

Inspection Report

Name of Service: 80 Malone Road

Provider: Belfast Health and Social Care Trust

Date of Inspection: 15 October 2024

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:	Belfast HSC Trust
Responsible Individual:	Mrs Maureen Edwards
Registered Manager:	Mrs Victoria Dornan
Service Profile	
80 Malone Road is a registered residential care home which provides health and social care for up to 12 residents. Residents' bedrooms are located on the ground floor and the lower floor of the home. The lounges and dining room are on the ground floor and the garden is accessible from the lower ground floor.	

2.0 Inspection summary

An unannounced inspection took place on 15 October 2024, from 10.30am to 1.30pm. This was completed by two pharmacist inspectors and focused on medicines management within the home.

The areas for improvement identified at the last care inspection have been carried forward for review at the next care inspection. Details of these areas for improvement can be found in the in the quality improvement plan (QIP) in Section 4.

Review of medicines management found that robust arrangements were in place for the safe management of medicines. Medicines were stored securely. Medicine records and medicine related care 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. No new areas for improvement were identified.

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

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, 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 areas for improvement identified at previous inspections, registration information, and any other written or verbal information received from residents, relatives, staff or the commissioning trust.

The inspection was completed by reviewing 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, to evidence how the home is performing in relation to the regulations and standards. Discussions were held with staff and management about how they plan, deliver and monitor the management of medicines.

3.2 What people told us about the service and their quality of life

Throughout the inspection the RQIA inspector will seek to speak with residents, their relatives or visitors and staff to obtain their opinions on the quality of the care and support, their experiences of living, visiting or working in this home.

The inspector spoke with a range of staff and management to seek their views of working in the home.

Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after residents and meet their needs. They said that the team communicated well and the management team were readily available to discuss any issues and concerns should they arise.

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.

3.3 Inspection findings

3.3.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Residents in residential care homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times residents' needs may 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 or hospital appointments.

The personal medication records reviewed 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 confirm that they were accurate.

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

All residents should have care records 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 etc.

The management of distressed reactions, pain and thickening agents was reviewed. Care records contained sufficient detail to direct the required care. A small number of the records required updating to include details of the prescribed medicine; assurances were provided by the manager that this would be actioned following the inspection. The audits completed at the inspection indicated that these medicines were administered as prescribed.

3.3.2 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.

Records reviewed 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 medicine 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. Satisfactory arrangements were in place for medicines requiring cold storage and the storage of controlled drugs.

There was evidence that the single-use medicine cups used to administer medicines were being washed and re-used. This was discussed with the manager and assurances provided that this practice would cease following the inspection.

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

3.3.3 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. Most of the records were found to have been fully and accurately completed. A small number of missed signatures were brought to the attention of the manager for ongoing close monitoring. 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. Review of the controlled drug record book identified that although staff had recorded the necessary information, the records had not been completed in a consistent manner. This was discussed with the manager who advised that staff would receive further guidance in relation to completion of the controlled drug record book to ensure the records are maintained in a consistent manner.

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 medicines so that they could be easily audited. This is good practice.

The audits completed at the inspection indicated that the medicines were being administered as prescribed.

3.3.4 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.

A review of records indicated that satisfactory arrangements were in place to manage medicines at the time of admission.

Written confirmation of prescribed medicines was obtained at or prior to admission and details shared with the GP and community pharmacy. Medicine records had been accurately completed and there was evidence that medicines were administered as prescribed.

3.3.5 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 the learning shared with staff in order to prevent a recurrence.

3.3.6 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 they staff are competent in managing medicines and that they are supported. Policies and procedures should be up to date and readily available for staff reference.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Medicines management policies and procedures were in place and accessible to staff.

4.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	9*	13*

* the total number of areas for improvement includes twenty-two which are 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 Mrs Victoria Dornan, 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 The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: Second time To be completed by: 17 July 2024	<p>The registered person shall ensure that staff manage falls in keeping with best practice.</p> <hr/> <p>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.</p>
Area for improvement 2 Ref: Regulation 16 (2) (b) Stated: Second time To be completed by: 17 July 2024	<p>The registered person shall ensure that the residents plan is kept under review in keeping with best practice guidance and is reflective of their assessed needs.</p> <hr/> <p>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.</p>
Area for improvement 3 Ref: Regulation 13 (7) Stated: Second time To be completed by: 17 July 2024	<p>The registered person shall ensure that the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene. <hr/> <p>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.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (1) (a)(b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required (17 July 2024)</p>	<p>The registered person shall ensure that a suitable call bell system is installed throughout the home in order that staff and residents can appropriately summon assistance if and when required.</p> <p>A formal protocol, to guide staff in the absence of a suitable system and to provide for residents who can summon help using a call bell system, should be developed and put into operation until a suitable system has been installed.</p> <p>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.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 21 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 17 July 2024</p>	<p>The registered person shall ensure records of employment are available for review on inspection and evidence retained of managerial oversight of all such records.</p> <p>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.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p> <p>To be completed by: 17 July 2024</p>	<p>The registered person shall ensure detailed and person centred care plans are developed in a timely manner and are reflective of the resident's assessed need.</p> <p>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.</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 18 (2) (c) (e)</p> <p>Stated: First time</p> <p>To be completed by: 17 July 2024</p>	<p>The registered person shall ensure clean bedding is used at all times suitable to the needs of residents. Arrangements must be in place for the regular laundering of bed linen.</p> <p>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.</p>
<p>Area for improvement 8</p> <p>Ref: Regulation 27 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: 17 July 2024</p>	<p>The registered person shall ensure the recommendations on the fire risk assessment are actioned as necessary and evidence retained of managerial oversight of all such records.</p> <p>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.</p>

<p>Area for improvement 9</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: 17 July 2024</p>	<p>The registered person shall ensure that the Regulation 29 monitoring visits are robust and identify the actions required to drive the necessary improvements to ensure compliance with regulations and standards.</p> <p>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.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards, December 2022</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 25.8</p> <p>Stated: Second time</p> <p>To be completed by: 17 October 2024</p>	<p>The registered person shall ensure that staff meetings take place on a regular basis, at a minimum quarterly.</p> <p>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.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 6.6</p> <p>Stated: Second time</p> <p>To be completed by: 17 July 2024</p>	<p>The registered person shall ensure that care plans are kept up to date and reflects residents' current needs.</p> <p>This area for improvement is made with specific reference to management of pressure area care.</p> <p>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.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 8.2</p> <p>Stated: Second time</p> <p>To be completed by: 17 July 2024</p>	<p>The registered person shall ensure that records are maintained for each resident detailing personal care and support provided.</p> <p>This area for improvement is made with specific reference to completion of repositioning charts.</p> <p>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.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 27.5</p> <p>Stated: Second time</p> <p>To be completed by: 1 September 2024</p>	<p>The registered person shall ensure that the grounds to the home are kept tidy and safe.</p> <p>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.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 20.10</p> <p>Stated: Second time</p> <p>To be completed by: 17 July 2024</p>	<p>The registered person shall review the home's current audit processes to ensure they are effective.</p> <hr/> <p>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.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2023</p>	<p>The registered person shall ensure cleaning schedules are reviewed to include storage areas and the cleaning of resident equipment after use.</p> <hr/> <p>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.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 23.1</p> <p>Stated: First time</p> <p>To be completed by: 17 July 2024</p>	<p>The registered person shall ensure that staff who are newly appointed, agency staff and students are required to complete structured orientation and induction. These records should be available for review on inspection and evidence retained of managerial oversight of all such records.</p> <hr/> <p>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.</p>
<p>Area for improvement 8</p> <p>Ref: Standard 23.3</p> <p>Stated: First time</p> <p>To be completed by: 17 August 2024</p>	<p>The registered person shall ensure that mandatory training requirements are met.</p> <hr/> <p>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.</p>
<p>Area for improvement 9</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 17 July 2024</p>	<p>The registered person shall ensure that resident bedrooms are used for the purpose they are registered for.</p> <hr/> <p>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.</p>

<p>Area for improvement 10</p> <p>Ref: Standard E26</p> <p>Stated: First time</p> <p>To be completed by: 17 July 2024</p>	<p>The registered person shall ensure that resident's bedrooms are compliant with this standard unless the resident states otherwise.</p> <hr/> <p>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.</p>
<p>Area for improvement 11</p> <p>Ref: Standard 29.4</p> <p>Stated: First time</p> <p>To be completed by: 17 July 2024</p>	<p>The registered person shall ensure that all staff have training in the precautions to be taken or observed in the home, including action to be taken in the event of a fire. This training must be provided by a competent person at the start of employment and is repeated at least twice every year.</p> <hr/> <p>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.</p>
<p>Area for improvement 12</p> <p>Ref: Standard 29.6</p> <p>Stated: First time</p> <p>To be completed by: 17 July 2024</p>	<p>The registered person shall ensure that all staff participate in a fire evacuation drill at least once a year.</p> <hr/> <p>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.</p>
<p>Area for improvement 13</p> <p>Ref: Standard 17</p> <p>Stated: First time</p> <p>To be completed by: 17 July 2024</p>	<p>The registered person shall ensure that a record of all complaints are retained. This should include details of all communications with complainants; the results of any investigations and the actions taken. Details of whether the complainant was satisfied with the outcome or not and how this level of satisfaction was determined should be recorded.</p> <hr/> <p>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.</p>

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