The Regulation and Quality Improvement Authority

Inspection Report

11 May 2024

Palmerston

Type of Service: Residential Care Home
Address: 9-17 Palmerston Road, Belfast BT4 1QA
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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: Abbeyfield and Wesley Housing Association Limited **Registered Person:** Mr Patrick Thompson	**Registered Manager:** Mr Paul Johnston **Date registered:** 18 October 2019
Person in charge at the time of inspection: Mr Paul Johnston, Manager	**Number of registered places:** 39 This number includes a maximum of 26 residents within category of care RC-DE (dementia) and a maximum of two residents within RC-SI (sensory impairment).
Categories of care: Residential Care (RC) I – old age not falling within any other category DE – dementia PH(E) - physical disability other than sensory impairment – over 65 years SI – sensory impairment	**Number of residents accommodated in the residential care home on the day of this inspection:** 38
Brief description of the accommodation/how the service operates: 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 those residents who have higher assessed needs. Residents' bedrooms have en-suite facilities. Residents have access to communal lounges and dining rooms and an extensive enclosed garden area.	

2.0 Inspection summary

An unannounced inspection took place on 11 May 2024, from 10.15am 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.

The area for improvement identified at the last care inspection has been carried forward for review at the next care inspection.

The outcome of this inspection concluded that improvements in some areas for the management of medicines were necessary. Three new areas for improvement in relation to the completion of the medicine administration records, management of medicines for distressed reactions and medicines management audits were identified. The areas for improvement are detailed in the quality improvement plan (QIP).

Following the inspection, the findings were discussed with the Senior Pharmacist Inspector in RQIA. It was agreed that the findings of the inspection would be discussed with the registered person and that a period of time would be given to implement the necessary improvements. A follow up inspection will be undertaken to determine if the necessary improvements have been implemented and sustained. Failure to implement and sustain the improvements may lead to enforcement.

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.

4.0 What people told us about the service

The inspector met with senior care staff, the deputy manager 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 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 6 June 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 14 (2) (a) **Stated:** First time	The registered person shall ensure that all parts of the home to which residents have access, are free from hazards to their safety. This is specifically in reference to access to and supervision of the cleaning trolleys with in the home.	**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 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.

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. Staff stated they knew how to recognise a change in a resident's behaviour and were aware that this change may be associated with pain or other factors. However, care plans directing the use of these medicines were not in place for all of the residents reviewed. The reason and outcome of each administration was not consistently recorded. An area for improvement was identified.

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, however, the name of the prescribed pain relief medicine was not included in some of the care plans reviewed. This was highlighted to the manager and assurances were provided that the care plans would be updated immediately following the inspection.

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 plans 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 and nutritional supplements were reviewed. Speech and language assessment reports and care plans were in place. Records of prescribing and administration which included the recommended consistency level were maintained.

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. Medicines must be stored at the manufacturers' recommended temperature (at or below 25°C) to maintain their efficacy and stability. The temperature of the medicine storage area was monitored and recorded each day. However, it was identified that recent temperature recordings of the medicines storage room were consistently above 25°C.

This was discussed with the manager who stated the issue had been escalated prior to the inspection and the home were awaiting work to be undertaken to address the heating system. Assurances were provided that corrective action was imminent.

The arrangements for the disposal of medicines were reviewed. A record of medicines disposed was maintained. Staff in the home were reminded to ensure medicines awaiting disposal are securely stored in locked cupboards prior to disposal to prevent unauthorised access to 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. A significant number of missed signatures, particularly in relation to medicines prescribed to be administered at night, were identified from the records reviewed. It was evident that staff with responsibility for administering medicines had not appropriately escalated missed signatures when identified. Complete and accurate records of the administration of medicines are necessary to provide evidence that residents are administered their medicines as prescribed. An area for improvement was identified.

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. However, the date of opening was not consistently recorded on medicines not supplied in the monitored dosage system, therefore, the administration of these medicines could not be accurately audited. The findings of this inspection indicate the audit process does not incorporate all aspects of medicines management including medicine related records, care plans and medicine storage. An area for improvement was identified.

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.

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.

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.

As stated in Section 5.2.3, the current audit process is not robust and does not incorporate all aspects of medicines management. Staff in the home were signposted to the RQIA medicines management audit tool for assistance in the audit process.

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.

Medicines management policies and procedures were in place. There were records in place to show that staff responsible for medicines management had been trained and deemed competent. The findings of this inspection indicate the training provided had not been successfully embedded in practice. Following the inspection, information was provided to RQIA of the planned staff training in relation to medicines management.

It was agreed that the findings of this inspection would be shared with staff for improvement.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes Minimum Standards, December 2022.

	Regulations	Standards
Total number of Areas for Improvement	3*	1

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

Areas for improvement and details of the Quality Improvement Plan were discussed with

Mr Paul Johnston, 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 Home Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 14 (2) (a) **Stated:** First time **To be completed by:** From date of inspection (6 June 2023)	The registered person shall ensure that all parts of the home to which residents have access, are free from hazards to their safety. This is specifically in reference to access to and supervision of the cleaning trolleys with in the home.
	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: 5.1
Area for improvement 2 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** From the date of inspection (11 June 2024)	The registered person shall ensure fully complete and accurate records of the administration of medicines are maintained. Ref: 5.2.3
	Response by registered person detailing the actions taken: While it was encouraging to note that controlled medicines management was in line with expectations, in order to ensure records are accurately kept across all medicines, a meeting of those staff who administer meds was held as soon after the audit as was possible, to discuss the findings, staff responsibilities and to refresh staff on the processes and proceedures. Staff were then provided with a medicinces awareness training session with the local pharmacy (McKays). This was carried out within 48 hours of the audit. The Registered Manager is now carrying out spot-checks to ensure compliance.
Area for improvement 3 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** From the date of inspection (11 June 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: 5.2.3 & 5.2.5
	Response by registered person detailing the actions taken: The Registered Manager and Deputy Manager have implemented the RQIA Audit tool to best manage audits of medication including PRN and controlled drugs. The RI also carried out a spot-check as part of his monthly monitoring visit in June (nothing untoward was noted) and will continue to do

	spot checks during subsequent visits. Staff training plans and attainment were reviewed and two staff members were sent on a comprehensive medicines training course on 28th June. Further training will be provided to other relevant staff in the coming months

Action required to ensure compliance with the Residential Care Homes Minimum Standards, December 2022	
Area for improvement 1 **Ref:** Standard 4 **Stated:** First time **To be completed by:** From the date of inspection (11 June 2024)	The responsible person shall ensure care plans are in place for patients prescribed medicines for the management of distressed reactions. The reason for and outcome of administration should be consistently recorded. Ref: 5.2.1
	Response by registered person detailing the actions taken: Any resident prescribed medication for a distressed reaction has a comprehensive care plan outlining the medication and its purpose in the section entitled "psychological and mental health". As part of the overall review of the audit findings, the care plans will be checked for accuracy and updated accordingly. A new process for noting what medication is administered when the prescription notes "one or two as required" will be implemented.

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