The Regulation and Quality Improvement Authority

Inspection Report

23 July 2024

Mount Alexander House

Type of Service: Residential Care Home
Address: Castle Lodge Park,
Comber, BT23 5DW
Tel no: 028 9187 8963

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: South Eastern Health and Social Care Trust **Responsible Individual:** Ms Roisin Coulter	**Registered Manager:** Ms Angeline Taylor **Date registered:** 1 April 2005
Person in charge at the time of inspection: Ms Diane Millar, Senior Care Assistant	**Number of registered places:** 37 The home is approved to provide care on a day basis only for four persons.
Categories of care: Residential Care (RC) DE – dementia	**Number of residents accommodated in the residential care home on the day of this inspection:** 29
Brief description of the accommodation/how the service operates: Mount Alexander House is a registered residential care home which provides health and social care for up to 37 residents. The home is divided over two floors with a dining rooms available on both floors. Residents have access to lounges and a garden area.	

2.0 Inspection summary

An unannounced inspection took place on 23 July 2024, from 10.45am to 2.00pm. This was completed by a pharmacist inspector and focused on medicines management 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.

This inspection also assessed progress with two of the areas for improvement identified at the last inspection. These were assessed as met. The remaining areas for improvement have been carried forward for review at the next care inspection.

Review of medicines management found that medicines were stored safely and securely. Medicine records were maintained to a largely satisfactory standard. There were effective auditing processes in place to ensure that staff were trained and competent to manage medicines. The findings of this inspection concluded that overall, with the exception of a small number of medicines, the residents were being administered their medicines as prescribed. No new areas for improvement were identified.

RQIA would like to thank the residents and 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. Staff and residents' views were also obtained.

4.0 What people told us about the service

The inspector spoke briefly with a number of residents who spoke positively of their experience living in Mount Alexander House. Residents were observed to be enjoying an activity in the communal area of the home during the inspection.

The inspector also met with care staff and senior care staff. Feedback was provided to the manager via telephone following the inspection. Staff interactions with residents were warm, friendly and supportive. It was evident that they knew the residents well.

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 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 16 May 2024		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref: Ref:** Regulation 14 (2)(a)(c) **Stated:** First time	The registered person shall ensure that substances hazardous to the health of residents, are safely stored in accordance with COSHH requirements. This is stated in relation to chemicals stored under the macerator.	**Met**
	Action taken as confirmed during the inspection: Substances hazardous to the health of residents were stored safely. A lock had been fitted to the sluice room door to prevent unauthorised access. This area for improvement was assessed as met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 23.3 **Stated:** First time	The registered person shall ensure that mandatory training requirements are met. This is stated in relation to dysphagia training.	**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 6.6 **Stated:** First time	The registered person shall ensure care plans are kept up to date and reflects residents' current needs. This is stated in relation to the management of diabetes.	**Met**
	Action taken as confirmed during the inspection: A care plan for the management of diabetes was in place and reflected the resident's current needs. This area for improvement was assessed as met.	

Area for improvement 3 **Ref:** Standard 29 **Stated:** First time	The registered person shall ensure that all staff have up to date fire training, and that they participate in a fire drill at least once a year. **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.**	**Carried forward to the next inspection**
Area for improvement 4 **Ref:** Standard 27 **Stated:** First time	The registered person shall ensure that the rusty radiator covers are repaired/replaced, and the broken tiles in the identified bathroom are replaced. **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.**	**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 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.

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 directing the use of these medicines 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. These medicines were administered infrequently; staff were aware to record the reason and outcome of administration should these medicines be required.

The management of pain was discussed. Staff advised that they were familiar with how each resident expressed their pain and that pain relief was administered when required. Care plans were in place and reviewed regularly.

5.2.2 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.

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 and controlled drugs cabinet were available for use as needed.

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. 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 senior care assistant for ongoing close monitoring. The records were filed once completed and 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 audits completed at the inspection indicated that the large majority of medicines were being administered as prescribed. A small number of discrepancies were highlighted to the manager following the inspection for review and ongoing close monitoring.

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.

A review of records indicated that satisfactory arrangements were in place to manage medicines for new residents. Written confirmation of the resident's medicine regime was obtained at or prior to admission and details shared with the community pharmacy. The medicine records had been accurately completed and there was evidence that medicines were administered as prescribed.

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. A robust audit system will help staff to identify medicine related incidents.

There has been no medicine related incidents reported to RQIA since December 2020. This was discussed the manager who was reminded that RQIA must be notified of any incident which adversely affects the health and wellbeing of residents; including medication incidents. Staff were signposted to the RQIA provider guidance in relation to statutory notification of medication related incidents.

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.

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

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.

6.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	3*

* The total number of areas for improvement includes three 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 Ms Diane Millar, senior Care Assistant, and Ms Angeline Taylor, 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 Minimum Standards, December 2022	
Area for improvement 1 **Ref:** Standard 23.3 **Stated:** First time **To be completed by:** 1 July 2024	The registered person shall ensure that mandatory training requirements are met. This is stated in relation to dysphagia training. **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 29 **Stated:** First time **To be completed by:** 01 October 2024	The registered person shall ensure that all staff have up to date fire training, and that they participate in a fire drill at least once a year. **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 27 **Stated:** First time **To be completed by:** 01 July 2024	The registered person shall ensure that the rusty radiator covers are repaired/replaced, and the broken tiles in the identified bathroom are replaced. **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
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

Assurance, Challenge and Improvement in Health and Social Care