

Inspection Report

1 and 6 July 2022



The Gate Lodge

Type of service: Residential Care Home
Address: 3 Station Road, Castlewellan, BT31 9NF
Telephone number: 028 4377 8230

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

Organisation/Registered Provider: Corriewood Private Clinic Limited Responsible Individual: Mrs Maria Therese McGrady	Registered Manager: Mrs Teresa Josephine McClean Date registered: 19 September 2006
Person in charge at the time of inspection: Mrs Joan Brenton	Number of registered places: 4
Categories of care: Residential Care (RC): 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: 3
Brief description of the accommodation/how the service operates: This is a residential care home with 4 beds that provides care for residents with a learning disability.	

2.0 Inspection summary

An unannounced medicine and finance inspection took place on 1 July 2022, from 10.15am to 11.30am and on 6 July 2022 from 10.45am to 1.30pm. The inspection was completed by a pharmacist and a finance inspector

The inspection focused on medicines management and residents' finances 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 and the management of residents' finances.

Review of medicines management found that robust arrangements were in place for the safe 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 and residents were administered their medicines as prescribed.

With regards to finance, adequate controls surrounding residents' finances were in place. Residents' financial records were up to date at the time of the inspection.

Based on the inspection findings and discussions held, RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the management team.

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. A sample of residents' financial files, records of transactions and records of residents' personal property were also reviewed. Staff and residents views were also obtained.

4.0 What people told us about the service

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

The inspector also met with the supervisor support worker, the deputy manager and the manager. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

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 (easy read for LD) 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 11 November 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 19 (2) Stated: First time	The registered person shall maintain in the home the records relating to all persons employed at the home, as specified in Schedule 4, paragraph 6.	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 29 (4) Stated: First time	The person carrying out the monthly monitoring visit shall ensure the deficits outlined in the report above are addressed.	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 Residential Care Homes Minimum Standards (2021)		Validation of compliance
Area for improvement 1 Ref: Standard 25.6 Stated: First time	A full and accurate record is kept of all staff working in the home over a 24-hour period and the capacity in which they worked.	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 6.2 Stated: First time	Care plans regarding resident's mental health needs includes sufficient detail on the management of any identified risks and any strategies or programmes to manage specified behaviours.	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 34.4 Stated: First time	Adequate and appropriate clinical waste disposal arrangements must be in place at all times to ensure the safe disposal of used Personal Protective Equipment (PPE).	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 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.

Obsolete personal medication records had not been archived. This is necessary to ensure that staff do not refer to obsolete directions in error and administer medicines incorrectly to the resident. The deputy manager confirmed that this would be actioned immediately.

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.

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 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. The temperature of the medicine storage area was monitored and recorded to ensure that medicines were stored appropriately. A medicine refrigerator was available for use as needed. The current temperature was recorded daily. The importance of recording the maximum, minimum and current temperatures was discussed and the deputy manager confirmed that this will be actioned immediately.

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. All of the records were found to have been fully and accurately completed. The records were filed once completed.

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 all medicines 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.

There have been no medicine related incidents reported to RQIA since the previous medicines inspection. Management and staff were familiar with the type of incidents that should be reported. The audits completed at the inspection indicated that the majority of medicines were being administered as prescribed.

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.

5.2.7 What arrangements are in place to ensure that residents' monies, valuables and personal property are appropriately managed and safeguarded?

A safe place was provided within the home for the retention of residents' monies and valuables. At the time of the inspection there were satisfactory controls around the physical location of the safe place and the members of staff with access to it. Records of monies held at the home on behalf of residents were up to date at the time of the inspection. No valuables were held on behalf of residents.

A bank account was in place to retain residents' monies. A review of a sample of statements from the account confirmed that the name of the bank account referred to residents' monies and that the account was not used in connection with the carrying on or management of the home.

Discussion with the manager and a review of records confirmed that reconciliations (checks) of the bank account and other monies held were undertaken on a quarterly basis. The records of the reconciliations were signed by the member of staff undertaking the reconciliation and countersigned by a senior member of staff.

Three residents' finance files were reviewed. Written agreements were retained in all three files. The agreements included the details of the current weekly fee paid by, or on behalf of, the residents and a list of services provided to residents as part of their weekly fee. The agreements were signed by the resident, or their representative, and a representative from the

home. In line with good practice signed authorisation forms for staff to undertake purchases on behalf of residents were also included in the agreements.

Review of records and discussions with staff confirmed that all residents' weekly fees were paid to the home's head office by the Health and Social Care Trust. Discussions with staff also confirmed that residents were not paying an additional amount towards their fee over and above the amount agreed with the health and social care trusts.

Discussion with the manager confirmed that no member of staff was the appointee for any resident, namely a person authorised by the Department for Communities to receive and manage the social security benefits on behalf of an individual.

A sample of purchases undertaken on behalf of residents, including visits to the hairdresser, was reviewed. The records were up to date at the time of the inspection. Two signatures were recorded against each entry in the residents' records and receipts were available from each of the purchases reviewed.

A sample of records of monies deposited at the home on behalf of two residents was reviewed. Records were up to date at the time of the inspection. Receipts were provided to the person depositing the monies on behalf of the resident. The person depositing the monies had signed the records along with a member of staff.

A sample of two residents' files evidenced that property records were in place for both residents. The records were updated with additional items brought into residents' rooms and when items were disposed of. The records were checked and signed by two members of staff at least quarterly.

Policies and procedures for the management and control of residents' finances were available for inspection. The policies were readily available for staff use. The policies were up to date and reviewed at least every three years. The manager was advised to show the dates of when the policies were last reviewed and the date of the next scheduled review in the main body of the policies.

No new areas for improvement were identified during the finance inspection.

6.0 Quality Improvement Plan/Areas for Improvement

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

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Maria Therese McGrady, manager, Mrs Catherine Lenaghan, deputy manager and Mrs Joan Brenton, supervisor support worker 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	
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Area for improvement 2 Ref: Regulation 29 (4) Stated: First time To be completed by: Ongoing (from 11 November 2021)	The person carrying out the monthly monitoring visit shall ensure the deficits outlined in the report above are addressed. 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 2021	
Area for improvement 1 Ref: Standard 25.6 Stated: First time To be completed by: Immediate and ongoing (from 11 November 2021)	A full and accurate record is kept of all staff working in the home over a 24-hour period and the capacity in which they worked. 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 6.2 Stated: First time To be completed by: Immediate and ongoing (from 11 November 2021)	Care plans regarding resident's mental health needs includes sufficient detail on the management of any identified risks and any strategies or programmes to manage specified behaviours. 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 34.4 Stated: First time To be completed by: Immediate and ongoing (from 11 November 2021)	Adequate and appropriate clinical waste disposal arrangements must be in place at all times to ensure the safe disposal of used Personal Protective Equipment (PPE).
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