

Inspection Report

Name of Service: Palmerston

Provider: Abbeyfield and Wesley Housing Association Limited

Date of Inspection: 18 November 2024

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation:	Abbeyfield and Wesley Housing Association Limited
Responsible Individual:	Mr Patrick Thompson
Registered Manager:	Mrs Alice Brush, not registered
<p>Service Profile: Palmerston is a registered residential care home which provides health and social care for up to 39 residents. The home is divided into two units over two floors, the Ellis unit and the Lewis unit. The Lewis unit provides care for residents who have higher assessed needs.</p> <p>Residents have access to communal lounges and dining rooms and an extensive enclosed garden area. Bedrooms have en suite facilities.</p>	

2.0 Inspection summary

An unannounced follow up inspection took place on 18 November 2024, from 10.30am to 1.30pm. This was completed by two pharmacist inspectors and focused on medicines management within the home.

The findings of the medicines management inspection on 11 June 2024 evidenced that safe systems were not in place for some aspects of medicines management. Areas for improvement were identified in relation to medicine administration records, medicine audits and the management of medicines for distressed reactions. The management team were given a period of time to address the issues identified. This follow-up inspection was undertaken to evidence if the necessary improvements had been implemented and sustained.

Improvements in the management of medicines were observed at this inspection and there was evidence that medicines were being administered as prescribed. The area for improvement in relation to the completion of medicine administration records identified at the last medicines management inspection was assessed as met. However, the areas for improvement in relation to medicines audit and medicines for the management of distressed reactions were assessed as not met and are stated for a second time. One new area for improvement in relation to the cold storage of medicines was identified.

Details of the inspection findings, including areas for improvement carried forward for review at the next inspection, the areas for improvement stated for a second time and the new area for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) (Section 4.0).

RQIA will continue to monitor and review the quality of service provided and will carry out a further inspection to assess compliance. Detailed feedback on the inspection findings was provided to the manager and responsible individual following the inspection.

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.

Throughout the inspection process, inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

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

Staff said they had worked hard to implement and sustain improvements identified at the last medicines management inspection and had received help and support from senior management to do so. They said that the team communicated well and the management team were readily available to discuss any issues and concerns should they arise.

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.

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. Directions for use were clearly recorded on the personal medication record and staff knew how to recognise a change in a resident's behaviour and were aware that this change may be associated with pain and other factors. However, a number of care plans reviewed were not up to date with the most recent medicine prescribed. Additionally, the reason and outcome of each administration had not been consistently recorded. One instance of regular administration was highlighted to the manager for discussion with the GP. The area for improvement in relation to distressed reactions was assessed as not met and has been stated for a second time.

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. A small number of care plans reviewed did not include details of the medicine(s) prescribed for pain management. This was discussed with the manager who provided assurances the care plans would be updated and monitored through the audit process moving forward.

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 and care plans were in place. Some of the personal medication records and care plans reviewed did not include the recommended consistency level stated in the speech and language assessment report.

This was discussed with the manager who advised the relevant records would be updated and the management of thickening agents monitored through the audit process. Assurances were provided that fluids were being administered in accordance with the recommended consistency.

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°C and 8°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. Review of the refrigerator temperature logs identified recordings to be consistently outside of the required range of 2 and 8°C. Corrective action must be taken if temperatures outside the required range are observed. 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. Improvements were observed in the completion of the medicine administration records since the last medicines management inspection. Records were found to have been accurately completed. The manager stated staff communication had improved in order to escalate discrepancies in a timely manner. 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. There were satisfactory arrangements in place for the management of controlled drugs.

The audit process for medicines management was reviewed. Monthly medicine administration checks for medicines not supplied in the monitored dosage system were in place. The audits completed by the inspector evidenced the large majority of medicines were administered as prescribed. However, monthly managerial audits which encompassed all aspects of medicines management were last completed in August 2024. As a result, the issues raised at this inspection, including the maintenance of medicine related care plans and the cold storage of medicines, were not suitably identified and addressed. The manager should implement a robust audit system which covers all aspects of the management of medicines including those identified at this inspection. Any shortfalls identified should be detailed in an action plan and addressed. The area for improvement in relation to medicines audit has been assessed as not met and is stated for a second time.

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.

The admission process for residents new to the home or returning to the home after receiving hospital care was reviewed. Staff advised that robust arrangements were in place to ensure that they were provided with a current list of the resident's medicines and this was shared with the GP and community pharmacist.

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.

Following the last medicines management inspection, competency assessments for staff with responsibility for managing medicines had been completed. Records of the competency assessments were available for review. Medicines management policies and procedures were in place and readily accessible to staff.

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	2*	3*

* the total number of areas for improvement includes two that have been stated for a second time and two which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Patrick Thompson, Responsible Individual and Mrs Alice Brush, 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: Second time To be completed by: Ongoing from the date of inspection (18 November 2024)	The registered person shall implement a robust audit system which covers all aspects of the management of medicines. Any shortfalls identified should be detailed in an action plan and addressed. Ref: 2.0 & 3.3.3 Response by registered person detailing the actions taken: Regular audits will be carried out using template forms by RQIA. These will be supplemented by additional checking paperwork provided by the home's pharmacy.
Area for improvement 2 Ref: Regulation 29 Stated: First time To be completed by: 30 September 2024	The registered person shall ensure that the reports of the monthly monitoring visits are clear on the actions required to drive the necessary improvements and evidence consultation with residents, their relatives or staff. 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. Ref: 2.0
Action required to ensure compliance with the Residential Care Homes Minimum Standards, December 2022	
Area for Improvement 1 Ref: Standard 4 Stated: Second time To be completed by: Ongoing from the date of inspection (18 November 2024)	The registered person shall ensure care plans are in place for residents prescribed medicines for the management of distressed reactions. The reason for and outcome of administration should be consistently recorded. Ref: 2.0 & 3.3.1 Response by registered person detailing the actions taken: All care plans have been reviewed and medications information is now noted more clearly within the care plans. An updated system has been created to better ensure that the recording of administration and outcomes of medicines for the management of distressed reactions are more visible during the drugs counts. Paperwork for this is now in the one file and easier to review.

<p>Area for improvement 2</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of inspection (18 November 2024)</p>	<p>The registered person shall ensure that medicines that require cold storage are stored within the required temperature range of 2°C and 8°C and action is taken if the temperature of the medicines refrigerator deviates from this range.</p> <p>Ref: 3.3.2</p>
<p>Area for Improvement 3</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2024</p>	<p>Response by registered person detailing the actions taken: The existing thermometer turned out to be faulty. A new fridge thermometer was purchased and readings are now within the accepted tolerances. In addition, a thermostatic ventilation system has been installed in the room to provide some control over the ambient room temperature.</p> <p>The registered person shall ensure that all care records are kept up-to-date and reflect the resident’s current needs.</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>Ref: 2.0</p>

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