The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Carlisle Court Residential Home**

Provider: **Kathryn Homes Limited**

Date of Inspection: **22 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:	Kathryn Homes Ltd
Responsible Individual/Responsible Person:	Mrs Tracey Anderson
Registered Manager:	Ms Diana Pahome, not registered
Service Profile: Carlisle Court Residential Home is a residential care home, registered to provide health and social care for up to 60 residents. The home is divided into two units across two floors. The ground floor unit, Viceroy, is open to provide care for up to 30 residents living with dementia. The first floor unit, Cathedral, will provide care for up to 30 residents once opened. A registered nursing home occupies the same building.	

2.0 Inspection summary

An unannounced inspection took place on 22 October 2024, from 9.50am to 2.00pm. This was completed by two pharmacist inspectors and focused on medicines management within the home. This was the first medicines management inspection of the home since registration in June 2024.

Review of medicines management found that largely robust arrangements were in place for the safe management of medicines. Medicines were stored securely. Medicine records and medicine related care records 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 the majority of their medicines as prescribed. One new area for improvement was identified regarding the management of warfarin, this is detailed in the quality improvement plan.

Whilst an area for improvement was 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 a range of staff and management to seek their views of working in the home.

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.

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 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.

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

It was agreed that the record of incoming medicines would be reviewed, to include sections for the dose of the medicine and the signature of the staff member responsible.

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.

The management of distressed reactions, pain, thickening agents, warfarin, insulin and antibiotics was reviewed. Care records contained sufficient detail to direct the required care. Medicine records were mostly well maintained. The audits completed at the inspection indicated that the majority of these medicines were administered as prescribed. One discrepancy was observed in an audit of warfarin. The manager agreed to investigate this and reported the outcome to RQIA following the inspection. The management of warfarin should be reviewed to ensure that a running balance is maintained of each strength of this medicine and that the date of opening is recorded so that it can be easily audited. 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. Satisfactory arrangements were in place for medicines requiring cold storage and the storage of controlled drugs, however staff were reminded that the refrigerator thermometer should be reset every day after temperatures are recorded.

Satisfactory arrangements were in place for the safe disposal of medicines. The storage of medicines awaiting collection for disposal was discussed and it was agreed that this would be reviewed.

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. 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.

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 most medicines so that they could be easily audited, staff were reminded that this should be recorded on all medicines.

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 staff had followed up any discrepancies 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 registration 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 the manager for on-going 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. Medicines management policies and procedures were in place.

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

An area for improvement has been identified where action is required to ensure compliance with Standards.

	Regulations	Standards
Total number of Areas for Improvement	4*	2*

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

The new area for improvement and details of the Quality Improvement Plan were discussed with Ms Diana Pahome, Manager, as part of the inspection process. The timescale for completion commences 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 18 (1) **Stated:** First time **To be completed by:** 2 October 2024	The Registered Person shall ensure the sluice rooms identified during the inspection are reverted back to their original stated purpose. If a decision is made to repurpose these rooms, a variation should be submitted to RQIA outlining the proposed change; the purpose of the room must not change until a decision has been received from RQIA.
	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 2 **Ref:** Regulation 27 (4) (d) (i) **Stated:** First time **To be completed by:** 18 September 2024	The Registered Person shall ensure the practice of propping doors is ceased immediately.
	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 13 (7) **Stated:** First time **To be completed by:** 16 October 2024	The Registered Person shall ensure that sluice rooms have separate hand-washing facilities that meet infection prevention and control guidelines. **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 4 **Ref:** Regulation 30 **Stated:** First time **To be completed by:** 18 September 2024	The Registered Person shall ensure that where appropriate, accident, incidents or other events are reported to RQIA and other relevant organisations in accordance with legislation. Medicine incident notifications had been reported to RQIA appropriately, however this area for improvement was not fully reviewed. **Action required to ensure compliance with this regulation was not fully reviewed as part of this inspection and this is carried forward to the next inspection.**
Action required to ensure compliance with the Residential Care Homes Minimum Standards, December 2022	
Area for improvement 1 **Ref:** Standard 31 **Stated:** First time **To be completed by:** Immediately and ongoing (22 October 2024)	The registered person shall review the management of warfarin to ensure that a running balance is maintained of each strength of this medicine and that the date of opening is recorded so that it can be easily audited Ref: 3.3.1 **Response by registered person detailing the actions taken:** A Supervision was completed with all CTL's in relation to Warfarin administration and the requirements of the same. There is a new balance sheet in place to monitor with weekly pharmacy audits ongoing.
Area for improvement 2 **Ref:** Standard 19.2 **Stated:** First time **To be completed by:** 18 September 2024	The Registered Person shall ensure that pre-employment checks include a written reference from the applicant's present or most recent employer before making an offer of employment. **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.**

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