



Inspection Report 7 September 2020



Greenvale

Type of Service: Residential Care Home
Address: 21 Rossmore Drive, Belfast, BT7 3LA
Tel No: 028 9049 1310
Inspector: Catherine Glover

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

This inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during this inspection and do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

Information relating to our inspection framework, the guidance and legislation that informs the inspections, the four domains which we assess services against as well as information about the methods we use to gather opinions from people who have experienced a service can be found at <https://www.rqia.org.uk/guidance/legislation-and-standards/> and <https://www.rqia.org.uk/guidance/guidance-for-service-providers/>

1.0 Profile of service

This is a residential care home which is registered to provide care for up to 11 residents with a learning disability.

2.0 Service details

Organisation/Registered Provider: Inspire Disability Services Responsible Individual: Mrs Louise Anne Smith	Registered Manager and date registered: Ms Louise Agnew - Acting
Person in charge at the time of inspection: M-s Louise Agnew	Number of registered places: 11
Categories of care: Residential Care (RC): LD – learning disability LD(E) – learning disability – over 65 years	Total number of residents in the residential care home on the day of this inspection: 10

3.0 Inspection focus

This inspection was undertaken by a pharmacist inspector on 7 September 2020 from 10.30 to 13.10.

This inspection focused on medicines management within the home.

The inspection also assessed progress with any areas for improvement identified since the last care and medicines management inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspections findings, registration information, and any other written or verbal information received.

During our inspection we:

- spoke to residents
- spoke to staff and management about how they plan, deliver and monitor the care and support provided in the home
- observed practice and daily life
- reviewed documents to confirm that appropriate records were kept

A sample of the following records was examined and/or discussed during the inspection:

- personal medication records
- medicine administration records
- medicine receipt records
- controlled drug records
- care plans related to medicines management
- governance and audit
- staff training and competency records
- medicine storage temperatures
- RQIA registration certificate

4.0 Inspection Outcome

	Regulations	Standards
Total number of areas for improvement	5*	0

*The total number of areas for improvement includes one that has been stated for a third and final time under the Regulations and one that has been carried forward to be examined at the next inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Ms Louise Agnew, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

5.0 What has this service done to meet any areas for improvement identified at the last care inspection (19 February 2020) and last medicines management inspection (16 June 2017)

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with Department of Health, Social Services and Public Safety (DHSSPS) The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13(4) Stated: Second time	The registered manager must ensure that the appropriate action is taken should the temperature of the medicines refrigerator deviate from the acceptable range.	Not met
	Action taken as confirmed during the inspection: The temperature of the medicine refrigerator was checked daily, however the maximum and minimum temperatures recorded significantly deviated from the required range of 2°C to 8°C and it was evident due to the consistent nature of the readings that the thermometer was not being reset. The current temperature was also recorded daily and had been within the required range. It was evident that staff did not recognise the importance of maintaining the refrigerator within the required range and had not taken any action when the temperature deviated. Further advice and guidance was provided during the inspection. See also Section 7.2 This area for improvement is stated for a third and final time.	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 31 Stated: Second time	The registered manager should ensure that transcribed dosage instructions are signed and verified by two members of staff.	Met
	Action taken as confirmed during the inspection: Transcribed dosage directions had been verified and signed by two staff members.	

Areas for improvement from the last care inspection		
Action required to ensure compliance with Department of Health, Social Services and Public Safety (DHSSPS) The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27(2)(d) Stated: Second time	The registered person shall make good the poor condition of the carpet in the corridor and identified residents' bedrooms.	Carried forward to the next inspection
	Action taken as confirmed during the inspection: The carpet in the corridor had been replaced. New carpet had been ordered for all residents' bedrooms and was due to be replaced, however due to the Covid-19 pandemic, this could not be installed. It was acknowledged that the installation was delayed due to the pandemic and therefore this area for improvement was carried forward for review at the next inspection.	

6.0 What people told us about this service

Residents were observed to be relaxing in various areas of the home.

We spoke with two residents. They said that they were happy living in the home and that they were looking forward to dinner. They said that they enjoyed the meals that were provided.

Staff were warm and friendly and it was evident from their interactions that they knew the residents well. There was a chatty and jovial atmosphere in the dining room during the meal.

We met with the two team leaders and the manager. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

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.

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.

Four questionnaires were returned from relatives. They stated:

"I have no concerns whatsoever as I feel [my relative] is being very well looked after and the staff are always so helpful."

“My [relative] has been a resident...on a temporary basis but we hope for this to become permanent. I have no concerns whatsoever as I feel my [relative] is being very well looked after and the staff are always so helpful.”

“All the staff are very good. They have kept the residents safe during the difficult time of Covid. They keep me well informed.”

“I praise the staff and feel my [relative] is well looked after.”

Seven questionnaires were completed by residents. Comments included:

“I like living in Greenvale. I would like my room decorated but I know I have to wait until jobs like this can be done with Covid.”

“I get well looked after. My social worker comes to visit me and we have chats. I got a new rollator and I like it, it has helped me and the physio comes to see that I am using it ok.”

“Greenvale is a nice place, I like the garden. Close to the Ormeau Road and staff can take you out for a coffee.”

“I like living here because I can see my friends everyday. I can make friends with staff. I like living with other people.”

“The girls all help me, everyone is very good. I have my own room and can decorate it as I wish. I love living at Greenvale.”

“Happy living here. I enjoyed my dinner today. I have my own room and I enjoy listening to 70's and 80's music in my room. I can always talk to staff.”

7.0 Inspection findings

7.1 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 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 local 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 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 e.g. medication reviews, hospital appointments.

The personal medication records reviewed at the inspection were generally accurate and up to date, however, any medicine which was administered by the community nursing team had not been recorded. Staff agreed that this would be rectified immediately after the inspection. In line with best practice, a second member of staff had checked and signed the personal medication records when they are written and updated to provide a double check that they are accurate.

Copies of residents' prescriptions/hospital discharge letters should be retained in the home so that any entry on the personal medication record can be checked against the prescription. This had not been done for some residents. This was discussed with the manger following the inspection who agreed that this would be addressed.

All residents should have care plans 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 diabetes, distressed reactions or pain.

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. The medicine records and care plans for one resident who required regular pain relief were reviewed and found to be satisfactory.

Care plans were in place when residents required insulin to manage their diabetes. There was sufficient detail in the care plan to direct staff if the resident's blood sugar was too low.

7.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicines 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 areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each resident could be easily located. A medicine refrigerator and controlled drugs cabinet were available for use as needed.

As stated in Section 5.0, the maximum and minimum temperatures of the medicines refrigerator were outside of the required range. Staff were unaware that the medicines thermometer must be reset daily; advice was given during the inspection. As this area for improvement has been identified in two previous inspections, it must be addressed without delay. The manager must provide training to staff on the maintenance of the medicines refrigerator and emphasise the importance of ensuring that this is done correctly. The manager must submit the record of temperature checks by email to RQIA on a weekly basis until further notice. The monthly monitoring report must be submitted to RQIA for the next three months, demonstrating that the refrigerator temperature checks are being monitored by the registered person. In addition to the original area for improvement, two additional areas for improvement have been identified.

Receipt records were completed for all medicines received in the monthly order. However it was noted that medicines may not be recorded when received outside of the monthly order. This was discussed with the manager and staff who agreed that it would be closely monitored.

We reviewed the disposal arrangements for medicines. Discontinued medicines were returned to the community pharmacy for disposal. Records of disposal were maintained.

7.3 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.

Within the home, a record of the administration of medicines is completed when medicines are administered to a resident. A sample of these records was reviewed. Most of the records were found to have been fully and accurately completed. The completed records were filed once completed.

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 are recorded in a controlled drug record book. We found that although the receipts and administration had been recorded, each entry had not been completed fully and all of the appropriate columns in the record had not been completed. An area for improvement was identified.

Management and staff audited medicine administration on a regular basis within the home. A range of weekly and monthly audits were carried out. The date of opening was recorded on all medicines so that they could be easily audited. This is good practice.

The audits completed during this inspection showed that medicines had been given as prescribed.

7.4 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.

We discussed the admission process for residents new to the home or returning to the home after receiving hospital care. Staff advised that robust arrangements were in place to ensure that they were provided with a list of medicines from the hospital and this was shared with the resident's GP and the community pharmacist. A copy of the list of medicines had not been retained in the home for reference for one recently admitted patient. Staff advised that the original letter had been forwarded to the GP and a copy had not been made. They advised that this was an oversight and would not normally occur.

7.5 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.

The audit system in place helps staff to identify medicine related incidents. Management and staff were familiar with the type of incidents that should be reported.

We discussed the medicine related incidents which had been reported to RQIA since the last inspection. 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.

7.6 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 staff are supported.

Staff in the home had received a structured induction which included medicines management when this forms part of their role. Competency had been assessed following induction and annually thereafter. A written record was completed for induction and competency assessments.

8.0 Evaluation of Inspection

The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the service was well led.

The outcome of this inspection concluded that improvements in some areas for the management of medicines were necessary. Areas for improvement are detailed in the quality improvement plan and include additional training and monitoring of the medicines refrigerator temperatures and ensuring that the controlled drug record book is fully completed. Whilst we identified areas for improvement, we can conclude that overall the residents were being administered their medicines as prescribed by their GP.

We would like to thank the residents and staff for their assistance throughout the inspection.

9.0 Quality Improvement Plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with, Ms Louise Agnew, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

9.1 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 Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

9.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via the Web Portal for assessment by the inspector.

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: Third and final time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>The registered manager must ensure that the appropriate action is taken should the temperature of the medicines refrigerator deviate from the acceptable range.</p> <p>Ref: 5.0 & 7.2</p> <p>Response by registered person detailing the actions taken: Medication refrigerator temperatures are recorded daily from date of inspection and are within acceptable range. Should they at any time vary from acceptable range, appropriate action will be taken to rectify immediately. This will also be monitored during monthly monitoring visits.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27(2)(d)</p> <p>Stated: Second time</p> <p>To be completed by: 8 November 2019</p>	<p>The registered person shall make good the poor condition of the carpet in the corridor and identified residents' bedrooms.</p> <p>Ref: 5.0</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next inspection.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 20(1)(c)</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>The registered person shall ensure that the relevant staff receive training on how to accurately record the refrigerator temperatures.</p> <p>Ref: 7.2</p> <p>Response by registered person detailing the actions taken: All staff have been provided with training on how to accurately reset the medical refrigerator thermometer following a reading to ensure the next temperature reading obtained is within acceptable range. Training completed by 14.07.2020.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 17</p> <p>Stated: First time</p> <p>To be completed by: From week commencing 14 September 2020 and ongoing</p>	<p>The registered person shall submit to RQIA:</p> <ul style="list-style-type: none"> • a copy of the refrigerator temperature record on a weekly basis until further notice and • the monthly monitoring report, demonstrating that the refrigerator temperature checks are being monitored by the registered person for the next three months. <p>Ref 7.2</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<p>Response by registered person detailing the actions taken: Medical refrigerator temperature records have been scanned to RQIA Inspector on a weekly basis since date of inspection to evidence temperatures are within an acceptable range. On receipt of the records submitted on 19.10.2020, the Inspector confirmed they were satisfied that the situation had been resolved and weekly submission was no longer necessary.</p> <p>Medical refrigerator temperature checks now form part of the monthly monitoring audit. The first monthly monitoring report has been sent to the RQIA Inspector and as the next two months are completed, these will be emailed also.</p> <p>The registered person shall ensure that the controlled drugs record book is fully and accurately completed.</p> <p>Ref 7.3</p> <p>Response by registered person detailing the actions taken: The controlled drugs is now fully and accurately completed. Manager checks this on a weekly basis to ensure there are no gaps within records.</p>



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