



The Regulation and
Quality Improvement
Authority

De La Cour House
RQIA ID: 1596
48 Woodcot Avenue
Belfast
BT5 5JB

Inspector: Paul Nixon
Inspection ID: IN022504

Tel: 028 9073 9848
Email: maureen.corry@clanmil.org.uk

Unannounced Medicines Management Inspection of

De La Cour House

14 December 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 14 December 2015 from 10.00 to 12.00.

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 Medicines Management Inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the last 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: Clanmil Housing Association/ Ms Clare Imogen McCarty	Registered Manager: Mrs Maureen Corry
Person in charge of the home at the time of inspection: Ms Jill Kirk (Senior Carer)	Date manager registered: 21/11/2013
Categories of care: RC-I	Number of registered places: 13
Number of residents accommodated on day of inspection: 12	Weekly tariff at time of inspection: £486 per week

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.

The inspection also sought to assess progress with the issues raised during and since the last inspection.

4. Methods/Process

Specific methods/processes used included the following:

The management of incidents reported to RQIA since the last medicines management inspection was reviewed.

We met with the senior carer, Ms Jill Kirk.

The following records were examined:

- medicines requested and received
- personal medication records
- medicine administration records
- medicines disposed of or transferred
- controlled drug record book
- medicine audits
- policies and procedures
- care plans
- training records
- medicines storage 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 6 October 2015. The completed QIP was returned and approved by the care inspector.

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

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 13(4) Stated once	The registered manager must ensure that the refrigerator temperature is maintained between +2°C and +8°C. Appropriate corrective action must be taken if temperatures outside this range are observed.	Met
	Action taken as confirmed during the inspection: The medicine storage temperatures record indicated that the medicines refrigerator had been maintained between +2°C and +8°C.	
Requirement 2 Ref: Regulation 13(4) Stated once	The registered manager must review the need for oxygen in the home.	Met
	Action taken as confirmed during the inspection: Management took the decision to return the oxygen cylinder to the community pharmacy.	
Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 30 Stated once	The management of warfarin should be reviewed to ensure that: <ul style="list-style-type: none"> • written confirmation of warfarin dosage changes are obtained • two members of staff hear and transcribe revised warfarin dosage • A daily stock balance is maintained. 	Met
	Action taken as confirmed during the inspection: The arrangements made to address the issue included obtaining written confirmation of warfarin dosage changes, ensuring that two members of staff heard and transcribed revised warfarin dosages and the maintenance of a daily stock balance.	

<p>Recommendation 2</p> <p>Ref: Standard 30</p> <p>Stated once</p>	<p>Written Standard Operating Procedures for the management of controlled drugs should be developed and implemented.</p> <hr/> <p>Action taken as confirmed during the inspection: Standard Operating Procedures for the management of controlled drugs had been developed and implemented.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 30</p> <p>Stated once</p>	<p>The list of names and sample signatures of senior carers who are authorised to administer medicines should be updated to include their initials.</p> <hr/> <p>Action taken as confirmed during the inspection: The list of names and sample signatures of senior carers who are authorised to administer medicines had been updated to include their initials.</p>	<p>Met</p>

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

Medicines were being administered in accordance with the prescribers' instructions. The audit trails performed on a range of randomly selected medicines produced satisfactory outcomes.

Arrangements were in place to ensure the safe management of medicines during a resident's admission to the home. The admission process was reviewed for two recently admitted residents. Their medicine regimes had been confirmed in writing. Two members of staff had verified and signed the personal medication records.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. There was no evidence to indicate that medicine doses were omitted due to being out of stock. Medicines were observed to be labelled appropriately.

Medicines were prepared immediately prior to their administration from the container in which they were dispensed.

The medicine records had been maintained in a satisfactory manner. Records of the ordering, receipt, administration and disposal of medicines were maintained. Where transcribing of medicine details had occurred, this process had involved two staff members to ensure the accuracy of the record; this is good practice.

Stock reconciliation checks were performed on controlled drugs which require safe custody, at each transfer of responsibility.

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

Is Care Effective? (Quality of Management)

Policies and procedures for the management of medicines, including Standard Operating Procedures for the management of controlled drugs, were available.

There was evidence that medicines were being managed by staff who had been trained and deemed competent, by the registered manager, to do so. An induction process was in place. Competency assessments were completed following the induction period and annually thereafter.

There were robust internal auditing systems. The care staff had completed daily audits on medicine stocks. In addition, the management team had completed a monthly medicines audit.

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)

No residents were prescribed medication for administration on a “when required” basis for the management of distressed reactions.

The records for two residents who were prescribed medicines for the management of pain were reviewed. The senior carer confirmed that all residents had pain reviewed as part of the admission assessment. Care plans were in place. Medicines prescribed for the management of pain were recorded on the residents’ personal medication records. Examination of the administration of these medicines indicated that they had been administered as prescribed. This included analgesics which were prescribed for administration on either a regular or “when required” basis.

Areas for Improvement

None

Number of Requirements	0	Number of Recommendations	0
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6. No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	<i>M Perry</i>	Date Completed	5-1-16
Registered Person	<i>Clare Mulcahy</i>	Date Approved	
RQIA Inspector Assessing Response		Date Approved	

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

Please ensure this document is completed in full and returned to pharmacists@rqia.org.uk from the authorised email address



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RQIA Inspector Assessing Response	Paul W. Nixon	Date Approved	5/1/2016
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