The Regulation and Quality Improvement Authority

Inspection Report

20 October 2021

Karingmore

Type of service: Residential Care Home
Address: 19 Largy Road, Carnlough, BT44 0EY
Telephone number: 028 2888 6658

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Karingmore **Responsible Individual:** Mrs Mary Theresa Hamill	**Registered Manager:** Mrs Mary Theresa Hamill **Date registered:** 1 April 2005
Person in charge at the time of inspection: Mrs Mary Theresa Hamill	**Number of registered places:** 16
Categories of care: Residential Care (RC): DE – dementia I – old age not falling within any other category	**Number of residents accommodated in the residential care home on the day of this inspection:** 16
Brief description of the accommodation/how the service operates: This is a residential care home which is registered to provide care for up to 16 residents.	

2.0 Inspection summary

An unannounced inspection took place on 20 October 2021, from 10.15am to 12:45pm. The inspection was conducted by a pharmacist inspector.

Concerns were identified during the last inspection of Karingmore on 28 June 2021 in relation to medicines management within the home. Areas for improvement which had been identified at the medicines management inspection in November 2020 had not been addressed. There was a lack of robust oversight and governance in relation to medicines management.

These findings were discussed with the responsible individual during a serious concerns meeting on 2 July 2021. Following this meeting, RQIA decided that a period of time would be given to implement the necessary improvements and that this follow up inspection would be undertaken to determine if the necessary improvements had been implemented and sustained.

Significant improvements in the management of medicines were observed during this inspection. Personal medication records were maintained to a satisfactory standard. There were robust arrangements for auditing medicines and care plans were in place to support staff.

The manager and staff were commended for their efforts and were reminded that the improvements must be maintained.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence.

To complete the inspection a sample of medicine related records, storage arrangements for medicines and the auditing systems used to ensure the safe management of medicines were reviewed.

4.0 What people told us about the service

The inspector met with a senior care assistant and the manager. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

Staff were warm and friendly and it was evident from their interactions that they knew the residents well. Staff advised that they had worked hard to improve the management of medicines and that the changes implemented since the last inspection had been effective and were sustainable.

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. At the time of issuing this report, ten patients had completed and returned questionnaires to RQIA. Their responses were positive indicating they were "very satisfied" with the care provided in the home.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 28 June 2021		
Action required to ensure compliance with The Residential Care Home Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** Second time	The registered person shall ensure that personal medication records are fully and accurately maintained at all times.	**Met**
	Action taken as confirmed during the inspection: Satisfactory systems were in place for the management of personal medication records. **See Section 5.2.1**	
Area for improvement 2 **Ref:** Regulation 13 (4) **Stated:** Second time	The registered person shall investigate the findings regarding the identified medicines, report these to the prescriber and provide details of the findings and action taken.	**Met**
	Action taken as confirmed during the inspection: Issues identified at the last inspection in relation to the identified medicines had been actioned and resolved. **See Section 5.2.2**	
Area for improvement 3 **Ref:** Regulation 13 (4) **Stated:** Second time	The registered person shall develop and implement an effective auditing process which covers all formulations of medicines and all aspects of medicines management.	**Met**
	Action taken as confirmed during the inspection: The audit system in place covered all aspects of medicines management **See Section 5.2.3**	

Action required to ensure compliance with Residential Care Homes Minimum Standards (2011)		Validation of compliance
Area for improvement 1 **Ref**: Standard 8.5 **Stated:** Second time	All care records must be accurate and up-to-date. **Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.**	**Carried forward to the next inspection**
Area for improvement 2 **Ref:** Standard 30 **Stated:** Third and final time	The registered person shall review the management of distressed reactions to ensure that care plans are in place. The reason for and outcome of each administration should be recorded. **Action taken as confirmed during the inspection**: Satisfactory arrangements were in place for the management of medicines prescribed for distressed reactions. **See Section 5.2.4**	**Met**
Area for improvement 3 **Ref:** Standard 5.4 & 6.2 **Stated:** Second time	The registered person shall ensure that care records are reviewed and revised to ensure: • Care needs assessments are signed by the resident and/or representative. If the resident or their representative is unable to sign or chooses not to sign, this is recorded. • Specific interventions of the care to be provided are reflected within care plans. **Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.**	**Carried forward to the next inspection**

Area for improvement 4 **Ref**: Standard 31 **Stated:** Third and final time	The registered provider should ensure that the recording of new medicines information on personal medication records involves two staff, and both sign the entry.	**Met**
	Action taken as confirmed during the inspection: Two members of staff were involved in recording new medicines information on personal medication records. **See Section 5.2.1**	
Area for improvement 5 **Ref**: Standard 32 **Stated:** Second time	The registered person shall develop a system to check that medicines with a limited shelf-life and medicines with a dose counter are checked and replaced as required.	**Met**
	Action taken as confirmed during the inspection: Satisfactory arrangements were in place to check medicines with a limited shelf-life and medicines with a dose counter. **See Section 5.2.5**	
Area for improvement 6 **Ref**: Standard 27.8 **Stated:** First time	The registered person will address the environmental issues listed in section 6.2.3 to ensure the premises and care equipment are kept safe, suitable, and adequately maintained.	**Carried forward to the next inspection**
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

Area for improvement 7 **Ref**: Standard 28.3 **Stated:** First time	The registered person promotes safe and healthy working practices through the provision of information, training, supervision and monitoring of staff to ensure full adherence to Control of Substances Hazardous to Health (COSHH).	**Carried forward to the next inspection**
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 Personal medication records

Personal medication records were in place for all residents selected for review. These records are used to list all of 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, for example at medication reviews and hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. Medication changes had been accurately recorded. The records had been verified and signed by two members of staff at the time of writing and at each update in order to ensure accuracy of transcribing. Separate supplementary personal medication records were in place for residents prescribed a course of antibiotics. A sample of the records reviewed identified they were fully complete and accurate.

Copies of residents' prescriptions/hospital discharge letters were retained in the home so that any entry on the personal medication records could be checked against the prescription. This is good practice.

Obsolete records had been filed in an easily retrievable manner.

5.2.2. Investigation of identified medicines from the previous inspection

At the last medicines management inspection, discrepancies were identified between the prescribed directions of two eye drops and the directions on the personal medication records. Following this an investigation was conducted by the home and an account of the actions taken was submitted to RQIA on 30 June 2021. Review of the eye drops on the day of inspection identified the personal medication record was accurate and reflective of the prescribed directions on the eye drop bottle labels. The medicine administration records reviewed showed that the eye drops had been administered as prescribed.

5.2.3 Governance and audit

A robust system of audit and review is now in place. Weekly medication audits are conducted by the manager and cover all aspects of medicines management including personal medication records, medicine administration, thickening agents, inhalers and topical medicines. Daily medicine administration spot checks are also in place.

The audits completed during the inspection showed that medicines were administered as prescribed. The date of opening was clearly recorded on all medicines so they could be easily audited.

5.2.4 The management of medicines for distressed reactions

Residents will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff on when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the resident's distress and if the prescribed medicine is effective for the resident.

The management of medicines prescribed on a "when required" basis for the management of distressed reactions for two residents was reviewed. Care plans were in place to direct staff. Supplementary "when required" medicine administration records were in place which detailed the reason for and outcome of administration. Running stock balances of medicines prescribed for the management of distressed reactions were maintained by staff so the administration could be easily audited.

5.2.5 Medicines with a limited shelf-life

Certain medicines such as eye preparations and inhalers may have a limited shelf-life once the medicine has been opened. It is important staff are aware of this so that expired medicines are not administered and new stock is ordered on time to ensure residents have a continuous supply of their medicines.

Review of limited shelf-life eye preparations found that the date of opening and expiry had been clearly recorded on the bottle and the preparations in use were in date. Inhaled medicines with a dose counter had been administered as prescribed and were in date. Audits were in place to ensure regular review of limited shelf-life medicines.

6.0 Conclusion

The inspection sought to assess if the home was delivering safe, effective, and compassionate care and if the home was well led in relation to medicines management.

The outcome of this inspection concluded that all areas for improvement in relation to medicines management had been addressed. RQIA can be assured that the home was well led and delivering safe, effective and compassionate care with regards to medicines management. The manager was reminded of the importance of sustaining the improvements made.

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

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Residential Care Homes Minimum Standards (2011).

	Regulations	Standards
Total number of Areas for Improvement	0*	4*

* the total number of areas for improvement includes four which are carried forward for review at the next inspection, two of which are stated for a second time.

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

Quality Improvement Plan

Action required to ensure compliance with Residential Care Homes Minimum Standards (2011)	
Area for improvement 1 **Ref**: Standard 8.5 **Stated:** Second time **To be completed by:** 6 March 2020	All care records must be accurate and up-to-date.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 2 **Ref:** Standard 5.4 & 6.2 **Stated:** Second time **To be completed by:** With immediate effect (6 February 2020)	The registered person shall ensure that care records are reviewed and revised to ensure: • Care needs assessments are signed by the resident and/or representative. If the resident or their representative is unable to sign or chooses not to sign, this is recorded. • Specific interventions of the care to be provided are reflected within care plans.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 3 **Ref**: Standard 27.8 **Stated:** First time **To be completed by:** 18 May 2021	The registered person will address the environmental issues listed in section 6.2.3 to ensure the premises and care equipment are kept safe, suitable, and adequately maintained.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1

Area for improvement 4 **Ref**: Standard 28.3 **Stated:** First time	The registered person promotes safe and healthy working practices through the provision of information, training, supervision and monitoring of staff to ensure full adherence to Control of Substances Hazardous to Health (COSHH).
To be completed by: Immediate and ongoing (18 March 2021)	**Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.** Ref: 5.1

The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews