Carrickfergus Manor
RQIA ID: 12111
76 Dunluskin Gardens
Prince Andrew Way
Carrickfergus
BT38 7JA

Inspectors: Paul Nixon
Rachel Lloyd
Inspection ID: IN022422

Tel: 028 9336 9780
Email: manager.carrickfergus@runwoodhomes.co.uk

Unannounced Medicines Management Inspection of Carrickfergus Manor

28 May 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

1. Summary of Inspection

An unannounced medicines management inspection took place on 28 May 2015 from 10.00 to 13.40. Two of the home's four units, the Dunluskin and Knockagh units were inspected.

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 one area for improvement was identified and is set out in the quality improvement plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015 relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

This inspection was underpinned by the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

For the purposes of this report the term 'patients' will be used to describe those living in Carrickfergus Manor which provides both nursing and residential care.

1.1 Actions/Enforcement Taken Following the Last

Other than those actions detailed in the QIP there were no further actions required to be taken following the last inspection on 25 September 2013.

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	1

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

2. Service Details

Registered Organisation/Registered Person: Runwood Homes Ltd Mr Nadarajah (Logan) Logeswaran	**Registered Manager:** Mrs Joanne Neville
Person in Charge of the Home at the Time of Inspection: Mrs Joanne Neville	**Date Manager Registered:** 17 December 2014
Categories of Care: RC-I, RC-DE, NH-I, NH-PH, NH-PH(E)	**Number of Registered Places:** 90
Number of Patients Accommodated on Day of Inspection: 83	**Weekly Tariff at Time of Inspection:** £604 (Residential) £727 (Nursing)

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 28: Management of Medicines
Standard 29: Medicines Records
Standard 31: Controlled Drugs

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 inspectors reviewed the management of any medicine related incidents reported to RQIA since the last medicines management inspection.

During the inspection the inspectors met with the registered manager, the nurse in charge in Knockagh unit and the care team leader in Dunluskin unit.

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 announced estates inspection dated 9 February 2015. The completed QIP will be reviewed by the estates inspector.

5.2 Review of Requirements and Recommendations from the Last Medicines Management Inspection on 25 September 2013

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 1 **Ref**: Regulation 13 (4) **Stated:** First time	The responsible individual must ensure that any anomalies in the information received on admission are clarified with the general practitioner.	**Met**
	Action taken as confirmed during the inspection: Satisfactory arrangements are in place to verify the patient's medications with the prescriber on admission.	
Requirement 2 **Ref**: Regulation 13 (4) **Stated:** First time	The responsible individual must ensure that all communication with prescribers and other health professionals is documented in the care notes.	**Met**
	Action taken as confirmed during the inspection: Communications with prescribers and other health professionals were observed to be documented in the care notes.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref**: Standard 38 **Stated:** First time	The responsible individual should monitor the completion of the medicine records through the audit process.	**Met**
	Action taken as confirmed during the inspection: The completion of the medicine records are monitored through the weekly and monthly audit process.	
Recommendation 2 **Ref**: Standard 40 **Stated:** First time	The responsible individual should ensure that care plans are developed to direct the administration of medicines which are prescribed 'when required'.	**Met**
	Action taken as confirmed during the inspection: Care plans were observed to have been developed to direct the administration of medicines which are prescribed 'when required'.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

Medicines are being administered in accordance with the prescribers' instructions. The audit trails performed on a variety of randomly selected medicines at the inspection provided broadly satisfactory outcomes.

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

There was evidence that robust arrangements are in place to ensure the safe management of medicines during a patient's admission to the home. Medication details are confirmed with the prescriber and personal medication record sheets are completed and checked by two staff members.

All of the medicines examined at the inspection were available for administration and were labelled appropriately.

The medicine records had been maintained in a satisfactory manner. Good practice acknowledged included the additional records for several Schedule 4 (Part 1) controlled drugs, antibiotics, opioid transdermal patches and warfarin.

Controlled drug record books and records of the shift handover stock reconciliation checks of all Schedule 2 and 3 controlled drugs and several Schedule 4 (Part 1) controlled drugs were well maintained.

In each unit, discontinued or expired medicines are discarded by two members of staff into pharmaceutical clinical waste bins which are uplifted by a waste disposal contractor. Controlled drugs are denatured by two registered staff members prior to disposal.

Is Care Effective? (Quality of Management)

Written policies and procedures for the management of medicines are in place.

Medicines are managed by staff who have been trained and deemed competent to do so. An induction process is in place. The impact of training is monitored through supervision and appraisal. The competency assessments checked were up to date.

There are arrangements in place to audit the practices for the management of medicines. Staff in each unit perform a weekly medication audit and report the outcomes to the registered manager. The registered manager or deputy manager completes a medicines audit each month. A checklist is completed and an associated action plan prepared, which is followed up at the next audit. The community pharmacist complements this audit activity by performing a medicines audit every couple of months and provides a written report of the outcome. A review of the audit records indicated that largely satisfactory outcomes had been achieved. Some areas which had already been identified for improvement were discussed during the inspection.

There are procedures in place to report and learn from any medicine related incidents that have occurred in the home. The incident reported since the previous medicines management inspection had been managed appropriately.

Is Care Compassionate? (Quality of Care)

The records for six patients who are prescribed medication for administration on a 'when required' basis in the management of distressed reactions were examined. For five of the six patients, the care plan detailed the circumstances under which the medicine was to be administered. The registered manager gave an assurance that a care plan would be written for the patient who did not have one. The parameters for administration were recorded on the personal medication records. The medicine administration records indicated that medicines were being administered in accordance with the prescribers' instructions. The reason for administration and outcome of the administration of medicines prescribed on a 'when required' basis for the management of distressed reactions were mostly recorded. Staff have the knowledge to recognise signs, symptoms and triggers which may cause a change in a patient's behaviour.

The records for five patients who are prescribed medicines for the management of pain were reviewed. In each instance there was a care plan in place which detailed the management of the patient's pain. The care plans are evaluated monthly. In each instance, a pain assessment had recently been completed. When analgesics are administered, their effect is monitored to ensure that they provide relief and that the patient is comfortable.

Evidence of the prescriber's instruction was in place for two patients who have medication administered covertly.

Areas for Improvement

In Knockagh unit, two audits on Seretide inhalers produced unsatisfactory outcomes; the observations made were discussed with the registered manager, who gave an assurance that both medicines would be closely monitored as part of the home's ongoing audit activity.

In Knockagh unit, eye-treatment medicines were still in use beyond their recommended disposal date. Also, in Dunluskin unit, one eye-treatment medicine was still in use beyond its recommended disposal date. Eye-treatment medicines should not be used beyond their recommended disposal date. A recommendation is made.

Number of Requirements:	**0**	**Number of Recommendations**:	**1**

5.4 Additional Areas Examined

Medicines are being stored safely and securely in accordance with statutory requirements and manufacturers' instructions. Satisfactory arrangements are in place for the security of medicine keys.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Joanne Neville, 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 Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015. 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 Manager/Registered Person

The QIP should be completed by the registered manager/registered person 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** 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.

Quality Improvement Plan

Recommendation	
Recommendation 1 **Ref**: Standard 30 **Stated:** First time **To be Completed by:** 27 June 2015	It is recommended that eye-treatment medicines should not be used beyond their recommended disposal date.
	Response by Registered Person(s) Detailing the Actions Taken: All staff have been made aware that eye treatment medications should not be used beyond their recommended date. All eye treatments are identified with opening date and time. Eye treatment medications are now changed every 28 days. No eye treatment medication will be used beyond 28 days of opening.

Registered Manager Completing QIP	J Neville	**Date Completed**	24/06/15
Registered Person Approving QIP	Logan N Logeswaran	**Date Approved**	29/07/15
RQIA Inspector Assessing Response	**Paul W. Nixon**	**Date Approved**	**29/07/15**

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