

Inspection Report

14 May 2024



Rectory Field

Type of service: Residential Care Home
Address: 19b Limavady Road, Londonderry, BT47 6JU
Telephone number: 028 7134 7741

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Western Health and Social Care Trust Responsible Individual: Mr Neil Guckian	Registered Manager: Mr Martinog Bradley - not registered
Person in charge at the time of inspection: Mr Martinog Bradley	Number of registered places: 35 Including RC-PH category of care for five residents only.
Categories of care: Residential Care (RC) I – old age not falling within any other category PH – physical disability other than sensory impairment	Number of residents accommodated in the residential care home on the day of this inspection: 18
Brief description of the accommodation/how the service operates: Rectory Field is a residential care home registered to provide health and social care for up to 35 residents. Each resident is accommodated in a single bedroom with access to dining and communal areas. Care is provided in this home with a focus on rehabilitation and promoting independence.	

2.0 Inspection summary

An unannounced inspection took place on 14 May 2024, from 9.30am to 12.45pm. 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.

The areas for improvement identified at the last care inspection have been carried forward for review at the next care inspection.

Review of medicines management found that medicine records were well maintained. Medicines were stored safely and securely and 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. One new area for improvement in relation to the maintenance of medicine related care plans was identified.

Whilst one new 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.

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. Discussions were held with staff and management about how they plan, deliver and monitor the management of medicines in the home.

4.0 What people told us about the service

The inspector met with three residents during the inspection. Residents spoke positively about their experience of living in Rectory Field. They stated that their medicines were administered at the right times and that pain relief was administered should it be required. They also stated they could escalate any concerns regarding their medicines to staff.

The inspector also met with senior care staff and the manager. 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 responses 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 March 2024		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 21 (1) (b) Schedule 2 Stated: First time	The registered person shall ensure that a detailed recruitment checklist is made available for the home manager to ensure that they have adequate oversight of the recruitment process.	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 16 (1) Stated: First time	The registered person shall ensure that care plans in relation to residents who smoke should be developed and person centred.	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 3 Ref: Regulation 18 (1) Stated: Second time	The registered person shall ensure that all rooms are returned to the purpose for which they were registered. Otherwise an application to vary the registration of the home should be submitted to RQIA.	Carried forward to the next inspection
	This relates specifically to the removal of multiple items of storage in bedrooms and rooms which are no longer used as bedrooms. 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 4</p> <p>Ref: Regulation 27 (4) (a)</p> <p>Stated: First time</p>	<p>The registered person shall submit a time bound action plan to the home’s aligned estates inspector detailing how all the recommendations in the fire safety risk assessment, dated 8 November 2023, will be addressed.</p>	<p>Carried forward to the next inspection</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>		

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.

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.

All residents should have care plans 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.

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 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. Dosage directions were clearly recorded on the personal medication record; however, a care plan directing the use of the medicine was not in place. Staff were reminded to consistently record the reason and outcome of each administration.

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 for the management of pain, however, a number of the care plans reviewed did not include the name of the prescribed pain relief medicine.

The management of insulin was reviewed. Insulin was administered by the district nurse; records of prescribing and administration were available for review. A care plan was in place for one resident reviewed; however, the care plan lacked sufficient detail and did not include information that insulin was prescribed as part of the management of diabetes. An area for improvement in relation to the maintenance of medicines related care plans was identified.

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.

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 manager 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 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.

A review of records indicated that satisfactory arrangements were in place to manage medicines for new residents or residents returning from hospital. Written confirmation of the resident's medicine regime was obtained at or prior to admission and details shared with the community pharmacy. Medicines had been accurately received into the home and administered in accordance with the most recent directions. There was evidence that staff had followed up any discrepancies in a timely manner to ensure that the correct medicines were available for administration.

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.

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 large majority of medicines were being administered as prescribed. A small number of discrepancies were highlighted to the manager and senior care staff for review and ongoing monitoring.

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

One new area for improvement has been identified where action is required to ensure compliance with the Residential Care Homes Minimum Standards, December 2022.

	Regulations	Standards
Total number of Areas for Improvement	4*	1

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Martinog Bradley, Manager, as part of the inspection process. The timescale for completion commences from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Home Regulations (Northern Ireland) 2005	
Area for Improvement 1 Ref: Regulation 21 (1) (b) Schedule 2 Stated: First time To be completed by: With immediate effect (26 September 2023)	<p>The registered person shall ensure that a detailed recruitment checklist is made available for the home manager to ensure that they have adequate oversight of the recruitment process.</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>Ref: 5.1</p>
Area for Improvement 2 Ref: Regulation 16 (1) Stated: First time To be completed by: 3 October 2023	<p>The registered person shall ensure that care plans in relation to residents who smoke should be developed and person centred.</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>Ref: 5.1</p>
Area for Improvement 3 Ref: Regulation 18 (1) Stated: Second time To be completed by: 30 April 2024	<p>The registered person shall ensure that all rooms are returned to the purpose for which they were registered. Otherwise an application to vary the registration of the home should be submitted to RQIA.</p> <p>This relates specifically to the removal of multiple items of storage in bedrooms and rooms which are no longer used as bedrooms.</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>Ref: 5.1</p>

<p>Area for Improvement 4</p> <p>Ref: Regulation 27 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2024</p>	<p>The registered person shall submit a time bound action plan to the home's aligned estates inspector detailing how all the recommendations in the fire safety risk assessment, dated 8 November 2023, will be addressed.</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> <p>Ref: 5.1</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 6</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (14 May 2024)</p>	<p>The registered person shall review care plans relating to medicines management as detailed in the report.</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>Service users care plans, for as and when Distressed Reaction medication, have been updated to include the name of any PRN medication and the reasoning for this. Staff are recording the reason for administration and the outcome of the administration for Deistressed Reaction PRN medicaton , in the Service Users MAR sheets.</p> <p>Pain care plans in all service users flies have been audited and updated, as required, to include the name of all prescribed pain relief medication.</p> <p>Care plans of Service users who require insulin, have been upadted to reflect the diabetes type and reason for insulin administration.</p>

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