



Unannounced Follow Up Medicines Management Inspection Report 8 October 2019



Carmen House

Type of Service: Residential Care Home
Address: 3 Carmen Lane, Bangor BT20 3PL
Tel No: 028 9145 9508
Inspector: Paul Nixon

www.rqia.org.uk

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 residential care home which provides care for up to 15 residents with a variety of care needs, as detailed in section 3.0.

3.0 Service details

Organisation/Registered Provider: Carmen House Responsible Individual: Mr Alexander Thomas Millar	Registered Manager and date registered: Mrs Wendy Carson 10 July 2019
Person in charge at the time of inspection: Mrs Wendy Carson	Number of registered places: Total number 15 comprising: 15 – RC - I 02 – RC - DE
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia	Total number of residents in the residential care home on the day of this inspection: 15

4.0 Inspection summary

An unannounced inspection took place on 8 October 2019 from 08.50 to 11.50.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

The inspection was undertaken following information received by RQIA in relation to some aspects of the management of medicines.

It is not the remit of RQIA to investigate whistleblowing concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- Medicine records
- Management of controlled drugs
- Care plans
- Staff medicines management competency records
- Management of incidents

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	3	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mrs Wendy Carson, Registered Manager and Mr Alexander Millar, Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

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 joint care and medicines management inspection undertaken on 2 May 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 no incidents involving medicines had been reported to RQIA since the last medicines management inspection.

During the inspection the inspector met with the registered manager, the responsible individual and one member of care staff.

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

- medicines received
- personal medication records
- medicine administration records
- controlled drug record book
- care plans
- training records

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 2 May 2019

The most recent inspection of the home was an unannounced inspection. The completed QIP was returned and approved by the care and pharmacist inspectors.

6.2 Review of areas for improvement from the last inspection dated 2 May 2019

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13(4) Stated: First time	The registered person shall ensure that personal medication records are fully and accurately maintained and the process of verifying the accuracy of the personal medication records is reviewed and revised.	Met
	Action taken as confirmed during the inspection: The personal medication records reviewed had been accurately maintained.	
Area for improvement 2 Ref: Regulation 13(4) Stated: First time	The registered person shall ensure that a record of all contact and advice from healthcare professionals involved in residents' care is made.	Met
	Action taken as confirmed during the inspection: For several newly prescribed medicines and dosage changes, a record of the contact and advice from healthcare professionals involved in the residents' care had been made.	

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 6.2 Stated: First time	The registered person shall ensure that a risk assessment is completed for the use of an electric heater in a resident's bedroom and the need for an electric heater is kept under review.	Met
	Action taken as confirmed during the inspection: A risk assessment had been completed and the electric heater had been removed from the resident's bedroom.	
Area for improvement 2 Ref: Standard 6 Stated: First time	The registered person shall ensure that care plans are person centred and provide sufficient detail to guide and support staff in the delivery of care to meet residents' needs and preferences.	Met
	Action taken as confirmed during the inspection: The registered manager provided evidence that care plans had been reviewed and amended, as necessary, to ensure that they were person centred and provided sufficient detail to guide and support staff in the delivery of care to meet residents' needs and preferences.	
Area for improvement 3 Ref: Standard 20.15 Stated: First time	The registered person shall ensure that all notifiable accidents and incidents are made to RQIA in accordance with legislation. Records must be completed in full and retained for inspection.	Met
	Action taken as confirmed during the inspection: All notifiable accidents and incidents had been made to RQIA in accordance with legislation. Records had been completed in full and retained for inspection.	

Area for improvement 4 Ref: Standard 30 Stated: First time	The registered person shall ensure that safe systems for the management of medication changes are in place. All staff should be made aware of the procedure to be followed.	Met
	Action taken as confirmed during the inspection: The systems for the management of medication changes had been reviewed by management to ensure they were safe. The registered manager confirmed that the community pharmacist acts promptly in making any necessary changes to the monitored dosage system sachets. She also confirmed that all staff had been made aware of the procedure to be followed.	

6.3 Inspection findings

Management of medicines

Residents were normally receiving their medicines in accordance with the prescribed instructions. There had been one instance where a resident had received two medicines twice instead of once daily. This had been appropriately managed.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Staff advised of the procedures to identify and report any potential shortfalls in medicines.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened.

The member of care staff administering the morning medicines was observed to check each medicine to be administered, prepare them for administration, sign the medicine administration record and then proceed to administer them to the resident. The need for management to ensure that the medicine administration record is only completed by the staff member immediately after administering medicines to the resident was discussed. An area for improvement was identified.

Staff were using erasable pens to complete records. This practice is not permitted; indelible pen must be used when completing records. The registered manager removed the erasable pens from use during the inspection and stated that they would no longer be used. This action having been taken during the inspection, an area for improvement was not stated.

One medication incident had not been reported to RQIA. The registered manager stated that, having taken advice from a healthcare professional and because the incident had not caused the resident any harm, she did not think it needed to be reported to RQIA as a notifiable incident. She agreed to notify RQIA of any similar incidents in future. The incident had, otherwise, been appropriately managed.

In the controlled drug record book, the temazepam stock balance for one resident had been inaccurately recorded between 22 July 2019 and 9 August 2019 and also between 26 September 2019 and 6 October 2019. In relation to the inaccuracies between 22 July 2019 and 9 August 2019, the registered manager had amended the stock balance totals to make them accurate and had made an annotated record to state she had done this. This highlighted that controlled drugs reconciliation checks which are completed at each shift change were not robust and had not identified this error. An area for improvement was identified.

Formal medicines management competency assessments had not been completed for two new members of care staff who had been delegated the responsibility for administering medicines. An assessment of competency should be completed and recorded prior to staff being permitted to administer medicines to residents. An area for improvement was identified.

Areas of good practice

Areas of good practice were observed in relation to stock control and medicine storage.

Areas for improvement

Review the procedure for administering medicines to ensure that the medicine administration record is completed by the staff member immediately after administering medicines to the resident.

Review the management of controlled drugs to ensure that clear and accurate records are maintained and that handover stock balance checks are accurately performed.

Ensure a medicines management competency assessment is performed and recorded before a staff member is delegated the responsibility for administering medicines.

	Regulations	Standards
Total number of areas for improvement	3	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Mrs Wendy Carson, Registered Manager and Mr Alexander Millar, Responsible Individual, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the residential care home. 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005/ The Children's Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13(4) Stated: First time To be completed by: 7 November 2019	<p>The registered person shall ensure that the procedure for administering medicines is reviewed to ensure that the medicine administration record is completed by the staff member immediately after administering medicines to the resident.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: All staff made aware at training of the procedures for administering medication. Any staff absent on the night were spoken to individually.</p>
Area for improvement 2 Ref: Regulation 13(4) Stated: First time To be completed by: 7 November 2019	<p>The registered person shall ensure that the management of controlled drugs is reviewed to ensure that clear and accurate records are maintained and that handover stock balance checks are accurately performed.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Regular checks made by Registered Manager along with audits of medications. All staff made aware that they were responsible for checking of the control drugs on handover and signing off handover book that control book and medications were correct.</p>
Area for improvement 3 Ref: Regulation 13(4) Stated: First time To be completed by: 7 November 2019	<p>The registered person shall ensure that a medicines management competency assessment is performed and recorded before a staff member is delegated the responsibility for administering medicines.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: All current staff will have an up to date medicines management competency form completed. Any new staff after their initial training and before they are allowed to administer medications solely will have a competency assessment completed.</p>

Please ensure this document is completed in full and returned via Web Portal



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