Cumulus Heights Residential Services
RQIA ID: 11984
3-5 Cumulus Heights
Ballyvange
Downpatrick
Co Down
BT30 6WT

Inspector: Rachel Lloyd
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Announced Medicines Management Inspection of Cumulus Heights Residential Services

25 February 2016

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

1. Summary of Inspection

An announced post-registration medicines management inspection took place on 25 February 2016 from 11.20 to 14.00.

The management of medicines was found to be safe, effective and compassionate. The outcome of the inspection found no areas of concern. A Quality Improvement Plan (QIP) was not included in 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 Medicines Management Inspection

This was the first medicines management inspection of the home since registration on 19 August 2015.

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
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Mainstay DRP/ Mrs Helen Taylor	**Registered Manager:** Miss Laura Torney
Person in Charge of the Home at the Time of Inspection: Miss Laura Torney	**Date Manager Registered:** 22 October 2015
Categories of Care: RC-LD, RC-LD(E)	**Number of Registered Places:** 24
Number of Residents Accommodated on Day of Inspection: 16	**Weekly Tariff at Time of Inspection:** £641 - £1121

3. Inspection Focus

The inspection sought 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 included the following:

Prior to the inspection the management of incidents reported to RQIA since registration was reviewed.

Discussion with the registered manager and the senior residential workers on duty.

The arrangements for the storage of medicines were examined.

The following records were examined:

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

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 26 November 2015. The completed QIP was returned and approved by the care inspector.

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

This was the first medicines management inspection of the home since registration.

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

A sample of medicines and medicine records were audited. The audits produced satisfactory outcomes indicating that medicines were administered as prescribed.

The management of medicines during a resident's admission to the home and discharge from the home was examined and found to be satisfactory. Medicine details were confirmed in writing with the prescriber.

Systems to manage the ordering of prescribed medicines to ensure that adequate supplies were available were reviewed and found to be satisfactory. All prescribed medicines were available.

The arrangements for managing medicine changes, including high risk medicines such as warfarin and insulin were examined. Warfarin dosage directions were received in writing from the prescriber and staff were able to refer to the original dosage directions at each administration. Two staff were involved in the administration of warfarin and a running stock balance was maintained which is good practice.

Medicine records, including those for controlled drugs, had been maintained in a satisfactory manner. Personal medication records were verified by general practitioners. The process of two trained members of staff verifying these records when necessary, whilst keeping a copy of the most recent prescription on file, was discussed. A small number of handwritten entries were observed on printed medicine administration record sheets. It was advised that these entries should be verified and signed by two trained members of staff on every occasion.

There were no Schedule 2 or 3 controlled drugs in stock at the time of the inspection. The appropriate stock reconciliation checks were in place when required. The registered manager stated that diazepam is also stored in the controlled drug cupboard as an increased security measure.

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

Is Care Effective? (Quality of Management)

Written policies and procedures for the management of medicines, including Standard Operating Procedures (SOPs) for the management of controlled drugs were available. The registered manager was advised to add the arrangements for the stock reconciliation of those controlled drugs requiring safe custody, to the SOPs.

Medicines were being managed by staff who had been trained and deemed competent. An induction process was in place. The impact of training was monitored through regular supervision and appraisal.

Arrangements were in place to audit the practices for the management of medicines. Satisfactory outcomes had been achieved. The community pharmacist had complemented this audit activity by performing an audit and providing a written report of the outcome. The audit

process was facilitated by the good practice of recording the date and time of opening on the medicine container.

There were arrangements in place to note any compliance issues with medicine regimes and these had been reported to the resident's prescriber where necessary.

There were procedures in place to identify, record, report, analyse and learn from medicine related incidents.

Is Care Compassionate? (Quality of Care)

The records for residents who were prescribed medicines for the management of distressed reactions, on a 'when required' basis, were examined. The name of the medicine and the frequency of dosing were recorded on the personal medication record. A care plan was in place. Staff stated that a record of any administration would be recorded, including the reason for and outcome of each administration. Staff were familiar with circumstances when it may be necessary to administer these anxiolytic medicines and had the knowledge 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.

The management of medicines prescribed to manage pain were examined. The medicines prescribed were recorded on the personal medication record and records indicated that they had been administered as prescribed. The reason for each administration was documented when the medicine was prescribed for use 'when required'. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the resident was comfortable. It was advised that care plans should include the management of pain for individual residents.

Areas for Improvement

Other than the points discussed in the body of the report no area for improvement was identified.

Number of Requirements	**0**	**Number of Recommendations**	**0**

5.4 Additional Areas Examined

Medicines were securely stored in accordance with the manufacturers' instructions.

Number of Requirements	**0**	**Number of Recommendations**	**0**

6. No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	Laura Torney	**Date Completed**	10/3/2016
Registered Person	Helen Taylor	**Date Approved**	10/3/2016
RQIA Inspector Assessing Response	Rachel Lloyd	**Date Approved**	22/3/16

Please provide any additional comments or observations you may wish to make below:

Please ensure this document is completed in full and returned to pharmacists@rqia.org.uk from the authorised email address

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 service. 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.