Unannounced Medicines Management Inspection Report
17 July 2017

Carnmoyne

Type of Service: Residential Care Home
Address: 38 Church Street, Ahoghill, BT42 2PA
Tel No: 028 2587 1439
Inspector: Paul Nixon

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for

2.0 Profile of service

This is a residential care home with 16 beds that provides care for residents of old age living with a variety of healthcare needs.

3.0 Service details

Organisation/Registered Provider: Carnmoyne **Responsible Individual:** Mrs Emma Logan (Registration pending)	**Registered Manager:** Mrs Emma Logan
Person in charge at the time of inspection: Ms Sylvia Allen (Care Assistant) The registered manager arrived during the inspection	**Date manager registered:** 30 October 2014
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 registered places:** 16

4.0 Inspection summary

An unannounced inspection took place on 17 July 2017 from 09.40 to 12.00.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

The inspection assessed progress with any areas for improvement identified during and since the last medicines management inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to medicine administration, medicine records, storage and the management of controlled drugs.

An area requiring improvement was identified in relation to the recording of the use of medicines prescribed on a “when required” basis for the management of distressed reactions.

Residents were complimentary regarding the management of their medicines and the care provided.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents’ experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Emma Logan, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions required to be taken following the most recent inspection on 24 January 2017. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of medicine related incidents reported to RQIA since the last medicines management inspection

A poster informing visitors to the home that an inspection was being conducted was displayed.

During the inspection the inspector met with two residents, the registered manager, one member of care staff and one resident's representative.

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA.

A sample of the following records was examined during the inspection:

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

Areas for improvements identified at the last medicines management inspection were reviewed and the assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 24 January 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the care inspector at the next care inspection.

6.2 Review of areas for improvement from the last medicines management inspection dated 12 May 2014

<table>
<tr><th colspan="3">Areas for improvement from the last medicines management inspection</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Regulation 13 (4)

Stated: Second time</td><td>Suitable arrangements must be put in place to ensure maximum and minimum refrigerator temperatures are recorded and maintained in the accepted range of +2^{o}C to +8^{o}C.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
No medicines currently required cold storage. The registered manager and care staff confirmed the arrangements for monitoring and recording the maximum and minimum refrigerator temperatures to ensure the temperature is maintained within the accepted range, should the occasion arise. Given this assurance, this area for improvement was assessed as met.</td></tr>
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Area for improvement 2 **Ref**: Regulation 13 (4) **Stated:** First time	The responsible person must investigate the observations made in the administration of latanaprost eye drops and forward a written report of the findings and action taken to RQIA.	**Met**
	Action taken as confirmed during the inspection: This matter was investigated and a written report of the findings and action taken was submitted to RQIA on 17 June 2014.	
Area for improvement 3 **Ref**: Regulation 13 (4) **Stated:** First time	The responsible person must ensure that the resident's drug allergy status is routinely on the residents' personal medication record.	**Met**
	Action taken as confirmed during the inspection: The resident's drug allergy status was recorded on each resident's personal medication record.	
Action required to ensure compliance with The Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 30 **Stated:** Second time	The frequency of audit trails performed on the management of medicines should be increased to monthly. The refrigerator temperatures should be included.	**Met**
	Action taken as confirmed during the inspection: Regular audit trails were performed on the management of medicines and the outcomes recorded. The audits performed during this inspection produced satisfactory outcomes.	
Area for improvement 2 **Ref**: Standard 30 **Stated:** First time	The responsible person should develop and implement standard operating procedures for controlled drugs.	**Met**
	Action taken as confirmed during the inspection: Standard operating procedures had been developed for the management of controlled drugs.	

Area for improvement 3 **Ref**: Standard 31 **Stated:** First time	The responsible person should review the audit process to ensure the administration of eye drops and external preparations are included.	**Met**
	Action taken as confirmed during the inspection: The audit process had been reviewed to ensure the administration of eye drops and external preparations were included.	
Area for improvement 4 **Ref**: Standard 32 **Stated:** First time	The responsible person should monitor the temperature of the clinical room on a regular basis to ensure the temperature does not exceed 25^{o}C.	**Met**
	Action taken as confirmed during the inspection: The temperature of the clinical room was monitored on a regular basis to ensure it did not exceed 25^{o}C.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Medicines were managed by staff who have been trained and deemed competent to do so. An induction process was in place for care staff who had been delegated medicine related tasks. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. Refresher training in medicines management was provided in the last year.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Staff advised of the procedures to identify and report any potential shortfalls in medicines. Antibiotics and newly prescribed medicines had been received into the home without delay. Satisfactory arrangements were in place for the acquisition and storage of prescriptions.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records were updated by two members of staff. This safe practice was acknowledged.

In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Checks were performed on controlled drugs which require safe custody, at the end of each shift.

Robust arrangements were observed for the management of high risk medicines e.g. warfarin. The use of separate administration charts was acknowledged. The registered manager agreed to introduce running stock balances for warfarin.

Discontinued or expired medicines were disposed of appropriately.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, competency assessments, the management of controlled drugs and the storage of medicines.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The sample of medicines examined had been administered in accordance with the prescriber's instructions. There was evidence that time critical medicines had been administered at the correct time. There were arrangements in place to alert staff of when doses of weekly medicines were due.

When a resident was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, the dosage instructions were recorded on the personal medication record. Staff knew how 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 reason for and the outcome of administration were mostly not recorded; an area for improvement was identified. A care plan was not maintained for one resident; the registered manager gave an assurance that this matter would be addressed without delay.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the resident was comfortable. Staff advised that most of the residents could verbalise any pain. A care plan was maintained. Staff also advised that a pain assessment is completed as part of the admission process.

The management of swallowing difficulty was examined. For the resident prescribed a thickening agent, this was recorded on their personal medication record and included details of the fluid consistency. Administrations were recorded and a care plan and speech and language assessment report was in place.

Staff confirmed that compliance with prescribed medicine regimes was monitored and any omissions or refusals likely to have an adverse effect on the resident's health were reported to the prescriber. They stated that the residents were compliant with their medicine regimes.

Medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged and included recording the date of replacement of medicine containers.

Practices for the management of medicines were regularly audited by the management. In addition, a periodic audit was completed by the community pharmacist.

Following discussion with the registered manager and staff, it was evident that, when applicable, other healthcare professionals are contacted in response to the healthcare needs of residents. Staff on duty advised that they had good working relationships with the community pharmacy, GP practices and the Health and Social Care Trust.

Areas of good practice

There were examples of good practice in relation to the standard of record keeping and the administration of medicines.

Areas for improvement

An improvement should be made in the recording of the reason for and the outcome of administration of medication prescribed for administration on a "when required" basis for the management of distressed reactions.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Staff were noted to be friendly, courteous and happy in their work; they treated the residents with dignity.

The residents we spoke with advised that they were content with the management of their medicines and the care provided in the home. They were very complimentary regarding staff and management. Comments included:

"The care here is very good; I am looked after well"
"I love it here. Staff couldn't be better."

We spoke with one relative who stated that they were very satisfied with the care provided.

As part of the inspection process, we issued questionnaires to residents, residents' representatives and staff. No questionnaires were returned within the specified timeframe.

Areas of good practice

Staff listened to residents and took account of their views.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Written policies and procedures for the management of medicines were in place. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to them.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. Medicine related incidents reported since the last medicines management inspection were discussed. There was evidence of the action taken and learning implemented following incidents. In relation to the regional safeguarding procedures, staff confirmed that they were aware that medicine incidents may need to be reported to the safeguarding lead and safeguarding team.

A review of the audit records indicated that satisfactory outcomes had been achieved.

Following discussion with the registered manager and care staff, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

Staff confirmed that any concerns in relation to medicines management were raised with management. They advised that management were open and approachable and willing to listen.

Areas of good practice

There were examples of good practice in relation to governance arrangements, the management of medicine incidents and quality improvement. There were clearly defined roles and responsibilities for staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Emma Logan, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the residential care home. 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.

7.1 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 Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance The Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).	
Area for improvement 1 **Ref**: Standard 8 **Stated:** First time **To be completed by:** 16 August 2017	The registered person shall ensure that, when a resident is prescribed a medicine for administration on a “when required” basis for the management of distressed reactions, the reason for and the outcome of administration are recorded. Ref: 6.5
	Response by registered person detailing the actions taken: All staff have been informed of the recording for "when required" medeecines in both the medecines kardex nd the daily notes. This was implemented immediately into Carnmoyne and policies updated to reflect same.

Please ensure this document is completed in full and returned via Web Portal

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