

Unannounced Follow Up Medicines Management Inspection Report 11 November 2019



Springhill Residential Care Services

Type of Service: Residential Care Home
Address: c/o Cairnmartin Court Care Home,
250 Ballygomartin Road,
Belfast BT13 3NG
Tel no: 028 90722050
Inspector: Paul Nixon

www.rqia.org.uk

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 31 residents living with dementia.

3.0 Service details

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| Organisation/Registered Provider: Amore Elderly Care Limited Responsible Individual: Mrs Nicola Cooper | Registered Manager and date registered: Mrs Fiona Archer 25 February 2019 |
| Person in charge at the time of inspection: Mrs Fiona Archer | Number of registered places: 31 |
| Categories of care: Residential Care DE – Dementia | Total number of residents in the residential care home on the day of this inspection: 23 |

4.0 Inspection summary

An unannounced inspection took place on 14 November 2019 from 09.45 hours to 12.45 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection sought to assess progress with issues raised during the previous unannounced care inspection on 23 July 2019.

The following areas were examined during the inspection:

- medicines management
- management of the environment

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Fiona Archer, Manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 23 July 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

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5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of incidents involving medicines that had been reported to RQIA since the last medicines management inspection

During the inspection the inspector met with the manager and team leader.

A sample of the following records was examined during the inspection:

- medicines requested and received
- personal medication records
- medicine administration records
- controlled drug record book
- medicine audits
- care plans
- training records

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 23 July 2019

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care and pharmacist inspectors.

6.2 Review of areas for improvement from the last care inspection dated 23 July 2019

| Areas for improvement from the last medicines management inspection | | |
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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 13(4) Stated: First time | The registered person shall ensure that a robust medicines management admission process is in place. | Met |
| | Action taken as confirmed during the inspection: The management of medicines belonging to three recently admitted residents was examined and was determined to have been robust, | |
| Area for improvement 2 Ref: Regulation 13(4) Stated: First time | The registered person shall ensure that the process of ordering medicines is reviewed to ensure that residents have a continuous supply of their prescribed medicines. | Met |
| | Action taken as confirmed during the inspection: The process of ordering medicines had been reviewed to ensure that residents have a continuous supply of their prescribed medicines. | |
| Area for improvement 3 Ref: Regulation 13(4) Stated: First time | The registered person shall ensure that personal medication records are accurately maintained. | Met |
| | Action taken as confirmed during the inspection: The personal medication records examined had been accurately maintained | |

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| <p>Area for improvement 4</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p> | <p>The registered person shall ensure that the administrations of controlled drugs are always recorded and signed in the controlled drug record book by the member of staff administering the drug and the witness who is present at its administration.</p> | <p>Met</p> | |
| <p>Action taken as confirmed during the inspection:</p> <p>The controlled drugs record book had been fully and accurately maintained.</p> | <p>Met</p> | | |
| <p>Area for improvement 5</p> <p>Ref: Regulation 19(1)</p> <p>Stated: First time</p> | | <p>The registered person shall ensure that care records contain a recent photograph of the resident.</p> | <p>Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>The care records normally contained a recent photograph of the resident.</p> | <p>Area for improvement 6</p> <p>Ref: Regulation 30(1)</p> <p>Stated: First time</p> | <p>The registered person shall give notice to the Regulation and Quality Improvement Authority without delay of the occurrence of any event in the home which adversely affects the care, health, welfare of safety of any resident.</p> | |
| <p>Action taken as confirmed during the inspection:</p> <p>The Regulation and Quality Improvement Authority had been notified without delay of the occurrence of those events in the home which had adversely affected the care, health, welfare of safety of any resident.</p> | | <p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)</p> | <p>Validation of compliance</p> |
| <p>Area for improvement 1</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> | <p>The registered person shall ensure that the training needs of individual staff regarding the management of medicines are identified and arrangements put in place to meet them.</p> | <p>Met</p> | |
| <p>Action taken as confirmed during the inspection:</p> <p>The training needs of individual staff regarding the management of medicines had been identified and arrangements put in place to meet them. All staff managing medicines had received additional training and also had their</p> | | | |

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| | competencies reviewed since the previous inspection. | |
| Area for improvement 2 Ref: Standard 30 Stated: First time | The registered person shall ensure that the medicines management auditing programme is reviewed to ensure it is effective. | Met |
| | Action taken as confirmed during the inspection: The medicines management auditing programme had been reviewed to ensure it was effective. Management perform ongoing audits at least twice each week. Any issues were identified and recorded in an action plan and were followed-up at the next audit. To facilitate audit, running stock balances are maintained on solid dose medicines and some inhalers. | |
| Area for improvement 3 Ref: Standard 10 Stated: First time | The registered person shall ensure that the management of distressed reactions is reviewed to ensure that all of the appropriate records are completed. | Met |
| | Action taken as confirmed during the inspection: The records of four residents who were prescribed medication to be administered on a “when necessary” basis for the management of distressed reactions were examined. In each instance a care plan was in place. The reason and outcome of administration were normally recorded. | |
| Area for improvement 4 Ref: Standard 27.8 Stated: First time | The registered person shall ensure that the premises, specifically the visitor’s bathroom, are kept suitable and maintained in line with relevant legislation. | Met |
| | Action taken as confirmed during the inspection: The visitor’s bathroom had been refurbished since the previous inspection. The hot water tap was operational and access to the room was appropriate. | |

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| Area for improvement 5 Ref: Standard 6 Stated: First time | The registered person shall ensure that each resident has an individual and up-to date comprehensive care plan. | Met |
| | Action taken as confirmed during the inspection: A range of care plans were examined and found to be satisfactory, including those relating to the management of distressed reactions, eating and drinking, pain, diabetes and epilepsy. | |

6.3 Inspection findings

Medicines management

See Section 6.2

Areas of good practice

Areas of good practice were identified in relation to staff training and competency review, audit, the admission process, records and care planning.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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