



Guardian Residential Home  
RQIA ID: 10736  
28 Moor Road  
Coalisland  
Dungannon  
BT71 4QB

Inspector: Paul Nixon  
Inspection ID: IN022487

Tel: 028 8774 6361  
Email: [guardiancentre@btconnect.com](mailto:guardiancentre@btconnect.com)

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**Unannounced Medicines Management Inspection  
of  
Guardian Residential Home**

**3 August 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced medicines management inspection took place on 3 August 2015 from 09.50 to 11.40.

Overall on the day of the inspection the management of medicines was found to be safe, effective and compassionate. The outcome of the inspection found no significant areas of concern though some areas for improvement were identified and are set out in the quality improvement plan (QIP) within this report.

This inspection was underpinned by the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the last medicines management inspection on 23 July 2012.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	3

The details of the QIP within this report were discussed with the Mrs Jacqueline Ryan, Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Guardian Day Care and Residential Care / Mrs Jacqueline Ryan	<b>Registered Manager:</b> Mrs Jacqueline Ryan
<b>Person in Charge of the Home at the Time of Inspection:</b> Mrs Jacqueline Ryan	<b>Date Manager Registered:</b> 13 January 2009
<b>Categories of Care:</b> RC-I, RC-PH, RC-PH(E), RC-DE	<b>Number of Registered Places:</b> 5
<b>Number of Residents Accommodated on Day of Inspection:</b> 5	<b>Weekly Tariff at Time of Inspection:</b> £470

### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the last medicines management inspection and to determine if the following standards and themes have been met:

Standard 30: Management of medicines

Standard 31: Medicine records

Standard 33: Administration of medicines

Theme 1: Medicines prescribed on a “when required” basis for the management of distressed reactions are administered and managed appropriately.

Theme 2: Medicines prescribed for the management of pain are administered and managed appropriately.

### 4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to the inspection, the inspector reviewed the management of incidents reported to RQIA since the previous medicines management inspection.

During the inspection the inspector met with Mrs Jacqueline Ryan, Registered Manager and the senior care assistant on duty.

The following records were examined during the inspection:

Medicines requested and received

Personal medication records

Medicines administration records

Medicines disposed of or transferred

Controlled drug record book

Medicine audits

Policies and procedures

Care plans

Training records

### 5. The Inspection

#### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 2 July 2015. The completed QIP will be approved by the care inspector.

## 5.2 Review of Requirements and Recommendations from the Last Medicines Management Inspection

Last Inspection Statutory Requirement		Validation of Compliance
<b>Requirement 1</b> Ref: Regulation 13 (4) Stated once	The registered manager must closely monitor the administrations of Adcal D3 tablets and Movicol sachets, both prescribed for one patient, in order to ensure compliance with the prescriber's instructions.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> Three audits on macrogol oral powders (two audits on Laxido and one audit on Macrogol) showed discrepancies. Adcal D3 tablets had been administered in accordance with the prescribers' instructions.  A recommendation was made.	
<b>Requirement 2</b> Ref: Regulation 13 (4) Stated once	The prescribing and administrations of food thickeners must be recorded.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> No residents were currently prescribed a thickening agent. However, the registered manager advised of the arrangements in place for the recording of the prescribing and administration of thickening agents on the personal medication and medicines administration records. These were considered to be satisfactory.	

Last Inspection Recommendation		Validation of Compliance
<b>Recommendation 1</b> <b>Ref: Standard 30</b> <b>Stated once</b>	The registered manager should introduce a robust medicines management auditing system.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> Weekly medication audits were performed by the senior carers and the outcomes recorded. However, the discrepancies in Laxido and Macrogol preparations had not been discovered through the audit activity.  A recommendation was made.	
<b>Recommendation 2</b> <b>Ref: Standard 31</b> <b>Stated once</b>	The medicine allergy status of each resident should be specified on their personal medication record sheet.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The medicine allergy status of each resident was observed to be specified on their personal medication record sheet.	

## 5.3 The Management of Medicines

### Is Care Safe? (Quality of Life)

All the medicines examined were available for administration to residents and were labelled appropriately.

Arrangements were in place to ensure the safe management of medicines during a resident's admission to the home. Medication details were confirmed with the prescriber and personal medication record sheets were completed and checked by two staff members.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage.

A randomly selected sample of medicines was audited during the inspection. The majority of these audits produced satisfactory results, indicating that the medicines had been administered as prescribed. However, discrepancies were noted in three audits on macrogol oral powders (two audits on Laxido and one audit on macrogol).

The dosage directions for the following two medicines needed to be clarified with the prescribers:

- Cacit D3 granules, prescribed for one resident; and,
- Cetirizine 10mg tablets, prescribed for one resident.

The medicine labels stated that both medicines were prescribed for regular administration; however, examination of the medicines administration records indicated they were being administered on a "when necessary" basis.

Risedronate sodium 35mg tablets were being administered to one resident with or after breakfast. The manufacturer states that the medicine should be taken on an empty stomach in the morning at least 30 minutes before the resident eats any food. The registered manager agreed to ensure this practice is followed.

At the time of the inspection, medicines were prepared immediately prior to their administration from the container in which they were dispensed.

The medicine records had been maintained in a satisfactory manner. Records of the ordering, receipt, administration, non-administration and disposal of medicines were maintained. Where transcribing of medicine details had occurred, this process involved two members of staff to ensure the accuracy of the record. This is good practice.

Medicines which were discontinued or were unsuitable for use had been returned to the community pharmacy for disposal.

### Is Care Effective? (Quality of Management)

Medicines were managed by staff who had been trained and deemed competent to do so. An induction process was in place. The impact of training had been monitored through supervision and appraisal. Staff competency assessments are completed annually by the

registered manager. A sample of training and competency records were made available at the inspection.

There were arrangements in place to audit practices for the management of medicines. Audits had been completed by senior carers every week and had focused on medicines which were not supplied in the monitored dosage system cassettes and on the completion of the medicine records. A review of the audit records indicated that satisfactory outcomes had been achieved. However, the audit activity had not picked up on the stock discrepancies in Laxido and macrogol preparations.

The registered manager confirmed that compliance with prescribed medicine regimes is continually monitored and any omissions or refusals likely to have an adverse effect on the residents' health would be reported to the prescribers.

### **Is Care Compassionate? (Quality of Care)**

No residents had medicines prescribed on a "when required" basis for the management of distressed reactions.

The records pertaining to a small number of residents who are prescribed medicines for the management of pain were reviewed. The medicines were clearly referenced in a care plan. The medicines and the parameters for their administration were recorded on the personal medication records. The administrations had been recorded on the medication administration records. Examination of the administration of these medicines indicated that the medicines had been administered as prescribed. The registered manager advised that all but one resident are able to verbalise when they are in pain. From discussion with the registered manager and senior care assistant on duty, it was evident staff were aware of the signs, symptoms and triggers of pain in residents.

### **Areas for Improvement**

The administrations of macrogol oral powders should be closely monitored. A recommendation was made.

The dosage directions for two medicines should be clarified. A recommendation was made.

The medicines management auditing system should be reviewed to ensure it is effective. A recommendation was made.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>3</b>
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### **5.4 Additional Areas Examined**

Medicines were being stored safely and securely.

## 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Jacqueline Ryan, Registered Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. 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.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Care Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

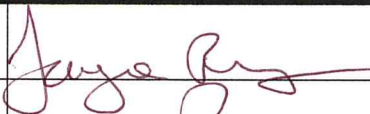
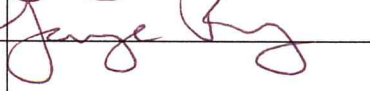
This section outlines the recommended actions based on research, recognised sources and The Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions Taken by the Registered Person/Registered Manager

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [pharmacists@rqia.org.uk](mailto:pharmacists@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.



<b>Quality Improvement Plan</b>			
<b>Statutory Requirements</b>			
<b>Recommendations</b>			
<b>Recommendation 1</b>  Ref: Standard 30 Stated: First time  To be Completed by: 2 September 2015	It is recommended that the registered person should closely monitor the administrations of macrogol oral powders.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> New auditing system in place and registered person is closely monitoring administration of macrogol oral powders.		
<b>Recommendation 2</b>  Ref: Standard 30 Stated: First time  To be Completed by: 2 September 2015	It is recommended that the registered person should clarify the dosage directions for two medicines.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Dosage directions clarified for two medicines and clarified with all other staff and pharmacist.		
<b>Recommendation 3</b>  Ref: Standard 30 Stated: First time  To be Completed by: 2 September 2015	It is recommended that the registered person should ensure an effective medicines management auditing system is operated.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> New audit system in place and updated on regular weekly basis.		
<b>Registered Manager Completing QIP</b>		<b>Date Completed</b>	21/8/15
<b>Registered Person Approving QIP</b>		<b>Date Approved</b>	21/8/15
<b>RQIA Inspector Assessing Response</b>		<b>Date Approved</b>	

*\*Please ensure the QIP is completed in full and returned to [pharmacists@rqia.org.uk](mailto:pharmacists@rqia.org.uk) from the authorised email address\**



The **Regulation** and  
**Quality Improvement**  
**Authority**

<b>RQIA Inspector Assessing Response</b>	Paul W. Nixon	<b>Date Approved</b>	01/09/2015
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