



The Regulation and  
Quality Improvement  
Authority

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## Unannounced Medicines Management Inspection of The Firs

**17 August 2015**

The Regulation and Quality Improvement Authority  
'Hilltop', Tyrone and Fermanagh Hospital, Omagh, BT79 0NS  
Tel: 028 8224 5828 Fax: 028 8225 2544 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced medicines management inspection took place on 17 August 2015 from 10:15 to 12:45.

Overall 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 one area for improvement was identified and is 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 actions required to be taken following the last medicines inspection.

### 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 Ms Pauline Gormley, 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> The Firs Services (Ireland) Limited Ms Pauline Gormley	<b>Registered Manager:</b> Ms Pauline Gormley
<b>Person in Charge of the Home at the Time of Inspection:</b> Ms Pauline Gormley	<b>Date Manager Registered:</b> 1 April 2005
<b>Categories of Care:</b> RC-LD, RC-LD(E) The home is also approved to provide care on a day basis only to 14 persons	<b>Number of Registered Places:</b> 8 residents
<b>Number of Residents Accommodated on Day of Inspection:</b> 8 residents and 6 day care service users	<b>Weekly Tariff at Time of Inspection:</b> £470.00 - £528.00

## 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 incidents reported to RQIA since the previous medicines management inspection.

The following records were examined during the inspection:

Medicines requested and received

Personal medication records

Medicine administration records

Medicines disposed of or transferred

Medicine audits

Policies and procedures

Care plans

Training records

## **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 4 March 2015. The completed QIP from this inspection was returned to RQIA and the responses were assessed as acceptable by the care inspector.

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

No requirements or recommendations were made at the last medicines management inspection.

### **5.3 The Management of Medicines**

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

A randomly selected sample of medicines was audited during the inspection. No discrepancies were noted in these audits, indicating that medicines had been administered as prescribed.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Orders for medicines had been made in writing to the prescriber and prescriptions had been received into the home and checked against the order before being forwarded to the community pharmacist for dispensing.

Records showed that discontinued and expired medicines had been returned to the community pharmacist for disposal.

There was evidence that robust arrangements were in place to ensure the safe management of medicines during a resident's admission to the home. Medication details had been confirmed with the prescriber in writing and personal medication record sheets had been completed and checked by two members of staff.

The medicines examined at the inspection were available for administration and were labelled appropriately.

Medicine records were well-maintained and facilitated the audit process.

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

Written policies and procedures for the management of medicines were in place. Records showed these were reviewed and updated on 14 May 2015. Standard Operating Procedures for the management of controlled drugs were in place.

Records showed that medicines are managed by members of staff who have been trained and deemed competent by the registered manager. An induction process was in place. Update training on the management of medicines has been provided annually and records showed this was completed by designated members of staff on 17 April 2015. Records showed that

staff competency in the management of medicines has been reviewed on at least an annual basis.

There were robust arrangements in place to audit practices for the management of medicines. Medicines have been audited on at least a weekly basis and records of audits were maintained and were available for inspection. A review of the home's audit records showed that no significant discrepancies had been identified and members of staff were commended for this good practice.

There were procedures in place to report and learn from any medicine-related incidents that had occurred in the home. One medicine-related incident has been reported to RQIA since the previous medicines management inspection; this was managed appropriately.

### **Is Care Compassionate? (Quality of Care)**

The use of anxiolytic medicines prescribed on a "when required" basis for the management of distressed reactions was reviewed for one resident in the home. A care plan detailing the management of distressed reactions and the circumstances under which the medicine is to be administered was in place for this resident. The parameters for administration were recorded on the residents' personal medication records. Records showed that this medicine had not been required to be administered for some time. Members of staff were aware of the signs, symptoms and triggers of distressed behaviour and knew how to manage them appropriately for the resident.

The management of pain was reviewed for three residents during the inspection. An appropriate pain tool/scale was in place. A care plan was in place for one of the residents who is prescribed pain relief on a "when required" basis. The care plan detailed the management of the resident's pain and there was evidence the care plan had been reviewed on a monthly basis. A care plan for the management of pain was not in place for the other two residents reviewed during the inspection.

### **Areas for Improvement**

The management of pain should be reviewed and revised. All residents should have pain reviewed as part of the admission process and a pain management care plan should be in place for each resident where applicable. A recommendation was made.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
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### **5.4 Additional Areas Examined**

Medicines were stored safely and securely.

## 6. Quality Improvement Plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Ms Pauline Gormley, 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 Manager/Registered Person

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 [pharmacists@rqia.org.uk](mailto:pharmacists@rqia.org.uk) 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 requirements and recommendations 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

### Recommendations

<b>Recommendation 1</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time <b>To be Completed by:</b> <b>17 September 2015</b>	The registered person should ensure that all residents have pain reviewed as part of the admission process and a pain management care plan should be in place for each resident where applicable.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> All residents assessments, risk assessments and careplans have been reviewed re pain management and updated where necessary.		
<b>Registered Manager Completing QIP</b>	Pauline Gormley	<b>Date Completed</b>	20/08/15
<b>Registered Person Approving QIP</b>	Pauline Gormley	<b>Date Approved</b>	20/08/15
<b>RQIA Inspector Assessing Response</b>	<b>Helen Mulligan</b>	<b>Date Approved</b>	<b>25/08/2015</b>

\*Please ensure the QIP is completed in full and returned to [pharmacists@rqia.org.uk](mailto:pharmacists@rqia.org.uk) from the authorised email address\*