Street, Hamiltonsbawn, BT60 1LP
Tel No: 028 3887 0666

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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

Organisation/Registered Provider: Inspired 2 Care Ltd	Registered Manager: Mr Daire Sheridan
Responsible Individuals: Mrs Rosemary Dilworth	Date registered: 20 May 2021
Person in charge at the time of inspection: Ms Aimee Liggett, Senior Support Worker 10.30 – 12.00 Mr Daire Sheridan, Manager, 12.00 onwards	Number of registered places: 22
Categories of care: Residential Care (RC) MP - mental disorder excluding learning disability or dementia LD - learning disability LD (E) – learning disability – over 65 years	Number of residents accommodated in the residential care home on the day of this inspection: 9
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 22 residents. The home is a large single storey detached building. All residents have their own bedrooms and have access to communal spaces and an enclosed garden area outside.	

2.0 Inspection summary

An unannounced inspection took place on 30 November 2021 between 10.30am and 1.20pm. The inspection was conducted by a pharmacist inspector and focused on medicines management within the home.

The inspection also assessed progress with one of the two areas for improvement identified at the last care inspection. Following discussion with the care inspector, it was agreed that the other area for improvement would be reviewed at the next care inspection.

Review of medicines management found that residents were administered their medicines as prescribed. Arrangements were in place to ensure that staff were trained and competent in medicines management. There were arrangements for auditing medicines and medicine records were well maintained.

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. To complete the inspection the following were reviewed: a sample of medicine related records, 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 one resident, a care assistant, a senior support worker and the manager.

Staff were warm and friendly and it was evident from discussions that they knew the residents well. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

The staff members spoken with expressed satisfaction with how the home was managed and the training received. They said that the team communicated well and the manager was readily available to discuss any issues and concerns should they arise.

The resident spoken with said they "were very happy in the home and loved the staff who were all very good."

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 feedback 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?

The last inspection to this residential care home was undertaken on 13 October 2021. The inspection was completed by a care inspector.

Areas for improvement from the last inspection on 13 October 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (4) (b) Stated: First time	The registered person shall ensure that all fire doors are fully closing.	Met
	Action taken as confirmed during the inspection: The identified fire door had been repaired and was observed to close fully on the day of the inspection.	
Action required to ensure compliance with Residential Care Homes Minimum Standards (2011)		Validation of compliance summary
Area for improvement 1 Ref: Standard 6.2 Stated: First time	The registered person shall ensure that care plans are detailed and provide adequate information to fully inform staff in regards to care delivery.	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 will change and therefore their medicines should be regularly monitored and reviewed. This is usually done by a GP, a 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 and 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 verified and signed the personal medication records when they were written and updated to provide a check that they were accurate.

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.

The management of pain was discussed. Residents did not require regular pain relief. Staff advised that they were familiar with how each resident expressed their pain and that pain relief was administered when required.

A small number of residents have their medicines administered in food to assist administration. The manager agreed to update the care plans to ensure that detailed guidance on how the medicines were to be administered was recorded.

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 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.

The medicine refrigerator was not currently required. Guidance on how to monitor the refrigerator temperature over a 24 hour period was provided to the manager (the thermometer should be reset each day after the current, maximum and minimum temperatures have been recorded. The temperature must be maintained between 2°C and 8°C.). The manager agreed to review the location of the refrigerator as it was stored on a high shelf.

Discontinued medicines were returned to the community pharmacy for disposal and records maintained.

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.

Within the home, a record of the administration of medicines is completed on pre-printed medicine administration records (MARs) or occasionally handwritten MARs. The sample of these records reviewed was found to have been fully and accurately completed.

Hand-written updates on the MARs had been verified and signed by two trained staff to ensure accuracy of transcribing.

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 were recorded in a controlled drug record book. Robust arrangements were in place for the management of controlled drugs.

Management and staff audited the management and administration of medicines on a daily and monthly basis. A range of audits were carried out. The audits completed at the inspection indicated that medicines were administered as prescribed.

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.

The management of medicines on admission was reviewed for one resident. Written confirmation of their prescribed medicines was requested and received from their GP. The resident's personal medication records had been written by one member of staff and checked by a second staff member. Medicines had been accurately received into the home and administered in accordance with the most recent directions. There was evidence that staff had followed up any discrepancies in a timely manner to ensure that the correct medicines were available for administration.

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.

The medicine related incident which had been reported to RQIA since the last inspection was discussed. There was evidence that it had been reported to the prescriber for guidance and the learning shared with staff.

The audit system in place helps staff to identify medicine related incidents. Management and staff were familiar with the type of incidents that should be reported.

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 that staff are supported. Policies and procedures should be up to date and readily available for staff.

Staff in the home had received a structured induction which included medicines management when this forms part of their role. Competency had been assessed following induction and annually thereafter.

Records of staff training in relation to medicines management and competency assessments were available for inspection.

6.0 Conclusion

The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the home was well led with regards to the medicines management.

The outcome of the inspection indicated that the home was delivering safe, effective and compassionate care and was well led with regards to medicines management. Residents were administered their medicines as prescribed. No new areas for improvement were identified at the inspection.

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

7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	1*

* the total number of areas for improvement includes one which is 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 Mr Daire Sheridan, 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 Residential Care Homes Minimum Standards (2011)

Area for improvement 1

Ref: Standard 6.2

Stated: First time

To be completed by:
13 November 2021

The registered person shall ensure that care plans are detailed and provide adequate information to fully inform staff in regards to care delivery.

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



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

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