

# **Unannounced Post-Registration Medicines Management Inspection Report 5 June 2018**



## **Carrickfergus Manor**

**Type of Service: Residential Care Home**  
**Address: 76 Dunluskin Gardens, Prince Andrew Way**  
**Carrickfergus, BT38 7JA**  
**Tel No: 028 9336 9780**  
**Inspector: Judith Taylor**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that 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 the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

Carrickfergus Manor residential care home is, environmentally, an integral part of Carrickfergus Manor nursing home.

The residential care home is registered to accommodate 43 social care residents whose needs have been assessed within the dementia (DE) category of care.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Runwood Homes Ltd  <b>Responsible Individual:</b> Mr Gavin O'Hare-Connolly	<b>Registered Manager:</b> Mrs Joanne Neville
<b>Person in charge at the time of inspection:</b> Mrs Joanne Neville	<b>Date manager registered:</b> 17 January 2018
<b>Categories of care:</b> Residential Care (RC): DE – Dementia	<b>Number of registered places:</b> 43

### 4.0 Inspection summary

An unannounced inspection took place on 5 June 2018 from 10.40 to 14.35.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 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).

The inspection assessed progress with any areas for improvement identified since the pre-registration care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the governance arrangements, training, the completion of medicine records, the administration of medicines, the management of controlled drugs and the storage of medicines.

No areas for improvement were identified.

Residents said they were happy in the home and spoke positively about the management of their medicines and the care provided by staff. We noted the warm and welcoming atmosphere in the home.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Joanne Neville, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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

#### 4.2 Action/enforcement taken following the most recent care inspection

No further actions were required to be taken following the most recent inspection on 11 May 2018. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of medicine related incidents reported to RQIA since the home registered

A poster informing visitors to the home that an inspection was being conducted was displayed.

During the inspection the inspector met with three residents, three staff, the deputy manager and the registered manager.

Ten questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA. Staff were invited to share their views by completing an online questionnaire.

A sample of the following records was examined during the inspection:

- medicines received
- personal medication records
- medicine administration records
- medicines disposed of
- controlled drug record book
- medicine audits
- policies and procedures
- care plans
- training records
- medicines storage temperatures

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 11 May 2018

The most recent inspection of the home was an unannounced care inspection. There were no areas for improvement made as a result of the inspection.

### 6.2 Review of areas for improvement from the last medicines management inspection

This was the first medicines management inspection to the home.

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

Medicines were managed by staff who have been trained and deemed competent to do so. Staff completed a competency assessment following induction; and is reviewed at six monthly intervals. The impact of training was monitored through team meetings, supervision and annual appraisal. A sample of training and competency records was provided. Refresher training in medicines management, dementia and dysphagia was completed in April 2018.

There were procedures in place to ensure the safe management of medicines during a resident's admission to the home and for the management of medicine changes. Written confirmation of medicine regimes and any medicine changes were obtained. Personal medication records and handwritten entries on medication administration records were updated by two trained staff. This is safe practice and was acknowledged.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Staff advised of the procedures to identify and report any potential shortfalls in medicines. Antibiotics and newly prescribed medicines had been received into the home without delay.

In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to. Training had been completed.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Checks were performed on controlled drugs which require safe custody, at the end of each shift. Additional checks were also performed on other controlled drugs which is good practice.

Robust arrangements were observed for the management of high risk medicines e.g. warfarin and insulin. In relation to warfarin, a second daily stock check was completed at 19.30 to ensure all doses were administered. This safe practice was acknowledged.

There were a small number of residents who required their medicines to be administered in disguised form. Written consent from the prescriber had been obtained and a care plan was in place. Following discussion with staff it was established that some of the medicines were crushed. This was not recorded. This was further discussed in relation to unlicensed use. The registered manager confirmed by email on 7 June 2018 that this has been addressed and records updated.

Discontinued or expired medicines including controlled drugs were returned to the community pharmacy for disposal.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. Medicine refrigerators were checked each morning and evening. In relation to infection control, staff were reminded that opened tubes of creams/ointments should be kept in their original box.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, competency assessments, the management of medicines on admission and medicine changes, controlled drugs and the storage of medicines.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.5 Is care effective?

### The right care, at the right time in the right place with the best outcome

The sample of medicines examined had been administered in accordance with the prescriber's instructions.

There were arrangements in place to alert staff of when doses of weekly medicines were due. Reminders were marked out on the medication administration records.

The management of pain and distressed reactions was examined. The medicines were prescribed on the personal medication record and protocols for the administration of these medicines were in place. A care plan was maintained. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a resident's behaviour and were aware that this change may be associated with pain. Separate administration records were used to



record the reason for and outcome of each administration; any increased frequency in use was reported to the prescriber.

The management of swallowing difficulty was examined. For those residents prescribed a thickening agent, this was recorded on their personal medication record and included details of the fluid consistency. Administration was recorded and care plans and speech and language assessment reports were in place.

Staff confirmed that compliance with prescribed medicine regimes was monitored and any omissions or refusals likely to have an adverse effect on the resident's health were reported to the prescriber.

Medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included separate administration records for transdermal patches and high risk medicines; and protocols for 'when required' medicines such as external preparations and laxatives.

Practices for the management of medicines were audited throughout the month. This included running stock balances for several medicines which were not included in the 28 day blister packs and also recording the stock balance of medicines carried forward to the next medicine cycle. In addition, staff completed an audit on five residents each week in both the Dunlusk and Decourcey Units to ensure that each resident's medicines were audited regularly. These areas of good practice were acknowledged. A quarterly audit was completed by the community pharmacist.

Following discussion with the registered manager and staff and a review of care files, it was evident that when applicable, other healthcare professionals are contacted in response to the residents' needs.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the standard of record keeping, care planning and the administration of medicines.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The administration of medicines to residents was not observed at the time of this inspection. Following discussion with the staff they advised that residents were given time to take their medicines and medicines were administered as discreetly as possible; they were knowledgeable about the residents' medicines.

Throughout the inspection, it was found that there were good relationships between the staff and the residents. Staff were noted to be friendly and courteous; they treated the residents with dignity. It was clear from discussion and observation of staff, that they were familiar with the residents' likes and dislikes.

We met with three residents, who expressed their satisfaction with the staff and the care provided. They advised that they were administered their medicines on time and any requests e.g. for pain relief, were adhered to. They stated they had no concerns. Comments included:

"They (staff) are very good; they are very attentive you know."

"The girls are great."

"I am happy here."

"The food is nice."

"This place is well run."

Of the questionnaires which were left in the home to facilitate feedback from residents and their representatives, none were returned within the time frame (two weeks). Any comments in questionnaires received after the return date will be shared with the registered manager as necessary.

**Areas of good practice**

There was evidence that staff listened to residents and relatives and took account of their views.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0



## 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care**

The inspector discussed arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents. We were advised that arrangements were in place to implement the collection of equality data within Carrickfergus Manor.

Written policies and procedures for the management of medicines were in place. A small number of these were spot checked at the inspection. Staff confirmed that there were procedures in place to ensure that they were made aware of any changes.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents and provided details of the procedures in place to ensure that all staff were made aware of incidents and to prevent recurrence. In relation to the regional safeguarding procedures, staff confirmed that they were aware that medicine incidents may need to be reported to the safeguarding lead and safeguarding team.

The governance arrangements for medicines management were examined. Management advised of the auditing processes completed by staff and management and how areas for improvement were detailed in an action plan, shared with staff/unit managers to address and systems to monitor improvement.

Following discussion with the staff, it was evident that they were familiar with their roles and responsibilities in relation to medicines management. They confirmed that any concerns in relation to medicines management were raised with the registered manager; and any resultant action was discussed at team meetings and/or supervision.

The staff we met with spoke positively about their work and advised there were good working relationships in the home with staff and the registered manager. They stated they felt well supported in their work.

We were advised that there were effective communication systems in the home, to ensure that all staff were kept up to date. The shift handovers were verbal and a written handover sheet was in place, this included reference to medicines management, diabetes and nutrition.

No online questionnaires were completed by staff with the specified time frame (two weeks).

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, the management of medicine incidents and quality improvement. There were clearly defined roles and responsibilities for staff.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**7.0 Quality improvement plan**

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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