

Inspection Report

Name of Service: Holmes Court

Provider: Healthcare Ireland (Belfast) Limited

Date of Inspection: 9 January 2025

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:	Healthcare Ireland (Belfast) Limited
Responsible Individual:	Ms Andrea Louise Campbell
Registered Manager:	Mr Ben Rayot, not registered
Service Profile: Homes Court is a residential care home registered to provide health and social care for up to 21 residents living with a learning disability. The home has three units across one floor, Causeway, Glenariff and Slemish. There are a range of communal areas throughout the home and residents have access to an enclosed garden.	

2.0 Inspection summary

An unannounced inspection took place on 9 January 2025, from 11.35am to 3.25pm. This was completed by a pharmacist inspector and focused on medicines management within the home.

The inspection was undertaken to evidence how medicines are managed in relation to the regulations and standards and to determine if the home is delivering safe, effective and compassionate care and is well led in relation to medicines management. The areas for improvement identified at the last care inspection were carried forward for review at the next inspection.

Mostly satisfactory arrangements were in place for the safe management of medicines. Medicines were stored securely. Medicine related care plans were well maintained. 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. However, improvements are necessary in relation to records of medicines received and handwritten medication administration records.

Residents were observed to be relaxed and comfortable in the home and in their interactions with staff. It was evident that staff knew them well.

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

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 expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after residents and meet their needs. They said that the team communicated well and the management team were readily available to discuss any issues and concerns should they arise.

Staff advised that they were familiar with how each resident liked to take their medicines. They stated medication rounds were tailored to respect each individual's preferences, needs and timing requirements.

RQIA did not receive any completed questionnaires or responses to the staff survey following the inspection.

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. A small number of minor discrepancies were highlighted to staff for immediate corrective action and on-going vigilance. This included ensuring that the relevant details are recorded on additional personal medication records when more than one record is in place.

Copies of residents' prescriptions/hospital discharge letters were retained so that any entry on the personal medication record could be checked against the prescription.

Accurate records of each medicine received must be maintained to facilitate a clear audit trail. The records of medicines received in use did not include details of the individual medicines within monitored dosage systems. This was discussed and it was agreed that the record of medicines ordered and supplied that was already in place would be utilised, rather than the loose sheets currently in use. An area for improvement was identified.

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 and care records directing the use of these medicines were in place. 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. Records of administration included the reason for and on the majority of occasions, the outcome of each administration. Staff were reminded that the outcome should be recorded on every occasion.

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.

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. Temperatures of medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately. A few gaps were observed in temperature monitoring records. Although the room temperature was satisfactory, staff were reminded that this should be monitored on a daily basis. Arrangements were in place for medicines requiring cold storage and the storage of controlled drugs.

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. Records were found to have been accurately completed. A small number of missed signatures were brought to the attention of the manager for ongoing monitoring. Records were filed once completed and were readily retrievable for audit/review. Handwritten medication records had not been verified by two members of staff according to the expected procedure, this is necessary to ensure that that these records accurately reflect the most recent prescription. An area for improvement was identified.

Management and staff audited the management and administration of medicines on a regular basis within the home. There was evidence that the findings of the audits had been discussed with staff and addressed. The date of opening was recorded on medicines to facilitate audit and disposal at expiry.

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. There was evidence that any discrepancies had been followed up in a timely manner to ensure that the correct medicines were available for administration.

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.

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 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. Medicines management policies and procedures were in place.

It was agreed that the findings of this inspection would be discussed with staff and reviewed within audit procedures 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*	9*

* 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 the person in charge and the regional peripatetic 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (9 January 2025)</p>	<p>The registered person shall ensure that an accurate record of each medicine received is maintained to facilitate a clear audit trail.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: Pharmacy book is now in place to monitor all received medication in order to facilitate a clear audit trail. The importance of consistent use of this book has been communicated to Team Leaders. Registered Manger oversees compliance in this area during monthly audit process.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2)(a)(c)</p> <p>Stated: First time</p> <p>To be completed by: 14 November 2024</p>	<p>The registered person shall ensure that all parts of the home that the residents have access to are free from hazards to their safety. This is stated in relation to ensuring the switch room, sluice room and storage areas are kept locked.</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: 2.0</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 27</p> <p>Stated: First time</p> <p>To be completed by: 1 December 2024</p>	<p>The registered person shall review all fire doors in the home, and ensure they all function as required.</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: 2.0</p>

Action required to ensure compliance with the Residential Care Homes Minimum Standards, December 2022	
<p>Area for improvement 1</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (9 January 2025)</p>	<p>The registered person shall ensure that handwritten medication records/entries are verified by two members of staff according to the expected procedure.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: Importance of verifying all medication records by two member of staff has been communicated to the Team during team meetings and handovers. Registered Manager has been completed an audit in this area and implemented remedial action where required. Registered Manager to oversee compliance in this area during the monthly audit process.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: 1 January 2025</p>	<p>The registered person shall ensure that the daily menu is displayed in a suitable format and in an appropriate location for residents and their representatives.</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>
<p>Area for improvement 3</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: 1 January 2025</p>	<p>The registered person shall ensure that the programme of activities is displayed in a suitable format and in an appropriate location for residents and their representatives.</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>
<p>Area for improvement 4</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 1 January 2025</p>	<p>The registered person shall ensure that each resident has an individual and up to date care plan. This is stated in relation to:</p> <ul style="list-style-type: none"> • Care plans for one to one supervision should contain sufficient detail on the specific supervision arrangements to guide staff. • The management of diabetes. • The impact of a locked keypad on DOL safeguards. <p>The management of diabetes was not applicable at the time of the inspection. 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>

	Ref: 2.0
Area for improvement 5	The registered person shall ensure that the resident or their representative sign the care plan, along with the member of staff responsible for drawing it up.
Ref: Standard 6.3	
Stated: First time	
To be completed by: 1 January 2025	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.
	Ref: 2.0
Area for improvement 6	The registered person shall ensure the front facing windows of the identified bedrooms in the home have an appropriate covering for privacy and dignity.
Ref: Standard 27	
Stated: First time	
To be completed by: 1 December 2024	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.
	Ref: 2.0
Area for improvement 7	The registered person shall ensure that a wardrobe is fitted to the identified bedroom.
Ref: Standard N25	
Stated: First time	
To be completed by: 1 January 2025	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.
	Ref: 2.0
Area for improvement 8	The registered person shall ensure that all staff participate in a fire drill at least once a year.
Ref: Standard 29.6	
Stated: First time	
To be completed by: 1 January 2025	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.
	Ref: 2.0
Area for improvement 9	The registered person shall ensure that the malodour in the identified rooms is addressed.
Ref: Standard 27.1	
Stated: First time	
To be completed by: 1 December 2024	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.
	Ref: 2.0

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