



The Regulation and  
Quality Improvement  
Authority

Ard Mhacha House Care Centre  
RQIA ID: 1869  
Desart Lane South  
Armagh  
BT61 8AR

Inspector: Paul Nixon  
Inspection ID: IN024153

Tel: 028 3752 6462  
Email: [ardmhacha@cwch.com.uk](mailto:ardmhacha@cwch.com.uk)

---

**Unannounced Medicines Management Inspection  
of  
Ard Mhacha House Care Centre**

**9 February 2016**

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](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced medicines management follow-up inspection of Ard Mhacha House Care Centre took place on 9 February 2016 from 10.10 to 13.05. Two of the four units (Cathedral and Navan Suites) were inspected.

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) Care Standards for Nursing Homes, April 2015.

For the purposes of this report, the term 'patients' is used to describe those living in Ard Mhacha House Care Centre which provides both nursing and residential care.

### 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 26 May 2015.

### 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	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

<b>Registered Organisation/Registered Person:</b> Countrywide Care Homes Limited Mrs Victoria Craddock	<b>Registered Manager:</b> Mrs Norma McAllister
<b>Person in Charge of the Home at the Time of Inspection:</b> Ms Orla Murray (Deputy Manager)	<b>Date Manager Registered:</b> 23 October 2015
<b>Categories of Care:</b> NH-DE, NH-I, NH-PH, NH-PH(E), RC-DE	<b>Number of Registered Places:</b> 74
<b>Number of Patients Accommodated on Day of Inspection:</b> 69 (17 patients in Cathedral Suite) (19 patients in Navan Suite)	<b>Weekly Tariff at Time of Inspection:</b> £593 (Nursing) £470 (Residential)

## 3. Inspection Focus

The purpose of this inspection was to determine if the improvements noted at the inspection on 26 May 2015 had been sustained and to confirm the progress made in addressing the requirement and recommendation from the medicines management inspection on 13 March 2015, to re-assess the home's level of compliance with legislative requirements and the DHSSPS Care Standards for Nursing Homes and to determine if the safety of patients, with respect to the administration of medicines, could be assured.

The following themes were also examined to determine if they had been met:

**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 included the following:

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

We met with the Deputy Manager, Ms Orla Murray and the registered nurses on duty in Cathedral and Navan Suites.

The following records were examined during the inspection:

- medicines requested and received
- personal medication records
- medicine administration records
- controlled drug record book
- medicine audits
- care plans

## 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 21 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
<b>Requirement 1</b> <b>Ref:</b> Regulation 13(4) <b>Stated:</b> Second time	The responsible person must ensure personal medication record sheets are accurately maintained.  <b>Action taken as confirmed during the inspection:</b> The personal medication records examined had been maintained in a satisfactory manner.	<b>Met</b>
Last Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 38 <b>Stated:</b> First time	Suitable arrangements should be in place to ensure that medicines prescribed to be administered at monthly intervals are clearly referenced.  <b>Action taken as confirmed during the inspection:</b> Medicines prescribed to be administered at monthly intervals were clearly referenced on the personal medication records and medicine administration records.	<b>Met</b>

### 5.3 The Management of Medicines

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

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

The personal medication records which were examined had been maintained in a satisfactory manner. The need to ensure that obsolete medicine entries were always cancelled, by drawing a line through the entry, was discussed and agreed. 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.

Suitable arrangements were in place to ensure that medicines prescribed to be administered at monthly intervals were clearly referenced.

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

There was an effective medicines auditing system in place that identified any discrepancies in the administration of medicines and recorded the action taken by management to address the issues. Medication audits were completed weekly; these audits identified any medicines that were going to run out in the next five days and that, therefore, needed to be reordered. The deputy manager also stated that management met with staff on each week day and any issues pertaining to the management of medicines were highlighted and discussed.

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)**

The records for four patients who were prescribed medication for administration on a "when required" basis for the management of distressed reactions were reviewed. For three of the four patients, a care plan in relation to the management of distressed reactions was in place. The deputy manager and registered nurse agreed to ensure a care plan was written for the other patient without delay. The parameters for administration were recorded on the personal medication record. When administered, the reason and outcome had usually been recorded.

The records for three patients who were prescribed medicines for the management of pain were reviewed. The registered nurses confirmed that all patients had pain reviewed as part of the admission assessment and on an ongoing basis thereafter. Medicines prescribed for the management of pain were recorded on the patients' 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**

No areas for improvement were identified.

<b>Number of Requirements</b>	<b>0</b>	<b>Number of Recommendations</b>	<b>0</b>
-------------------------------	----------	----------------------------------	----------

## 6. No requirements or recommendations resulted from this inspection.

<b>I agree with the content of the report.</b>			
<b>Registered Manager</b>	<i>Norma McAllister</i>	<b>Date Completed</b>	<i>22/2/16</i>
<b>Registered Person</b>	<i>Norma McAllister</i>	<b>Date Approved</b>	<i>22/2/16</i>
<b>RQIA Inspector Assessing Response</b>		<b>Date Approved</b>	

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](mailto: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 service. 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.



The **Regulation** and  
**Quality Improvement**  
Authority

<b>RQIA Inspector Assessing Response</b>	Paul W. Nixon	<b>Date Approved</b>	23.02.2016
--	---------------	--------------------------	------------