



The Regulation and  
Quality Improvement  
Authority

Clonmore House  
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**Unannounced Medicines Management Inspection  
of  
Clonmore House**

**14 April 2015**

The Regulation and Quality Improvement Authority  
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Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced medicines management inspection took place on 14 April 2015 from 11:20 to 14:15.

Overall on the day of the inspection the management of medicines was found to be safe, effective and compassionate. The outcome of the medicines management inspection found no significant areas of concern though some areas for improvement were identified and are set out in the quality improvement plan (QIP) appended to 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 21 September 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
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

The details of the QIP within this report were discussed with Mrs Tracey McCartney, (Deputy Manager) as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Northern Health and Social Care Trust/ Dr Anthony Baxter Stevens	<b>Registered Manager:</b> Ms Jeanette Mitchell
<b>Person in Charge of the Home at the Time of Inspection:</b> Mrs Tracey McCartney (Deputy Manager)	<b>Date Manager Registered:</b> 1 April 2005
<b>Categories of Care:</b> RC-I	<b>Number of Registered Places:</b> 42
<b>Number of Residents Accommodated on Day of Inspection:</b> 27	<b>Weekly Tariff at Time of Inspection:</b> £465

## 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: Medicine Records  
Standard 33: Administration of medicines

Theme 1: Medicines prescribed on an 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:

Prior to the inspection, the inspector reviewed the management of medicine related incidents reported to RQIA since the last medicines management inspection.

During the inspection, the inspector met with the deputy manager and senior care staff on duty.

The following records were examined during the inspection:

Medicines requested and received	Care plans
Personal medication records	Medicine audits
Medicines administration records	Policies and procedures
Controlled drug record books	Training records
Medicine storage temperature records	

## 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 10 March 2015. No requirements or recommendations were made following that inspection.

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

Last Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 13(4) Stated once	The registered manager must make the necessary arrangements to ensure that medicine refrigerator temperatures are maintained within the accepted range of +2°C to +8°C.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b>  Medicine refrigerator temperatures are monitored and recorded on a twice daily basis. Maximum temperatures are maintained within the accepted range, however, on several days the minimum temperature was recorded below 2°C. Whilst it was acknowledged that there was evidence that some of the low temperatures had been recognised, these had not been reported on each occasion. The temperatures were monitored at the time of the inspection and satisfactory temperatures were observed. This was further discussed with the deputy manager who agreed that weekly monitoring would commence with immediate effect.	

Last Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 30 Stated once	Written Standard Operating Procedures for controlled drugs should be developed and implemented.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  There are written policies and procedures in place for the management of controlled drugs.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 31 Stated once	Two members of staff should be involved in transcribing medicine details on personal medication records and warfarin administration records.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  There was evidence that two trained staff are involved in transcribing medicine details on personal medication records. Although this only occurs occasionally on warfarin administration records, it was acknowledged that there are safe practices in place, as the warfarin regime is located with the warfarin administration record for staff reference at each administration.	
<b>Recommendation 3</b> <b>Ref:</b> Standard 31 Stated once	The registered manager must closely monitor the completion of personal medication records to ensure the resident's drug allergy status is clearly recorded.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  All of the personal medication records examined at the inspection included the resident's drug allergy status.	

## 5.3 The Management of Medicines

### Is Care Safe? (Quality of Life)

Medicines were administered in accordance with the prescriber's instructions. The audit trails performed on a variety of randomly selected medicines at the inspection provided satisfactory outcomes. There was evidence that bisphosphonate medicines had been administered at the correct time.

There was evidence that robust arrangements are in place to ensure the safe management of medicines during a resident's admission to the home and on their discharge or transfer from the home.

Systems are in place to manage the ordering of prescribed medicines to ensure adequate supplies are available and to prevent wastage.

There are satisfactory systems in place to manage any medicine changes including dose changes for anticoagulant medicines.

Medicine records are legible and accurately maintained as to ensure that there is a clear audit trail. Records of the ordering, receipt, administration, non-administration, disposal and transfer of medicines are maintained. The good practice of highlighting multiple dose medicines on personal medication records and also recording the actual quantity administered on each occasion on the administration records was acknowledged. All of the personal medication records which were examined had been signed by two trained members of staff to ensure the accuracy of the record. This is safe practice.

Satisfactory arrangements are in place for the management of controlled drugs.

Any medicines which are discontinued or are unsuitable for use are returned to the community pharmacy for disposal.

### Is Care Effective? (Quality of Management)

Written policies and procedures for the management of medicines in Clonmore House are in place.

Medicines are managed by staff who have been trained and deemed competent to do so. The impact of training is monitored through team meetings, quarterly supervision and annual appraisal. Recent training in medicines management was provided in March 2015. Training in the relation to the management of Parkinson's has been scheduled.

For those residents who are prescribed insulin, this is administered by the community nurse. A written procedure for the management of hypoglycaemia was observed.

There are procedures in place to report and learn from any medicine related incidents that have occurred in the home. The reported medicine related incidents had been managed appropriately.

Practices for the management of medicines are audited each week by the senior care staff and consists of specific areas to be audited on certain days and audits to be carried out by staff on

night duty. Stock reconciliation checks are performed on controlled drugs at least twice per day. Running stock balances are also maintained for warfarin and antibiotics. The management team and the community pharmacist also complete audits. A review of the audit records indicated that largely satisfactory outcomes had been achieved and in the instances where a discrepancy had been identified, a reason had been recorded. The audit process is facilitated by the good practice of recording the date of opening on the container and also maintaining a permanent record of the date of opening on the administration record. Staff also record when the medicine container requires replacement.

There are arrangements in place to note any compliance issues with medicine regimes and these are reported to the resident's prescriber.

### **Is Care Compassionate? (Quality of Care)**

The management of medicines which are prescribed on a 'when required' basis for the management of distressed reaction was examined. Of the sample of personal medication records which were selected at the inspection, these showed that the frequency of dosing and maximum daily dose of anxiolytic/antipsychotic medicines is clearly recorded. The reason for the administration and effect of the administration is recorded.

From discussion with senior care staff and the deputy manager, it was concluded that staff are familiar with circumstances when to administer anxiolytic/antipsychotic medicines. Staff have the knowledge to recognise signs, symptoms and triggers which may cause a change in a resident's behaviour and are aware that this change may be associated with pain. There was evidence that a recent change in the frequency of use of one anxiolytic medicine had been noted and reported to the resident's prescriber. The medicine has now been prescribed for regular use.

In relation to the management of medicines which are prescribed for pain, examination of the administration of medicines indicated that these medicines were administered as prescribed. This included regularly prescribed controlled drug patches and tablets and analgesics which are prescribed for administration on a 'when required' basis.

From discussion with the deputy manager and senior care staff, it was evident that staff are aware of the signs, symptoms and triggers of pain in residents. The deputy manager advised that this had been recently reviewed as part of staff supervision.

The management of pain is also assessed by the rehabilitation team who attend the home throughout the week, to oversee those residents who are accommodated for a period of intermediate care. The deputy manager advised that the learning from this team is disseminated to all trained staff for application (as necessary) to all residents accommodated in the home.

Where medicines are prescribed to manage pain on a 'when required' basis, staff are aware that ongoing monitoring is necessary, to ensure that pain is well controlled and the resident is comfortable. There are systems in place to report any increased frequency in the use of these medicines to the resident's prescriber. There was evidence that the refusal of one medicine due to a swallowing difficulty had been reported to the resident's prescriber; a liquid formulation had been prescribed to facilitate administration and ensure ongoing pain control for the resident.

## Areas for Improvement

In the instances where a resident is prescribed medicines for the management of pain, on a 'when required' basis, a care plan is not in place. It is recommended that a care plan is developed.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
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### 5.4 Additional Areas Examined

Medicines are stored safely and securely in accordance with statutory and manufacturer's instructions. Keys to all medicine cupboards are carried by the person-in-charge of the home.

The temperature of the medicine room is monitored and recorded each day.

The arrangements for the cold storage of medicines were also reviewed. Current, maximum and minimum temperatures are recorded on a daily basis. Whilst most of the current and all of the maximum temperatures were satisfactory, temperatures below 2°C were recorded during each month between January and April 2015. There were occasions when staff had noted the deviation and had adjusted the thermometer. The deputy manager advised that a new refrigerator had been obtained. As the temperature range was satisfactory at the time of the inspection, and there was no evidence of very low temperatures or excessively cold stock, it was agreed that a check of refrigerator temperatures by management would be included in the weekly audit and would commence with immediate effect. It was suggested that the suitability of the thermometer should be checked.

## 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Tracey McCartney (Deputy 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 HPSS (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 The 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 Manager/Registered Person

The QIP should be completed by the registered manager/registered person to 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 by the registered manager. Once fully completed, the QIP will be returned to **pharmacists@rqia.org.uk** 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

**No requirements were made following this inspection**

### Recommendation

#### Recommendation 1

**Ref:** Standard 30

**Stated:** First time

**To be Completed by:**  
**14 May 2015**

It is recommended that the registered person should ensure that a care plan is maintained for residents who are prescribed medicines for the management of pain, on a 'when required' basis.

#### **Response by Registered Person(s) Detailing the Actions Taken:**

A care plan for each individual who require medication for pain management on a when required basis is now in place

<b>Registered Manager Completing QIP</b>	Jeanette Mitchell	<b>Date Completed</b>	15/5/15
<b>Registered Person Approving QIP</b>	Una Cuning Tony Stevens	<b>Date Approved</b>	29.05.15
<b>RQIA Inspector Assessing Response</b>	<b>Judith Taylor</b>	<b>Date Approved</b>	<b>03/06/15</b>

***\*Please ensure the QIP is completed in full and returned to [pharmacists @rqia.org.uk](mailto:pharmacists@rqia.org.uk) from the authorised email address\****