

Inspection Report

16 May 2023



Carmoyne

Type of Service: Residential Care Home
Address: 38 Church Street, Ahoghill, BT42 2PA
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Benmacdui Ltd Registered Person: Mr Benjamin Logan	Registered Manager: Mrs Emma Logan Date registered: 30 October 2014
Person in charge at the time of inspection: Mrs Emma Logan	Number of registered places: 16
Categories of care: Residential Care (RC): I – old age not falling within any other category DE – dementia MP(E) - mental disorder excluding learning disability or dementia – over 65 years PH(E) - physical disability other than sensory impairment – over 65 years SI – sensory impairment	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: Carmoyne is a residential care home registered to provide health and social care for up to 16 residents.	

2.0 Inspection summary

An unannounced inspection took place on 16 May 2023 from 10.15am to 2.25pm. This was completed by a pharmacist inspector and focused on medicines management within the home. The purpose of the inspection was to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to medicines management.

Three of the four areas for improvement identified at the last care inspection will be followed up at the next care inspection. The remaining area for improvement in relation to training on dysphagia was stated for a second time.

The outcome of this inspection concluded that improvements in some areas for the management of medicines were necessary. One area for improvement identified at the last medicines management inspection has been stated for a second time and four new areas for improvement have been identified. Areas for improvement are detailed in the quality improvement plan and include monitoring and recording storage temperatures for medicines, the management of medicine prescribed for distressed reactions, obtaining written

confirmation of each resident's medicine regime and staff training and competency assessment in medicines management.

Whilst areas for improvement were identified, RQIA can conclude that overall, with one highlighted exception, the residents were being administered their medicines as prescribed.

RQIA would like to thank the staff for their assistance throughout the inspection.

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 the home was reviewed. This included previous inspection findings, incidents and correspondence. The inspection was completed by examining a sample of medicine related records, the storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. The inspector spoke to management about how they plan, deliver and monitor the management of medicines within the home.

4.0 What people told us about the service

The inspector met with the manager and briefly with the registered person. Staff interactions with residents and visitors were warm, friendly and supportive. It was evident that staff knew the residents well.

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, two responses had been received by RQIA. The respondents stated that they were very satisfied with all aspects of the care provided and comment included:

"...everyone is so very kind, helpful and considerate to our (relative) and us as a family. It means so much to us to have our (relative) safe and happy."

"(relative) is safe and truly cared for. Truly blessed to have Carnmoynne".

5.0 The inspection

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

The last inspection to this residential care home was undertaken on 16 December 2022 by a care inspector.

Areas for improvement from the last inspection on 16 December 2022		
Action required to ensure compliance with Residential Care Homes Minimum Standards (2021)		Validation of compliance
Area for improvement 1 Ref: Standard 30 Stated: First time	The registered person shall ensure that a robust auditing system, which covers all aspects of medicines management in the home, is implemented, appropriate action taken when necessary and a record maintained.	Not met
	Action taken as confirmed during the inspection: Although an auditing programme had been introduced following the last inspection no audits had been completed, other than by the community pharmacist, since June 2022. This is necessary to ensure that the issues highlighted in this report and any other medicines management related issues are identified and the necessary action taken in a timely manner. This area for improvement is stated for a second time.	
Area for improvement 2 Ref: Standard 23.3 Stated: First time	The registered person shall ensure that staff receive dysphagia training, in line with their roles and responsibilities.	Not met
	Action taken as confirmed during the inspection: Although the manager had made contact with the Trust as a route to obtain training, no further progress had been made. This area for improvement is stated for a second time.	

Area for improvement 3 Ref: Standard 25.6 Stated: First time	The staff duty rota must always clearly mark the person in charge of the home in the absence of the manager.	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 20.10 Stated: First time	The registered person shall ensure that the manager undertakes regular governance audits to assure the quality of the care and other services delivered on a daily basis to residents.	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 5 Ref: Standard 22.5 Stated: First time	The registered person shall ensure that residents care records are securely stored in line with good practice and legislative requirements.	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 may 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, at medication reviews or hospital appointments.

The personal medication records reviewed at the inspection were mostly accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to state that they were accurate. A couple of minor discrepancies, including missing allergy status' and the exclusion of medicines administered by the community nursing team, were highlighted. It is essential that all prescribed medicines and essential details are included and the manager agreed to address this immediately.

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

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 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 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 distressed reactions was reviewed. Directions for use were recorded on the personal medication records; and care plans were in place. Staff knew how to recognise a change in a resident's behaviour and were aware that this change may be associated with pain. Records did not always include the reason for and outcome of each administration. A discrepancy in the balance of one of these medicines was identified, the manager agreed to investigate and it was suggested that a running balance should be maintained for these medicines, often used infrequently. An area for improvement was identified.

The management of pain was discussed. Staff advised that they were familiar with how each resident expressed their pain and that pain relief was administered when required. Care plans were in place as necessary.

The management of thickening agents was reviewed. A speech and language assessment report and care plan was in place. Records of prescribing and administration were maintained.

It was agreed that when residents require insulin to manage their diabetes, that further detail should be added to the care plan, to direct staff on the appropriate action to take if the resident's blood sugar was outside of the recommended range for the resident. The manager agreed to address this following the inspection.

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

Medicine 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 local prescribers and the community pharmacist and that medicines were supplied in a timely manner.

The medicines storage area was observed to be securely locked to prevent any unauthorised access. It was tidy and organised so that medicines belonging to each resident could be easily located. A refrigerator and controlled drugs cabinet were available for use as needed. The fixture to secure the medicines trolley to the wall had been removed when the storage area was refitted and had not been put back into place. The manager agreed to address this following the inspection.

Medicines which require cold storage must be stored between 2°C and 8°C to maintain their stability and efficacy. In order to ensure that this temperature range is maintained it is necessary to monitor the maximum and minimum temperatures of the medicines refrigerator each day and to then reset the thermometer. An appropriate maximum/minimum thermometer was not in place and no temperatures records were maintained. Medicines which do not require cold storage must be stored at or below 25°C to ensure their stability and efficacy. The temperature of the medicines storage area was not monitored although a thermometer was in place. An area for improvement was identified.

Satisfactory arrangements were in place for the safe disposal of medicines.

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 the medicines administration records was reviewed. Records were found to have been accurately completed with the exception of records for one external medicine, where a number of unexplained gaps in administration were observed and the month and year of administration being omitted from a small number of records. The manager stated this medicine was often refused by the resident and agreed to discuss this with the resident and have it reviewed by the prescriber as necessary. Staff were reminded that the reason for any omissions must be recorded and the month and year must be recorded on all medicine administration record sheets.

Management and staff did not audit medicine administration on a regular basis (see section 5.1). An area for improvement was stated for a second time. The date of opening was recorded on medicines so that they could be easily audited. This is good practice. The audits completed at the inspection indicated that medicines were administered as prescribed.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs, however it was agreed that a

standardised controlled record book should be in use. The manager stated that this had been identified and would be followed up after the inspection.

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.

A review of records indicated that satisfactory arrangements were in place to manage residents returning from hospital. However, for a resident admitted from the community, medicines had not been verified at the time of admission and a change in dose of one medicine had not been identified, although the correct prescribed dose was being administered. Written confirmation of the resident's medicine regime should be obtained at or prior to admission on every occasion. An area for improvement was identified.

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. A robust audit system will help staff to identify medicine related incidents and is necessary to ensure that safe systems are in place and any learning from errors/incidents can be actioned and shared with relevant staff (see section 5.1).

Management and staff were familiar with the type of incidents that should be reported. The medicine related incident which had been reported to RQIA since the last inspection was discussed.

5.2.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and they are supported. Policies and procedures should be up to date and readily available for staff.

At the last medicines management inspection, update training on medicines management was planned, however this had not yet taken place and competency assessments were not up to date for a number of staff. An area for improvement was identified.

Medicines management policies and procedures were in place.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes Minimum Standards 2021.

	Regulations	Standards
Total number of Areas for Improvement	1	8*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Emma Logan, 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: First time To be completed by: Immediate and ongoing (16 May 2023)	The registered person shall ensure that the medicines are stored at the appropriate temperature: <ul style="list-style-type: none"> • The current, maximum and minimum temperature of the medicines refrigerator must be monitored and recorded each day. • The temperature of the medicines storage area must be monitored and recorded each day. Ref: 5.2.2
	Response by registered person detailing the actions taken: A new purpose medical fridge is now in place and daily max/min temperatures are recorded along with room temperature and kept in front of the kardex.
Action required to ensure compliance with Residential Care Homes Minimum Standards, Version 1:1 (August 2021)	
Area for improvement 1 Ref: Standard 30 Stated: Second time To be completed by: Immediate and ongoing (16 May 2023)	The registered person shall ensure that a robust auditing system, which covers all aspects of medicines management in the home, is implemented, appropriate action taken when necessary and a record maintained. Ref: 5.2.3
	Response by registered person detailing the actions taken: Weekly and monthly audits have been recommenced and will be checked by manager and registered provider on a monthly basis.
Area for improvement 2 Ref: Standard 23.3 Stated: Second time To be completed by: Immediate and ongoing (16 May 2023)	The registered person shall ensure that staff receive dysphagia training, in line with their roles and responsibilities. Ref: 5.1
	Response by registered person detailing the actions taken: All staff have completed dysphagia training through the HSC learning centre.

<p>Area for improvement 3</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (16 December 2022)</p>	<p>The staff duty rota must always clearly mark the person in charge of the home in the absence of the manager.</p> <hr/> <p>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.</p> <p>Ref: 5.1</p>
<p>Area for improvement 4</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (16 December 2022)</p>	<p>The registered person shall ensure that the manager undertakes regular governance audits to assure the quality of the care and other services delivered on a daily basis to residents.</p> <hr/> <p>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.</p> <p>Ref: 5.1</p>
<p>Area for improvement 5</p> <p>Ref: Standard 22.5</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (16 December 2022)</p>	<p>The registered person shall ensure that residents care records are securely stored in line with good practice and legislative requirements.</p> <hr/> <p>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.</p> <p>Ref: 5.1</p>
<p>Area for improvement 6</p> <p>Ref: Standard 33</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (16 May 2023)</p>	<p>The registered person shall review the management of medicines prescribed on a 'when required' basis for distressed reactions to ensure that:</p> <ul style="list-style-type: none"> • the reason for and the outcome of administration is recorded on every occasion. • the identified discrepancy is investigated and the outcome reported. <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>A learning outcome has been issued to staff responsible for the administration of medication and staff are now competent in the administration and recording to reflect standard 33. The identified discrepancy was investigated and fully reconciled.</p>

<p>Area for improvement 7</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (16 May 2023)</p>	<p>The registered person shall ensure that written confirmation of each resident’s medicine regime is obtained at or prior to admission on every occasion.</p> <p>Ref: 5.2.4</p>
<p>Area for improvement 8</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: 16 June 2023</p>	<p>Response by registered person detailing the actions taken:</p> <p>The policy on admission has been updated to reflect standard 30.</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The registered person shall ensure that all staff responsible for the management of medicines have received training and have an up to date competency assessment in place.</p> <p>Ref: 5.2.6</p> <p>Response by registered person detailing the actions taken:</p> <p>Competency assessments have been carried out by the manager. Pharmacy training has been undertaken on 28/06/23.</p>

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