Inspection Report

Name of Service: Lawnfield House

Provider: Presbyterian Council of Social Witness

Date of Inspection: 18 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:	Presbyterian Council of Social Witness
Responsible Individual/Responsible Person:	Mr Dermot Parsons
Registered Manager:	Ms Karen Zeigelmeier
Service Profile: Lawnfield House is a residential care home registered to provide health and social care for up to 20 residents. The home is divided over two floors. Residents have access to a communal lounge, dining area and outside garden.	

2.0 Inspection summary

An unannounced inspection took place on 18 October 2024, from 10.15am to 1.00pm. This was completed by two pharmacist inspectors and focused on medicines management within the home.

Review of medicines management found that improvements in some areas of the management of medicines were necessary. Three areas for improvement were identified in relation to the cold storage of medicines, medicines for distressed reactions and the management of thickened fluids. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

Whilst areas for improvement were identified, there was evidence that with the exception of a small number of medicines, residents were being administered their medicines as prescribed.

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 inspectors 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 inspectors spoke with management to seek their views of working in the home.

The manager said that the team communicated well and staff discussed/escalated any issues and concerns.

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 majority of 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. One minor discrepancy was highlighted to the manager for immediate corrective action and on-going vigilance.

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.

Residents will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care records 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. It was identified that care records were not in place to direct care and records of administration did not include the reason and outcome of each administration. An area for improvement was identified.

Some residents may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care records detailing how the resident should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the resident.

The management of thickening agents was reviewed. Speech and language assessment reports were in place. However, a care record to direct care was not in place for one identified resident. Records of prescribing and administration did not consistently include the recommended consistency level. An area for improvement was identified.

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.

Medicines which require cold storage must be stored between 2^{o}C and 8^{o}C to maintain their stability and efficacy. In order to ensure that this temperature range is maintained it is necessary to monitor the maximum and minimum temperatures of the medicines refrigerator each day and to then reset the thermometer. Temperatures recorded were outside the recommended range on the majority of days for the previous three months. This had not been escalated by staff and corrective action had not been taken. An area for improvement was identified.

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. The records reviewed were found to have been fully and accurately completed. Records were filed once completed and were readily retrievable for audit/review.

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

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 or for residents returning from hospital. 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.

The audits completed at the inspection indicated that the majority of medicines were being administered as prescribed. However, audit discrepancies were observed in the administration of a small number of medicines. The audits were discussed in detail with staff and the manager for on-going close vigilance.

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. Ongoing review was monitored through supervision sessions with staff and at annual appraisal.

It was agreed that the findings of this inspection would be discussed with staff to facilitate ongoing improvement.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	3*	10*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Karen Zeigelmeier, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** Immediate and ongoing (18 October 2024)	The registered person shall ensure that the maximum, minimum and current temperatures of the medicine refrigerator are monitored and recorded daily and appropriate action is taken if the temperature recorded is outside the recommended range of 2-8^{o}C. Ref: 3.3.2
	Response by registered person detailing the actions taken: The fridge temperatures are now taken and recorded daily before commencing the morning round. They are recorded in the correct form, as per our Medications Policy. If the temperature is outside of the normal range, immediate action will be taken; the Pharmacy will be consulted in regards to the contents at the time, and maintenance of the fridge will be a priority. Fridge temperature records will also be monitored monthly at the regular unannounced monitoring visit by a regional manager.
Area for improvement 2 **Ref:** Regulation 14 (2) (a) (c) **Stated:** First time **To be completed by:** 18 May 2024	The registered person shall ensure that all parts of the residential care home to which residents have access are free from hazards to their safety. This area for improvement in made with specific reference to denture cleaning tablets.
	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 29 **Stated:** First time **To be completed by:** 18 June 2024	The registered person shall ensure that residents relatives and/or their representatives are consulted on their views of the care and services provided in the home during the regulation 29 visits, and records maintained.
	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.

<table>
<tr><th colspan="2">Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Standard 10

Stated: First time

To be completed by:
Immediate and ongoing
(18 October 2024)</td><td>The registered person shall ensure that the management of “when required” medicines prescribed for distressed reactions is reviewed to ensure that detailed care records are in place to direct care and that the reason for and outcome of each administration is recorded.

Ref: 3.3.1</td></tr>
<tr><td>Response by registered person detailing the actions taken:
As per our Medications Policy, the form, "Distressed Reactions PRN Medications," has now been implemented for all residents where required.
This includes a care plan, a record of all interventions attempted before medication is administered, and a record of the outcome of the medication intervention.
The regional manager will review these as part of a monthly monitoring system.</td></tr>
<tr><td rowspan="2">Area for improvement 2

Ref: Standard 12.10

Stated: First time

To be completed by:
Immediate and ongoing
(18 October 2024)</td><td>The registered person shall ensure that the management of thickening agents is reviewed to ensure that care records are in place to direct staff and that records of prescribing and administration which include the consistency level are maintained.

Ref: 3.3.1</td></tr>
<tr><td>Response by registered person detailing the actions taken:
Every resident now has a care a plan detailing the prescribed thickening agent, including clear consistency level.
Dietary requirements audit is now completed monthly.
Thickening agents are also recorded on the kardex and MARS.
Any changes are updated on all resident documentation.
The regional manager will ensure these records are reviewed as part of their arrangements for monthly monitoring.</td></tr>
<tr><td>Area for improvement 3

Ref: Standard 27

Stated: Second time

To be completed by:
1 December 2024</td><td>The registered person shall ensure that the home is well maintained and decorated to a standard acceptable for residents. This is specifically in relation to the following areas;

• Replacing carpets where needed
• Painting of identified areas throughout the home
• Replacing items of furniture that are worn

A refurbishment plan should be shared with RQIA for review with the quality improvement plan.</td></tr>
</table>

	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 4 **Ref:** Standard 6.6 **Stated:** First time **To be completed by:** 1 August 2024	The registered person shall ensure that care plans are kept under review and amended as changes occur to accurately reflect the needs of residents.
	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 5 **Ref:** Standard 6 **Stated:** First time **To be completed by:** 1 August 2024	The registered person shall ensure that individual risk assessments are completed to inform the care planning process, updated when necessary and kept under review for the residents.
	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 6 **Ref:** Standard 22.4 **Stated:** First time **To be completed by:** 1 August 2024	The registered person shall ensure that a restrictive practice register is completed for the home, monitored as necessary and kept under regular review.
	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 7 **Ref:** Standard 8.2 **Stated:** First time **To be completed by:** 1 August 2024	The registered person shall review the content of residents' progress records and provide guidance to staff completing these records, in order to ensure a full account of the support provided by staff has been recorded as necessary. This should be kept under review.
	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 8 **Ref:** Standard 12.3 **Stated:** First time **To be completed by:** 18 June 2024	The registered person shall ensure that the menu offers a choice of two options at meal times and records maintained.
	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 9 **Ref:** Standard E8 **Stated:** First time **To be completed by:** 18 June 2024	The registered person shall ensure that the call bell system is reviewed to ensure that an effective system is implemented to alert staff when assistance is required. Whilst awaiting the installation of an appropriate system, a protocol must be implemented to ensure that staff can be alerted when assistance is required.
	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 10 **Ref:** Standard 22 **Stated:** First time **To be completed by:** 1 September 2024	The registered person shall ensure that when residents and staff meetings are held, records are maintained for each meeting in accordance with standards and good record keeping principles. Minutes should include details of any actions agreed, who is responsible for the action and the date it is to be achieved by.
	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.

Please ensure this document is completed in full and returned via the Web Portal

The Regulation and Quality Improvement Authority

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