



The Regulation and  
Quality Improvement  
Authority

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**Unannounced Medicines Management Inspection  
of  
Carlisle House**

**3 November 2015**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An unannounced medicines management inspection took place on 3 November 2015 from 10:45 to 12:45.

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 set out in the quality improvement plan (QIP) within 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

There were no further actions required to be taken following the last inspection on 8 November 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 the Mr David Cuthbert, Registered 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> Board of Social Witness Mr Lindsay Conway	<b>Registered Manager:</b> Mr David Cuthbert
<b>Person in Charge of the Home at the Time of Inspection:</b> Mr David Cuthbert	<b>Date Manager Registered:</b> 1 April 2005
<b>Categories of Care:</b> RC-A, RC-D	<b>Number of Registered Places:</b> 16
<b>Number of Residents Accommodated on Day of Inspection:</b> 13	<b>Weekly Tariff at Time of Inspection:</b> £788

### 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.

The inspector met with the registered 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

Policies and procedures

Training records.

Controlled drug record book

### 5. The Inspection

#### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an announced finance inspection dated 9 September 2015. The completed Quality Improvement Plan was returned and approved by the finance inspector.

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

There were no requirements or recommendations made following the last medicines management inspection.

## 5.3 The Management of Medicines

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

Carlisle House cares for and treats adults with addiction or dependency on drugs or alcohol.

The majority of medicines within the facility are self-administered with the exception of medicines that may be misused. A self-administration risk assessment and an agreement are completed by staff and the resident on admission. Medicines are dispensed weekly by the community pharmacy for all residents to facilitate this process.

Robust arrangements were in place to ensure the safe management of medicines during a resident's admission to the facility; an up to date personal medication record was in place for each resident. This record indicated which medicines were self-administered and those which were administered by staff. Written confirmation of the resident's medicine regime was obtained and held on file for all new admissions. This was cross referenced with the prescriptions issued by the general practitioner.

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

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

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

The receipt, administration and disposal of Schedule 2 and 3 controlled drugs were recorded in the controlled drugs record book. This had been fully and accurately completed. Stock reconciliation checks are completed on these medicines at each transfer of responsibility.

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

Policies and procedures for the management of medicines were available. Standard Operating Procedures for the management of controlled drugs were not in place. These should be developed and implemented.

The registered manager advised that medicines were being managed by staff that had been trained and deemed competent to do so. Update training on the management of medicines was provided regularly. There was a programme of monthly supervision with staff and annual appraisals.

There were systems in place to audit the practices for the management of medicines. As medicines are dispensed on a weekly basis it is apparent when there is any discrepancy. The audit process is supplemented by audits by the community pharmacist.

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 had been managed appropriately.

## Is Care Compassionate? (Quality of Care)

Residents are supported to make decisions regarding their medicines. Residents can verbalise and rationalise the use of “when required” medicines for distressed reactions. Staff record the reason for the administration in the residents notes. The administration is recorded on the administration record. The outcome of the administration is not always recorded. Residents are encouraged to seek advice from their general practitioner if staff think that it is necessary.

Residents are in control of managing their own pain relief medicines except if these medicines are liable for misuse. Residents can request their prescribed pain relief from staff and are supported in managing their medicines.

### Areas for Improvement

Written Standard Operating Procedures for the management of controlled drugs which are specific to this home should be implemented. A recommendation was made.

The reason for and outcome of administering “when required” medicines for distressed reactions should be recorded. This was discussed with the registered manager.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
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## 6. Quality Improvement Plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Mr David Cuthbert, Registered 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 DHPSS (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 Person/Registered Manager

The QIP should be completed by the registered person/registered manager and 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. Once fully completed, the QIP will be returned to **RQIA's office** 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 recommendation 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

Recommendation			
<b>Recommendation 1</b>	It is recommended that written Standard Operating Procedures for the management of controlled drugs which are specific to this home should be implemented.		
<b>Ref: Standard 30</b>			
<b>Stated: First time</b>	<b>Response by Registered Person(s) Detailing the Actions Taken:</b>		
<b>To be Completed by: 3 February 2016</b>	STANDARD OPERATING PROCEDURES FOR CONTROLLED DRUGS WRITTEN FIRST DRAFT WITH STAFF & PHARMACIST FOR APPROVAL.		
<b>Registered Manager Completing QIP</b>	DAVID CURRANT	<b>Date Completed</b>	17/11/15
<b>Registered Person Approving QIP</b>		<b>Date Approved</b>	26/1/16
<b>RQIA Inspector Assessing Response</b>		<b>Date Approved</b>	

\*Please ensure the QIP is completed in full and returned to RQIA's office.



<b>RQIA Inspector Assessing Response</b>	Cathy Wilkinson	<b>Date Approved</b>	02/02/2016
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