



Ballymacoss House
RQIA ID: 1577
1 Johnston Way
Knockmore Road
Lisburn
BT28 2XE

Inspector: Helen Daly
Inspection ID: IN022703

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**Unannounced Medicines Management Inspection
of
Ballymacoss House**

9 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 9 September 2015 from 10:40 to 13:00.

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 detailed in the report. A Quality Improvement Plan (QIP) was not included in this report. The registered manager and staff were commended for their ongoing efforts.

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 Medicines Management Inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the medicines management inspection on 24 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 | 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: The Cedar Foundation Ms Eileen Marian Thomson | Registered Manager: Ms Colette Speight |
| Person in Charge of the Home at the Time of Inspection: Mrs Helen Megarry (Practice Leader) | Date Manager Registered: 15 November 2012 |
| Categories of Care: RC-PH | Number of Registered Places: 12 |
| Number of Residents Accommodated on Day of Inspection: 10 | Weekly Tariff at Time of Inspection: £694.55 - £732.00 |

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 medication related incidents reported to RQIA, since the last medicines management inspection.

During the inspection the inspector met with two of the practice leaders.

The following records were examined during the inspection:

- Medicines requested and received
- Personal medication records
- Medicines administration records
- Medicines disposed of or transferred
- Controlled drug record book
- Medicine audits
- Policies and procedures
- Care plans
- Training 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 on 30 June 2015. The QIP was returned and approved by the care inspector on 18 August 2015.

5.2 Review of Recommendations from the Last Medicines Management Inspection on 24 May 2012

| Last Inspection Recommendations | | Validation of Compliance |
|---|--|--------------------------|
| Recommendation 1 Ref: Standard 30 Stated: First time | The manager should ensure that the use of food thickeners is recorded. | Met |
| | Action taken as confirmed during the inspection: Records of prescribing and administration were maintained on the personal medication records and medication administration records. Up to date speech and language assessments and care plans were also in place. | |
| Recommendation 2 Ref: Standard 30 Stated: First time | The manager should ensure that written Standard Operating Procedures are available for the management of controlled drugs. | Met |
| | Action taken as confirmed during the inspection: Policies and procedures for the management of controlled drugs were in place. Schedule 2 and Schedule 3 controlled drugs were not prescribed for any residents on the day of the inspection. | |

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

The audits which were carried out on several randomly selected medicines produced satisfactory outcomes, indicating that the medicines had been administered as prescribed.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. All medicines were available for administration on the day of the inspection. Medicines were observed to be labelled appropriately.

The person in charge advised that arrangements were in place to ensure the safe management of medicines during a resident's admission to the home; there had been no recent admissions.

Epilepsy management plans for designated residents were available.

Medicine records had been maintained in a satisfactory manner. Two practice leaders were involved in writing and updating the personal medication records. Where more than one personal medication record was in place for a resident this had not been documented e.g. 1 of 2.

Records showed that discontinued and expired medicines had been returned to the community pharmacy.

Schedule 2 and Schedule 3 controlled drugs were not prescribed on the day of the inspection. A review of previous records in the controlled drug record book indicated that records had been maintained in a satisfactory manner.

Is Care Effective? (Quality of Management)

Policies and procedures for the management of medicines, including controlled drugs, were available in the treatment room.

There was evidence that medicines were being managed by staff who had been trained and deemed competent to do so. Annual update training on the management of medicines had been completed. Further update training was planned for 23 September 2015. Competency assessments were completed annually.

Epilepsy awareness training (including the use of buccal midazolam) had been completed by some staff in February 2015. Training for remaining staff had been requested on the morning of the inspection.

There were robust internal auditing systems. Daily audits to ensure that medicines had been administered and records updated were completed. The registered manager and a designated member of staff also completed monthly audits. The community pharmacy provided a quarterly advice visit. Satisfactory outcomes were observed.

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

Is Care Compassionate? (Quality of Care)

There was evidence that residents were encouraged to self-administer their medicines when appropriate.

The records for one resident who was prescribed an anxiolytic medicine for administration on a "when required" basis for the management of distressed reactions were examined. A care plan was in place and there was evidence that it was reviewed regularly. Records of prescribing and administration were in place. The reason for administration had been recorded on the comments section of the administration sheets. The outcome of administrations had been recorded in the daily handover notes. Alternative methods of recording the reason and outcome of each administration were discussed in order to facilitate easy retrieval.

The person in charge confirmed that residents were able to demonstrate/verbalise when they were in pain. "When required" analgesics were prescribed for several residents and there was evidence that they were being administered in accordance with the prescribers' directions. The reason for administration had been recorded.

5.4 Areas for Improvement

The person in charge confirmed that where more than one personal medication record was in place for a resident this would be clearly recorded.

The person in charge agreed to review the recording systems for “when required” medicines for the management of distressed reactions.

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

5.5 Additional Areas Examined

Storage was observed to be tidy and organised. The registered manager and staff were commended for their ongoing efforts.

It was agreed that the temperature of the treatment room would be monitored and recorded daily to ensure that it did not exceed 25°C.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

| | | | |
|--|--------------------|-----------------------|-----------------|
| Registered Manager | Colette Speight | Date Completed | 21.09.15 |
| Registered Person | Mrs Eileen Thomson | Date Approved | 21.09.15 |
| RQIA Inspector Assessing Response | Helen Daly | Date Approved | 21.09.15 |

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

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.