



# Unannounced Medicines Management Inspection Report 20 June 2018



## Corriewood Private Clinic

Type of service: Residential Care Home  
Address: 3 Station Road, Castlewellan, BT31 9NF  
Tel No: 028 4377 8230  
Inspector: Catherine Glover

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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 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 with 4 beds that provides care for residents with a learning disability.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Corriewood Private Clinic  <b>Responsible Individuals:</b> Mrs Anne Monica Byrne Mrs M.I. McGrady	<b>Registered Manager:</b> Mrs Teresa Josephine McClean
<b>Person in charge at the time of inspection:</b> Mrs Teresa McClean	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> Residential Care (RC) MP – Mental disorder excluding learning disability or dementia. LD – Learning disability. LD(E) – Learning disability – over 65 years.	<b>Number of registered places:</b> 4

### 4.0 Inspection summary

An unannounced inspection took place on 20 June 2018 from 11.00 to 13.05.

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 assessed progress with any areas for improvement identified since the last medicines management inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to medicines administration, medicine records, and the storage of medicines.

No areas for improvement were identified.

All of the residents were on a shopping trip at the time of this inspection.

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Teresa McClean, as part of the inspection process and can be found in the main body of the report.

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 care inspection undertaken on 15 February 2018. 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 home 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.

Ten questionnaires were provided for distribution to patients and their representatives for completion and return to RQIA. Staff were invited to share their views by completing an online questionnaire.

A poster informing visitors to the home that an inspection was being conducted was displayed.

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

- |  |                                  |
|--|----------------------------------|
| • medicines requested and received     | • medicine audits                |
| • personal medication records          | • policies and procedures        |
| • medicine administration records      | • care plans                     |
| • medicines disposed of or transferred | • training records               |
| • controlled drug record book          | • medicines storage temperatures |

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 15 February 2018

The most recent inspection of the home was an unannounced care inspection. There were no areas for improvement identified as a result of the inspection.

### 6.2 Review of areas for improvement from the last medicines management inspection dated 7 September 2016

There were no areas for improvement identified as a result of the last medicines management inspection.

## 6.3 Inspection findings

### 6.4 Is care safe?

#### **Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

Medicines were managed by staff who have been trained and deemed competent to do so. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. Refresher training in medicines management was provided in the last year. In relation to safeguarding, the registered manager advised that staff were aware of the regional procedures and who to report any safeguarding concerns to.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Antibiotics and newly prescribed medicines had been received into the home without delay. Satisfactory arrangements were in place for the acquisition and storage of prescriptions.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records and handwritten entries on medication administration records were updated by two members of staff. This safe practice was acknowledged.

There were procedures in place to ensure the safe management of medicines during periods of respite.

Discontinued or expired medicines were disposed of appropriately.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised.

**Areas of good practice**

There were examples of good practice in relation to staff training, competency assessment, the management of medicines for respite care and the storage of medicines.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

The sample of medicines examined had been administered in accordance with the prescriber's instructions. There was evidence that time critical medicines had been administered at the correct time.

The registered manager confirmed that compliance with prescribed medicine regimes was monitored and any omissions or refusals likely to have an adverse effect on the resident's health were reported to the prescriber.

Medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included guidance on recognising pain in residents with a learning disability and an individualised distress passport for residents.

Practices for the management of medicines were audited throughout the month by the staff and management. Good outcomes were observed.

Following discussion with the registered manager it was evident that other healthcare professionals are contacted when required to meet the needs of residents. The registered manager advised that the staff have good relationships with the community nursing team.

**Areas of good practice**

There were examples of good practice in relation to the standard of record keeping, care planning and the administration of medicines.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

None of the residents were present at the time of the inspection. The registered manager advised that they were out shopping with staff. She was very knowledgeable regarding the residents' needs and wishes. She described the activities they had recently participated in, including a formal dinner dance which the residents and staff had attended and enjoyed. It was evident from the discussion that the staff and residents had good relationships and that any issues were discussed with the registered manager.

Of the questionnaires that were issued, three were returned from residents and/or relatives. The responses indicated that they were very satisfied with all aspects of the care.

Any comments from residents, their representatives and staff in returned questionnaires received after the return date will be shared with the registered manager for their information and action as required.

**Areas of good practice**

The registered manager was very familiar with all of the residents' needs and wishes. She spoke very warmly of all of the residents.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.7 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The inspector discussed arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents. Arrangements are in place to implement the collection of equality data within Corriewood Private Clinic.

Written policies and procedures for the management of medicines were in place. Management advised that these were reviewed regularly.

There were arrangements in place for the management of medicine related incidents. In relation to the regional safeguarding procedures, the registered manager confirmed that staff were aware that medicine incidents may need to be reported to the safeguarding team.

A review of the audit records indicated that satisfactory outcomes had been achieved.

Following discussion with the registered manager, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

The registered manager advised that staff were very open with any issues that arose and would regularly discuss these with her. She advised that there were good relationships between staff and management.

There were no responses to the staff online questionnaire.

### Areas of good practice

There were examples of good practice in relation to governance arrangements and quality improvement. There were clearly defined roles and responsibilities for staff.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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