



The Regulation and
Quality Improvement
Authority

Cloughreagh House
RQIA ID: 1558
Millvale Road
Bessbrook
Newry
BT35 7EH

Inspector: Cathy Wilkinson
Inspection ID: IN022464

Tel: 028 3083 0520
Email: kate.mcbeth@southerntrust.hscni.net

**Unannounced Medicines Management Inspection
of
Cloughreagh House
30 September 2015**

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced medicines management inspection took place on 30 September 2015 from 10.30 to 12:15.

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 areas of concern. A Quality Improvement Plan (QIP) was not included in 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 January 2013.

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	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Southern Health and Social Care Trust Mrs Paula Mary Clarke	Registered Manager: Mrs Kathleen Patricia McBeth
Person in Charge of the Home at the Time of Inspection: Ms Cathy Small (Senior Residential Worker)	Date Manager Registered: 6 August 2013
Categories of Care: RC-I, RC-DE	Number of Registered Places: 23
Number of Residents Accommodated on Day of Inspection: 14	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: Medicine 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:

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

During the inspection the inspector met with the acting manager and staff on duty.

The following records were 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

Policies and procedures

Training records

Medicines refrigerator 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 11 August 2015. There was no QIP resulting from this inspection.

5.2 Review of Requirements and Recommendations from the Last Medicines Management Inspection 18 November 2015

There were no requirements or recommendations made as a result of the last medicines management inspection.

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

Cloughreagh House was providing residential care for seven permanent residents and the rest of the residents were receiving step up/step down or respite care.

The audits which were completed at the inspection produced satisfactory outcomes indicating that the medicines had been administered as prescribed.

Systems were in place to ensure medicines were available for each resident's needs. All medicines audited during the inspection were available for administration. One discrepancy was noted in the administration of a laxative. The senior residential worker advised that this would be closely monitored.

The senior residential worker advised that robust arrangements were in place to ensure the safe management of medicines during a resident's admission to the home; an up to date personal medication record was in place for each resident. Written confirmation of the resident's medicine regime was obtained and held of file for all new admissions.

The management of warfarin was examined and found to be satisfactory. Written confirmation of the regime was obtained and the dosage was transcribed by two members of staff. A daily running balance of each strength of tablets was recorded. A risk assessment was completed and held on file for each resident.

Personal medication records were in place for each resident. In the absence of the prescriber's signature two members of staff had signed the personal medication records.

The medication administration records had been maintained in a satisfactory manner.

Records for the medicines received and returned had been accurately maintained.

Is Care Effective? (Quality of Management)

The Southern Health and Social Care Trust policies and procedures for the management of medicines were available.

The senior residential worker advised that medicines were being managed by staff who had been trained and deemed competent to do so; there was a training matrix in place to ensure that training was up to date. Update training on the management of medicines was provided regularly. The senior residential worker confirmed that there was a system of regular supervisions and annual competency assessment.

There was an up to date list of staff names and sample signatures.

There were systems in place to audit the practices for the management of medicines. The registered manager completed an audit monthly and the outcomes and action plan were communicated to staff. Good outcomes were observed.

There were procedures in place to report and learn from medicine related incidents that had occurred in the home. The medicine incident reported to RQIA had been managed appropriately.

Is Care Compassionate? (Quality of Care)

The records for a number of residents who were prescribed anxiolytic medicines for administration on a “when required” basis for the management of distressed reactions were examined. The care plans detailed the circumstances under which the medicines were to be administered. The parameters for administration were recorded on the personal medication records. Records of administration were in place and the reason for and outcome of administration had been recorded. The medicines administration records indicated that the medicines were being administered in accordance with the prescribers’ instructions.

The senior residential worker confirmed that residents would have their pain management reviewed as part of the admission assessment. The senior residential worker advised that residents were able to tell staff when they required pain relief and that staff were knowledgeable in managing pain relief.

Areas for Improvement

Two pharmacy filled compliance aids were in use for residents. Staff should be able to identify the tablets contained within the compliance aids and this was discussed with the senior residential worker. Each individual tablet administered or not administered from the compliance aid should be recorded on the medicines administration record. The senior residential worker advised that this would be remedied following the inspection.

Number of Requirements:	0	Number of Recommendations:	0
--------------------------------	----------	-----------------------------------	----------

5.4 Additional Areas Examined

Storage of medicines was observed to be tidy and organised.

The maximum, minimum and current temperature of the medicines refrigerator was being monitored each day and was within the required range.

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.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager	Mrs Kate Mc Beth	Date Completed	6/10/15
Registered Person	Mrs Angela McVeigh Director Older People & Primary Care	Date Approved	19/10/2015
RQIA Inspector Assessing Response	Cathy Wilkinson	Date Approved	21/10/2015

Please provide any additional comments or observations you may wish to make below:

Please complete in full and returned to pharmacists@rqia.org.uk from the authorised email address