



Unannounced Follow Up Medicines Management Inspection Report 12 June 2019



Castlehill

Type of Service: Nursing Home
Address: 14 Bellshill Road, Castledawson, BT45 8HG
Tel No: 028 7946 8730
Inspector: Paul Nixon

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Assurance, Challenge and Improvement in Health and Social Care

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 provider 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 nursing home registered to provide nursing care for up to 34 patients with a learning disability as detailed in section 3.0.

3.0 Service details

Organisation/Registered Provider: Safecare Chrysalis Ltd Responsible Individual: Mr Cathal McAteer	Registered Manager: Ms Bernadette O'Neill
Person in charge at the time of inspection: Ms Teresa Agnew and Ms Naomi Topley (Registered Nurses); Ms Bernadette O'Neill (Registered Manager) arrived at approximately 11:00	Date manager registered: 27 January 2011
Categories of care: Nursing Homes (NH) LD - Learning disability. LD(E) - Learning disability - over 65 years	Number of registered places: 34 - with associated physical disabilities

4.0 Inspection summary

An unannounced inspection took place on 12 June 2019 from 10.10 to 12.40.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

The inspection solely sought to assess progress with issues raised during the previous medicines management inspection that took place on 11 December 2018.

The following areas were examined during the inspection:

- personal medication records
- storage of medicines with a limited shelf life
- admission process
- management of newly prescribed medicines

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	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Bernadette O'Neill, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 8 March 2019. Other than those actions detailed in the QIP no further actions were required to be taken. 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:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of incidents: it was ascertained that there were no incidents involving medicines had been reported to RQIA since the last medicines management inspection.

During the inspection the inspector met with two registered nurses and the registered manager.

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

- medicines requested and received
- care plans
- personal medication records
- medicines storage temperatures
- medicine administration records

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

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 8 March 2019

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 11 December 2018

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		Validation of compliance
Area for improvement 1 Ref: Standard 29 Stated: Second time	The registered person shall ensure that rewritten personal medication records and any new entries are verified and signed by two trained members of staff.	Met
	Action taken as confirmed during the inspection: There was evidence that rewritten personal medication records and any new entries were verified and signed by two trained members of staff. The personal medication records belonging to 22 patients were reviewed; these had been accurately maintained. The registered manager confirmed that the nursing staff had been provided with training on the maintenance of the personal medication records.	

Area for improvement 2 Ref: Standard 30 Stated: First time	The registered person shall review the systems in place to alert staff of the expiry dates of medicines with a limited shelf life once opened, to ensure they are not administered after expiry.	Met
	Action taken as confirmed during the inspection: There was evidence that systems were in place to alert staff of the expiry dates of medicines with a limited shelf life once opened, to ensure they are not administered after expiry. A new system had been introduced to highlight medicines that had a limited shelf life once opened and their date of expiry. Those medicines examined were in date.	
Area for improvement 3 Ref: Standard 29 Stated: First time	The registered person shall ensure that personal medication records are maintained clearly and accurately and detail all of the medicines prescribed for the patient and their allergy status.	Met
	Action taken as confirmed during the inspection: There was evidence that personal medication records were maintained clearly and accurately and detailed all of the medicines prescribed for the patient and their allergy status. The personal medication records belonging to 22 patients were reviewed; these had been accurately maintained. The registered manager confirmed that the nursing staff had been provided with training on the maintenance of the personal medication records.	

6.3 Inspection findings

See section 6.2.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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