



The Regulation and
Quality Improvement
Authority

Carn-vaddy
RQIA ID: 1348
15 Doctors Road
Ballymena
BT42 4HL

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**Announced Medicines Management Inspection
of
Carn-vaddy**

1 October 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An announced medicines management inspection took place on 1 October 2015 from 10:25 to 11:40.

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 some areas for improvement were identified and are set out in the quality improvement plan (QIP) within this report.

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

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the last medicines management inspection on 31 May 2012.

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	4	1

The details of the QIP within this report were discussed with Mrs Margaret Magee, 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: Mrs Margaret Magee	Registered Manager: Mrs Margaret Magee
Person in Charge of the Home at the Time of Inspection: Mrs Margaret Magee	Date Manager Registered: 1 April 2005
Categories of Care: RC-A, RC-I, RC-LD, RC-LD(E), RC-PH	Number of Registered Places: 3
Number of Residents Accommodated on Day of Inspection: 3	Weekly Tariff at Time of Inspection: £470

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 30: Management of Medicines
 Standard 31: Medicines Records
 Standard 33: Administration of medicines

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:

During the inspection the inspector met with the registered manager.

The following records were examined during the inspection:

Medicines received	Medicine audits
Personal medication records	Policies and procedures
Medicines administration records.	Medicine storage temperatures

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 30 June 2015. The completed QIP was assessed and approved by the care inspector on 7 September 2015.

5.2 Review of Requirements and Recommendations from the Last Medicines Management Inspection

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 13(4) Stated once	The registered manager must make the necessary arrangements to ensure that personal medication records are fully and accurately maintained at all times.	Partially Met
	Action taken as confirmed during the inspection: A personal medication record was maintained for one resident only. This record must be maintained for each resident and should detail the drug allergy status and the date of writing. The accuracy of the information should be witnessed by another member of staff. This requirement was restated	
Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 30 Stated once	The registered manager should further develop the written policies and procedures to ensure these cover all aspects of the management of medicines.	Partially Met
	Action taken as confirmed during the inspection: There was evidence of policies and procedures in relation to medicines management; however, these need further development to ensure they are up to date and include all areas of the management of medicines in Carn-vaddy. This recommendation was restated	

Last Inspection Recommendations		Validation of Compliance
<p>Recommendation 2</p> <p>Ref: Standard 30</p> <p>Stated once</p>	<p>The registered manager should ensure that robust arrangements are in place for the management of self-administered medicines.</p> <hr/> <p>Action taken as confirmed during the inspection: At the time of the inspection, none of the residents were responsible for the self-administration of medicines. The registered manager advised that this had not occurred for some time.</p>	<p>Not Applicable</p>
<p>Recommendation 3</p> <p>Ref: Standard 30</p> <p>Stated once</p>	<p>The registered manager should record the outcomes of the auditing activity which is undertaken in the home.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence of audit activity with regard to medicines.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 31</p> <p>Stated once</p>	<p>The registered manager should closely monitor the completion of administration records to ensure these are being accurately completed.</p> <hr/> <p>Action taken as confirmed during the inspection: The sample of medicine administration records examined at the inspection had been well maintained.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 32</p> <p>Stated once</p>	<p>The storage of controlled drugs should be reviewed and revised to ensure the safe custody of controlled drugs is maximised, and in accordance with the DHSSPS publication, Safer Management of Controlled Drugs: a guide to good practice in primary care (Section 15, Registered Homes).</p> <hr/> <p>Action taken as confirmed during the inspection: A controlled drugs cupboard was available. Controlled drugs subject to the safe custody legislation were not prescribed or held in stock at the time of the inspection. The registered manager stated that these medicines had not been prescribed in the last two years.</p>	<p>Not Applicable</p>

Last Inspection Recommendations		Validation of Compliance
Recommendation 6 Ref: Standard 32 Stated once	Stock reconciliation checks on Schedule 3 controlled drugs should be performed on each occasion, when the responsibility for safe custody is transferred.	Not Applicable
	Action taken as confirmed during the inspection: The registered manager confirmed that this had been implemented following the last medicines management inspection. Schedule 3 controlled drugs had not been prescribed in the last two years.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

With the exception of two medicines, all of the medicines held in stock were supplied in a monitored dosage system. The audit trails performed at the inspection showed satisfactory outcomes, indicating that medicines were administered as prescribed. There was evidence that bisphosphonate medicines were administered at the correct time.

The management of medicines for new residents requires review. Written confirmation of medicine regimes had not been obtained for one resident.

Satisfactory systems were in place to manage the ordering of prescribed medicines to ensure that adequate supplies were available and to prevent wastage. The registered manager advised that prescriptions were checked against the medicine order; copies of most prescriptions were kept in the home.

Medicines were prepared immediately prior to their administration from the container in which they were dispensed. All of the medicines examined had been labelled appropriately.

The medicine records which were completed had been well maintained. However, it was noted that a personal medication record was maintained for one resident only. This did not state the resident's drug allergy status or the date of writing. Records of the receipt of two residents' medicines were routinely recorded; however, these records were not completed for the incoming medicines prescribed for one resident.

Any medicines which were unwanted or unsuitable for use were returned to the community pharmacy for disposal. However, records of the disposal or transfer of medicines were not maintained. These had been maintained in the past. The registered manager advised that there were rarely any medicines which required disposal or transfer.

There were procedures in place to report and learn from any medicine related incidents that may occur in the home. There had been no reported medicine related incidents since the last medicines management inspection.

Is Care Effective? (Quality of Management)

Although, written policies and procedures pertaining to the management of medicines in Carn-vaddy were in place, these were not up to date.

The registered manager is mainly responsible for the administration of medicines. Occasionally, other staff assist as needed. The registered manager confirmed that the staff had completed a period of induction and were trained and competent. Refresher training had been provided by the community pharmacist. However, records of medicines management training and competency were not maintained. The registered manager advised that the impact of training was monitored through supervision and appraisal.

The auditing arrangements for medicines were discussed. The registered manager advised that this process was completed monthly. She stated that a review of the completed administration records and monitored dosage system packs were undertaken. There was evidence of the auditing activity on one medicine which was not supplied in the monitored dosage system.

Is Care Compassionate? (Quality of Care)

At the time of this inspection, residents were not prescribed any medicines for the management of distressed reactions.

In relation to pain management, only one pain controlling medicine was prescribed. This medicine had not been administered in several months. The registered manager confirmed that the resident could verbally express pain. It was agreed that the management of pain would be included in the resident's care plan.

Areas for Improvement

Written confirmation of medicine regimes must be obtained for all new residents. A requirement was made.

A personal medication record must be maintained for each resident. This should detail the resident's drug allergy status and state the date of writing. The requirement made at the last inspection was stated for the second time. In accordance with best practice it was advised that two staff should be involved in writing personal medication records, to ensure the accuracy of the transcribing.

Records of the receipt of all incoming medicines must be maintained. A requirement was made.

The registered manager agreed to maintain records of any future medicines which were returned for disposal or transferred out of the home.

Written policies and procedures for medicines management in Carn-vaddy should be reviewed and revised to ensure these include the new medicine system and they cover all aspects of medicines management in the home. The recommendation made at the last medicines management inspection was stated for the second time.

Records which indicate that staff are trained and competent in the management of medicines must be maintained. A requirement was made.

Number of Requirements	4	Number of Recommendations	1
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5.4 Additional Areas Examined

Medicines were stored safely and securely in accordance with the manufacturer's instructions.

Satisfactory arrangements were in place for the management of medicine keys.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Margaret Magee, 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 DHPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care 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) Residential Care Homes Minimum Standards (2011). 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 Person/Registered Manager

The QIP should be completed by the registered person/registered manager 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 RQIA's office 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

Statutory Requirements	
Requirement 1 Ref: Regulation 13(4) Stated: Second time To be Completed by: 31 October 2015	The registered manager must make the necessary arrangements to ensure that personal medication records are fully and accurately maintained at all times. Response by Registered Person(s) Detailing the Actions Taken: <i>Personal medication records in place for all residents</i>
Requirement 2 Ref: Regulation 13(4) Stated: First time To be Completed by: 31 October 2015	The registered manager must ensure that written confirmation of medicine regimes is obtained for each new resident. Response by Registered Person(s) Detailing the Actions Taken: <i>Written confirmation of medicines received for all new residents</i>
Requirement 3 Ref: Regulation 13(4) Stated: First time To be Completed by: 31 October 2015	The registered manager must ensure that a record of incoming medicines is maintained on every occasion. Response by Registered Person(s) Detailing the Actions Taken: <i>all incoming medication recorded</i>
Requirement 4 Ref: Regulation 19(2) Stated: First time To be completed by: 31 October 2015	The registered manager must ensure that records of staff training and competency in the management of medicines are maintained. Response by Registered Person(s) Detailing the Actions Taken: <i>2 PR staff fully trained - competent in administering of medication</i>

Recommendations			
Recommendation 1	The registered manager should further develop the written policies and procedures to ensure these cover all aspects of the management of medicines.		
Ref: Standard 30			
Stated: Second time	Response by Registered Person(s) Detailing the Actions Taken:		
To be Completed by: 31 October 2015	Amended policy now in place to cover all aspects of management of medication		
Registered Manager Completing QIP	In Image	Date Completed	8.11.15
Registered Person Approving QIP		Date Approved	
RQIA Inspector Assessing Response	John Taylor	Date Approved	17.11.15

Please ensure the QIP is completed in full and returned to RQIA's office