

Inspection Report

30 May 2024



Slieve Roe House

Type of service: Residential Care Home
Address: Greencastle Street, Manse Road, Kilkeel, Newry, BT34 4BN
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Southern Health and Social Care Trust</p> <p>Responsible Individual: Dr Maria O'Kane</p>	<p>Registered Manager: Mrs Andrea Green, not registered</p>
<p>Person in charge at the time of inspection: Ms Beth Imrie, Senior Care Assistant</p>	<p>Number of registered places: 20</p> <p>RC-DE for five existing residents</p> <p>RQIA to be notified of any requests for further admissions of residents within DE category of care</p>
<p>Categories of care: Residential Care (RC): I – old age not falling within any other category DE – dementia</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 16</p>
<p>Brief description of the accommodation/how the service operates: Slieve Roe House is a residential care home which is registered to provide health and social care for up to 20 residents. The home is on ground floor level. Residents have access to communal lounges and dining areas within the home. There is an adjoining day centre which is also operated by the Southern Health and Social Care Trust but under a different manager.</p>	

2.0 Inspection summary

An unannounced inspection took place on 30 May 2024, from 11.20am to 2.30pm. The inspection 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 area for improvement identified at the last care inspection will be followed up at the next inspection.

Review of medicines management found that residents were being administered their medicines as prescribed. There were arrangements for auditing medicines and medicine records were well maintained. Arrangements were in place to ensure that staff were trained and competent in medicines management. No new areas for improvement were identified.

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 will led by the management team in relation to medicines management.

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 the home was 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. To complete the inspection, the following were reviewed: a sample of medicine related records, storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. The inspector spoke with staff 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 senior healthcare assistants.

Staff were warm and friendly and it was evident from discussions that they knew the residents well. Staff expressed satisfaction with how the home was managed and the training received. They said that the team communicated well and the manager was 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 senior healthcare assistant in charge, for any resident or their family representative to complete and return using pre-paid, self-addressed envelopes.

At the time of issuing this report, ten questionnaires had been completed and returned. The responses indicated that residents were very satisfied with how medicines were managed and administered in the home. One member of staff completed a survey indicating that they were also very satisfied with how the home was managed and the care provided for residents.

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 care inspection on 11 January 2024		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 27 (4) (a) (b) (c) Stated: First time	The registered person shall ensure that review of the home’s fire risk assessment is completed and any recommendations made are addressed in line with the risk assessor’s specified timeframe. Any fire safety engineering deficits should be reported directly to the Southern Health and Social Care Trust fire safety officer and control measures should be implemented as directed by the fire safety officer.	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.	

5.2 Inspection findings

5.2.1 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 at the inspection were accurate and up to date. In line with safe 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.

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.

The management of distressed reactions, pain and diabetes was reviewed. Care plans contained sufficient detail to direct the required care. Records were well maintained. The audits completed at the inspection indicated that these medicines were administered as prescribed.

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 areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each resident could be easily located. Appropriate arrangements for in place for monitoring the room and refrigerator temperatures.

Appropriate arrangements were in place for the 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.

The sample of medicine administration records reviewed at inspection had been completed in a satisfactory manner.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The records of receipt, administration and disposal of controlled drugs were maintained to the required standard in a controlled drug record book. It

was agreed that daily running balances would be maintained for controlled drugs in Schedule 4 and medicines containing codeine from the date of the inspection onwards.

Management and staff audited medicine administration on a regular basis within the home. The audits completed at the inspection indicated that medicines were administered as prescribed. Dates of opening were recorded on medicines (not supplied in the monitored dosage system) to facilitate audit activity and disposal at expiry.

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 were safe systems in place for the management of medicines on admission to the home, returning from hospital and receiving respite care. Written confirmation of the resident's medicine regime was reviewed at or prior to admission. There was evidence that records had been accurately completed and 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.

The auditing system in place helps 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.

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.

Staff in the home had received a structured induction which includes medicines management when this forms part of their role. Competency had been assessed following induction and

annually thereafter. Records of staff induction, update training and competency assessments in relation to medicines management were available for inspection.

6.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	1*	0

* The total number of areas for improvement includes one which is 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 Beth Imrie, Person-in-charge, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 27 (4) (a) (b) (c)</p> <p>Stated: First time</p> <p>To be completed by: 11 January 2024</p>	<p>The registered person shall ensure that review of the home’s fire risk assessment is completed and any recommendations made are addressed in line with the risk assessor’s specified timeframe.</p> <p>Any fire safety engineering deficits should be reported directly to the Southern Health and Social Care Trust fire safety officer and control measures should be implemented as directed by the fire safety officer.</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>



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