

# Inspection Report

7 & 12 September 2023



## 2-1-2 Old Hollywood Road

**Type of Service: Residential Care Home**

**Address: 212 Old Hollywood Road,  
Holywood, BT18 9QS**

**Tel no: 028 9042 5554**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Cornerstone Care 212 Limited	<b>Registered Manager:</b> Mrs Samantha Murdock
<b>Responsible Individual:</b> Mrs Irene McBurney	<b>Date registered:</b> 19 October 2020
<b>Person in charge at the time of inspection:</b> Samantha Murdock	<b>Number of registered places:</b> 15  The home is approved to provide care on a day basis only to 1 person.
<b>Categories of care:</b> Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 13
<b>Brief description of the accommodation/how the service operates:</b>  This home is a registered Residential Care Home which provides Health and Social Care for up to 15 residents. The home is divided into three units across two floors.	

## 2.0 Inspection summary

An unannounced medicines management inspection was undertaken by a pharmacy inspector on 7 September 2023, from 11.00 am to 4.10 pm. The inspection was completed on 12 September 2023, from 10.00 am to 5.20 pm by a care inspector.

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. The inspection assessed the progress with the areas for inspection made as a result of the previous medicines management and care inspections.

Review of medicines management found that safe systems were in place for the management of medicines. Medicine records were well maintained. There were effective auditing processes in place to ensure that staff were trained and competent to manage medicines.

Resident's presented as comfortable and those able to make their wishes known provided positive feedback about their experiences in the home.

Staff spoken with on the day of inspection provided positive feedback about their experiences working in the care home and felt supported by the management team.

Areas requiring improvement were identified relating to; the recording of the duty rota, maintenance of equipment, cleanliness of the environment and staff compliance with IPC measures. With regard to medicines management an area for improvement was identified in relation to the monitoring and recording of the medicine refrigerator temperature.

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

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

### **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 we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

#### 4.0 What people told us about the service

Residents presented as comfortable in their surroundings, this was evident in their interactions with staff and other residents; smiling and laughing.

Staff said they enjoyed working in the care home, one staff member told us “I love working in here, the residents have freedom.” Another staff member told us, there is good teamwork.

No questionnaires were received from residents or relatives following the inspection. No staff completed the online survey.

#### 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 16 <sup>th</sup> May 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 10(1) <b>Stated:</b> First time	The registered person shall ensure that there are robust governance and management systems in place to ensure that all admissions are managed in accordance with the home’s Statement of Purpose and in accordance with regulation.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 20 (1) <b>Stated:</b> First time	The registered person shall ensure there are adequate staffing levels on duty to meet the assessed needs of all residents and taking into account the layout of the building. This should be reviewed on an ongoing basis.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 16.4 and 16.7  <b>Stated:</b> Second time	All suspected or alleged incidents of abuse are reported to the relevant persons and agencies in accordance with procedures and legislation. Full and accurate written records are maintained including any actions taken or not taken and rationale for same.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 19.2  <b>Stated:</b> Second time	The registered person should ensure that before making an offer of employment that any gaps in an applicant's employment record are explored and the explanations recorded.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 29.6  <b>Stated:</b> Second time	The outcome of the home's fire evacuation drills are recorded, to include action taken on problems or defects, if necessary.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 5</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> First time	The registered person shall ensure furniture within the home is maintained in a manner to allow for this to be effectively cleaned in line with Infection Prevention Control (IPC) guidance.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Improvement had been made since the previous inspection to ensure that furniture was maintained in a sound state of repair to allow for effective cleaning. However, there was some equipment which still required to be repaired or replaced. This area for improvement has been partially met and will be stated for a second time.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements and the Duty Rota

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job. Staff comments regarding opportunities for specialist training and face to face training was shared with the management team. The manager advised that further training opportunities were scheduled.

Staff said there was good team work and that they were generally satisfied with the staffing levels. Comments regarding staff meetings and follow-up on agreed actions were shared with the management team.

A review of the duty rota identified that there were significant deficits in the recording of which staff were rostered. Staff's role and the capacity in which they worked was not always clearly documented; where staff worked in more than one department, for example in housekeeping and care it was not clearly recorded which department they were working in on each shift. Where staff were rostered at short notice to cover unplanned leave these hours were not always clearly recorded. Following significant contact and explanations of the staff on duty by the management team RQIA were satisfied that the planned staffing levels were provided. A discussion took place with the management team regarding the recording of the rota and an area for improvement was identified.

The management team told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. A record evidencing this decision making is good practice. This was discussed with the management team and will be reviewed at the next inspection.

### 5.2.2 Management of the Environment and Infection Prevention and Control

Improvements had been made to the environment since the last inspection. Walls in the Redburn Lounge had been re-painted and some furniture had been repaired to ensure it could be effectively cleaned. The management team confirmed, refurbishment plans were ongoing in the home and provided a copy of the updated refurbishment plan to RQIA. This area for improvement has been partially met and is stated for a second time.

Communal lounge areas were colourfully furnished; bright and welcoming; suitably adapted for the residents residing in the care home. Walkways were kept clear and clutter free. Laundry storage areas were organised with adequate supplies of clean laundry.

Resident's bedrooms were generally neat and tidy, personalised with items important to the resident. It was observed that some areas identified in the home required a deeper clean. This was discussed with the management team and an area for improvement was identified.

Throughout the day, for example when assisting the residents to the toilet and at mealtimes staff did not wear the appropriate personal protective equipment (PPE). Some staff were not adhering to the “bare below the elbow” rule to allow for effective handwashing and good hand hygiene; and a clinical waste bin was overflowing causing a malodour. IPC practices were discussed with the manager and an area for improvement was identified.

## 5.2.6 Medicines Management

### Personal medication records

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.

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

### Medicines supply and storage

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.

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. Temperatures of medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately.



Medicines which require cold storage must be stored between 2°C and 8°C to maintain their stability and efficacy. In order to ensure that this temperature range is maintained, it is necessary to monitor the current, maximum and minimum temperatures of the medicines refrigerator each day and to then reset the thermometer. It was clear from the records that on multiple days the maximum and/or minimum temperature recorded was outside the recommended range and no action had been taken by staff. An area for improvement was identified.

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

### **Medicine administration**

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. All of the records reviewed were found to have been fully and accurately completed. The records were filed once completed and were readily retrievable for audit/review.

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. The date of opening was recorded on the majority of medicines so that they could be easily audited. This is good practice.

### **Care plans in relation to medicines management**

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; and care plans 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. Records included the reason for and outcome of each administration. The manager provided assurances that care plans would be updated to specify the prescribed medicine.

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. 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.

### **Staff training and competency assessment**

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.

The manager gave an assurance that staff would be given refresher training on how to monitor and record the temperature of the medicine refrigerator and the importance of taking action when the temperature is outside of the recommended range, see Medicines supply and storage section.

### **The management of medicines on admission and medication changes**

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.

### **Governance and audit**

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. An audit discrepancy was observed in the administration of one medicine. This was highlighted to the manager for investigation.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)**.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2	3*

\* the total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Samantha Murdock, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 4 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately and ongoing</p>	<p>The registered person shall ensure that the duty rota accurately reflects the staff on duty at any time in the home. The rota must include; the full name of the persons working in the home, the hours worked on each shift and the capacity in which they worked.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> Electronic rota system in place that accurately reflects the staff on duty at any time in the home. The rota includes the full name of the person working in the home, the hours they worked on each shift and the capacity in which they worked.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately and ongoing</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. This area for improvement relates to the following:</p> <ul style="list-style-type: none"> <li>• Appropriate use of Personal Protective Equipment</li> <li>• Replacing of clinical waste bags without delay</li> <li>• Ensuring staff are bare below the elbow</li> </ul> <p>Ref: 5.2.2</p>

	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Both verbal and written communication to the staff reminding them the following;</p> <ul style="list-style-type: none"> <li>• Appropriate use of Personal Protective Equipment.</li> <li>• Replacing of clinical waste bags without delay.</li> <li>• Ensuring staff are bare below the elbow.</li> </ul> <p>Management will also carry out additional spot checks to ensure compliance.</p>
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediately and ongoing</p>	<p>The registered person shall ensure furniture within the home is maintained in a manner to allow for this to be effectively cleaned in line with Infection Prevention Control (IPC) guidance.</p> <p>Ref: 5.1 and 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Improvement action plan formulated and presented to RQIA</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 27.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately and ongoing</p>	<p>The registered person shall ensure that the building is kept clean and hygienic at all times with a focus on, but not limited to, the areas identified at this inspection.</p> <p>Ref: 5.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>All staff reminded of the need to maintain a clean and hygienic environment within the building at all times. Management to complete periodic spot checks to ensure compliance.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 32</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required (7 September 2023)</p>	<p>The responsible person shall ensure that the maximum, minimum and current temperatures of the medicine refrigerator are monitored and recorded daily and that appropriate action is taken if the temperature recorded is outside the recommended range of 2-8°C.</p> <p>Ref: 5.2.6</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Senior Carers to be reminded to report any temperature deviation in the medicine refrigerator that fall outside the recommended range of 2-8 degrees C to the manager. The manager will also complete periodic spot checks to ensure compliance.</p>

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



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