The Regulation and Quality Improvement Authority

Inspection Report

28 June 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:** 15
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 28 June 2021 between 10:20am and 1:30pm. This inspection was conducted by a pharmacist inspector.

This inspection focused on medicines management and assessed progress with the areas for improvement identified at the last medicines management inspection on 11 November 2020.

Following discussion with the aligned care inspector, it was agreed that the areas for improvement identified at the last care inspection would be followed up at the next care inspection.

Concerns were identified during the inspection in relation to medicines management within the home. Areas identified for improvement at the last medicines inspection in November 2020 had not been addressed. There was a lack of robust oversight and governance in relation to medicines management. Following the inspection, the findings were discussed with the Senior Pharmacist Inspector. As a consequence of the inspection findings, RQIA invited the Responsible Person from Karingmore to attend a serious concerns meeting on 2 July 2021.

The meeting was attended virtually by Mary Hamill, Responsible Person. At the meeting, an action plan which detailed an account of the actions that had been taken to date was provided and the arrangements that had been made to ensure the improvements necessary to achieve

full compliance with the required regulations were discussed. RQIA accepted the action plan and assurances provided by the Registered Person.

RQIA will continue to monitor and review the quality of service provided in Karingmore and will carry out a further inspection to assess compliance.

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 we reviewed information held by RQIA about this home. This included previous inspection findings, incidents and correspondence. To complete the inspection we reviewed: a sample of medicine related records, storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines.

4.0 What people told us about the service

The inspector met with the senior care assistant and the registered 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 expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after residents and meet their needs.

Feedback methods included a staff poster and paper questionnaires which were provided to the registered 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, no questionnaires had been received by RQIA.

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 18 March 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref**: Regulation 27 (4) **Stated:** First time	The registered person shall review and action all identified issues as detailed in the fire risk assessment from July 2019.	**Met**
	Action taken as confirmed during the inspection: This was confirmed as met following the previous care inspection of Karingmore on 18 March 2021 as per section 6.2.3 of that report.	
Area for improvement 2 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person shall ensure that personal medication records are fully and accurately maintained at all times.	**Not met**
	Action taken as confirmed during the inspection: Discrepancies were identified between the personal medication records and the prescribed dosage of two eye drop preparations.	
Area for improvement 3 **Ref**: Regulation 13 (4) **Stated:** First time	The registered person shall review the administration of medicines process to ensure that the records of administered medicines are fully and accurately completed.	**Met**
	Action taken as confirmed during the inspection: Medication administration records reviewed were fully and accurately completed.	

Area for improvement 4 **Ref:** Regulation 13 (4) **Stated:** First 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.	**Partially met**
	Action taken as confirmed during the inspection: Not all identified medicines from the previous medicines management inspection had been fully investigated and outstanding issues remained regarding one of these medicines.	
Area for improvement 5 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person shall develop and implement an effective auditing process which covers all formulations of medicines and all aspects of medicines management.	**Not met**
	Action taken as confirmed during the inspection: No robust auditing process covering all formulations of medicines and aspects of medicines management was in place.	
Action required to ensure compliance with Residential Care Homes Minimum Standards (2011)		**Validation of compliance summary**
Area for improvement 1 **Ref**: Standard 8.5 **Stated:** Second time	All care records must be accurate and up-to-date.	**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 2 **Ref:** Standard 30 **Stated:** Second 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.	**Not met**
	Action taken as confirmed during the inspection: Care plans were not in place for the management of distressed reactions. The reason for and outcome of administration was not routinely recorded.	

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.	**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 4 **Ref**: Standard 31 **Stated:** Second 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.	**Not met**
	Action taken as confirmed during the inspection: Updates to personal medication records did not involve two staff members and new entries were not signed by two members of staff to ensure accuracy.	
Area for improvement 5 **Ref**: Standard 32 **Stated:** First 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.	**Not met**
	Action taken as confirmed during the inspection: No system was in place to check medicines with a limited shelf-life and medicines with a dose counter. Two supplies of eye drops with a four week expiry were in use past the expiry date on the day of inspection.	

Area for improvement 6 **Ref**: Standard 30 **Stated:** First time **To be completed by:** Immediate and ongoing	The registered person shall review the admission process for new residents to ensure that confirmation of the resident's medicine regime is verified with the prescriber.	**Met**
	Action taken as confirmed during the inspection: The admission process for one resident recently admitted to the home was reviewed. An accurate list of medication was obtained from the GP and personal medication records had been written and checked by two members of staff to ensure accuracy.	
Area for improvement 7 **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 8 **Ref**: Standard 28.3 **Stated:** First time **To be completed by:** Immediate and ongoing	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 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Residents in care homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times the residents' needs will change and therefore their medicines should be regularly monitored and reviewed. This is usually done by the GP, the pharmacist or during a hospital admission.

Residents in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each resident. These are records 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, during medication reviews or hospital appointments.

We identified that whilst the majority of personal medication records were accurate, two discrepancies in relation to eye preparations were observed. In these instances, the dosage directions on the personal medication record differed from that on the eye drop pharmacy label. This could result in medicines being administered incorrectly or the wrong information being provided to another healthcare professional. This area for improvement has been stated for a second time.

Updates to personal medication records when medicines were commenced or discontinued did not involve two staff members to ensure accuracy. This area for improvement has been stated for a third and final time.

All residents should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets, self-administration etc.

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.

We reviewed the management of medicines prescribed on a "when required" basis for the management of distressed reactions for one resident. A care plan was not in place to direct staff. The reason for and outcome of administration was not routinely recorded. This area for improvement has been stated for a third and final time.

5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when residents required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access.

A medicine refrigerator and controlled drugs cabinet were available for use as needed. Inspection of the management of limited shelf-life eye preparations found that two of these had expired and records indicated that they remained in current use. This area for improvement has been stated for a second time.

5.2.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment.

A sample of medicine administration records was reviewed. The records were found to have been fully and accurately completed.

Medicines administration was audited daily by staff completing spot checks. This audit process is limited as it does not cover all formulations of medication or all aspects of medicines management. A robust audit process should be in place which encompasses all areas of medicines management. This area for improvement has been stated for a second time.

The date of opening was not routinely recorded on all medicines meaning they could not be accurately audited. It could therefore not be determined if these medicines had been administered as prescribed. The audits that could be completed by the inspector indicated that the medicines were administered as prescribed. Discrepancies in two eye drop medicines were noted. The manager was requested to report these issues to the resident's GP and forward details of the outcomes to RQIA.

5.2.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

The management of medicines for one resident who was recently admitted to the home was reviewed. An accurate list of prescribed medicines had been obtained from the resident's GP. The residents' personal medication record had been written accurately and was signed by two members of staff. A record of the receipt of medicines had been made and medicines administered in accordance with the most recent directions. There was evidence that staff had followed up any discrepancies in a timely manner.

5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident.
We discussed the medicine related incident which had been reported to RQIA since the last inspection. There was evidence that the incident had been reported to the prescriber for guidance, investigated and learning shared with staff in order to prevent a recurrence.

The findings of this inspection indicate that the auditing system is not robust and hence incidents may not be identified. The need for a robust audit system which covers all aspects of medicines is necessary to ensure that safe systems are in place and any learning from errors/incidents can be actioned and shared with relevant staff.

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.

The outcome of this inspection concluded that robust arrangements were not in place for all aspects of medicines management and improvement is required to ensure that safe, effective and well led care with respect to medicines is delivered. Four areas for improvement identified at the last medicines management inspection have been stated for a second time and two areas for improvement are now stated for a third and final time. No new areas for improvement were identified.

Following the inspection the findings were discussed with the Senior Pharmacist Inspector and with Mary Hamill, Responsible Person for Karingmore. RQIA decided that a period of time would be given to implement the necessary improvements. A follow up inspection will be undertaken to determine if the necessary improvements have been implemented and sustained. Failure to implement and sustain the improvements may lead to enforcement.

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

7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	3*	7*

* the total number of areas for improvement includes six that have been stated for a second time, three that have been stated for a third time and four which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mary Hamill, Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Home Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** Second time **To be completed by:** Immediate and ongoing	The registered person shall ensure that personal medication records are fully and accurately maintained at all times. Ref: 5.1 and 5.2.1
	Response by registered person detailing the actions taken: Weekly auditing of all personal medication records will provide assurance that records are accurately recorded at all times. Copies of these weekly audits have been sent to RQIA on a fortnightly basis.
Area for improvement 2 **Ref:** Regulation 13 (4) **Stated:** Second time **To be completed by:** Immediate and ongoing	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. Ref: 5.1 and 5.2.3
	Response by registered person detailing the actions taken: A thorough investigation of the findings regarding the identified medicines was completed. The medications were removed from use and reported immediately to the residents GP. New drops were dispensed and the information contained on the drops was double checked with the GP for accuracy. The information on the drops was then cross checked with the Kardex for accuracy. Staff were reminded via team brief (week beginning 30th July 2021) to check the expiry date on all medication as it arrives and on a weekly basis.
Area for improvement 3 **Ref:** Regulation 13 (4) **Stated:** Second time **To be completed by:** Immediate and ongoing	The registered person shall develop and implement an effective auditing process which covers all formulations of medicines and all aspects of medicines management. Ref: 5.1, 5.2.3 and 5.2.5
	Response by registered person detailing the actions taken: An audit schedule has been developed as a result of the recommendations at the time of the inspection. Samples of these audits have been provided to the inspectors.
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:** Immediate and ongoing	All care records must be accurate and up-to-date. Ref: 5.1
	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 2 **Ref:** Standard 30 **Stated:** Third and final time **To be completed by:** Immediate and ongoing	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. Ref: 5.1 and 5.2.1
	Response by registered person detailing the actions taken: Care plans for distressed reactions have been reviewed and are available for all residents requiring this intervention. The care plans now include the reason for intervention and the subsequent outcome.
Area for improvement 3 **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 4 **Ref**: Standard 31 **Stated:** Third and final time **To be completed by:** Immediate and ongoing	The registered provider should ensure that the recording of new medicines information on personal medication records involves two staff, and both sign the entry. Ref: 5.1 and 5.2.1
	Response by registered person detailing the actions taken: Recording of all new medicine information on the residents Kardex involves 2 staff at all times. Staff have been reminded of this via team brief (week beginning 30th July). This is audited on a weekly basis to ensure full compliance.

Area for improvement 5 **Ref**: Standard 32 **Stated:** Second time **To be completed by:** Immediate and ongoing	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. Ref: 5.1 and 5.2.2 **Response by registered person detailing the actions taken:** Any medicines received with a limited shelf life are now highlighted in yellow on the relevant Kardex to alert staff to this. This allows easy identification of such medication. The expiry dates are closely monitored and all expiry dates will be audited on a weekly basis.
Area for improvement 6 **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. Ref: 5.1 **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 **To be completed by:** Immediate and ongoing	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). Ref: 5.1 **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.**

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