



# Unannounced Medicines Management Inspection Report 3 September 2018



## Glenabbey Manor

Type of service: Residential Care Home  
Address: 93 – 97 Church Road, Glengormley,  
Newtownabbey, BT36 6HG  
Tel No: 028 9084 3601  
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 57 beds that provides care for residents with a range of care needs as detailed in Section 3.0.

### 3.0 Service details

|   |  |
|---|--|
| <b>Organisation/Registered Provider:</b><br>Runwood Homes Ltd<br><br><b>Responsible Individual:</b><br>Mr Gavin O'Hare-Connolly | <b>Registered Manager:</b><br>See below                                    |
| <b>Person in charge at the time of inspection:</b><br>Mrs Julie Beacom  | <b>Date manager registered:</b><br>Mrs Julie Beacom – registration pending |
| <b>Categories of care:</b><br>Residential Care (RC)<br>I – Old age not falling within any other category.<br>DE – Dementia.     | <b>Number of registered places:</b><br>57                                  |

### 4.0 Inspection summary

An unannounced inspection took place on 3 September 2018 from 10.05 to 15.10.

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 during and 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.

Significant concerns were identified during this inspection regarding the management of medicines and the lack of effective monitoring and governance arrangements in the home. These concerns included the admission process, the management of controlled drugs, warfarin, eye preparations, medication changes, staff competency and governance arrangements. Regulations in relation to medicines management had been breached.

As a consequence of these findings a meeting was held on 7 September 2018 in RQIA Belfast office with the intention of issuing three failure to comply notices under Regulations 13 (4) (Health and Welfare), 14(4) (Further Requirements as to Health and Welfare) and 20(1) (Staffing) of The Residential Care Homes Regulations (Northern Ireland) 2005. The meeting was attended by Gavin O'Hare-Connolly, Chief Operating Officer and registered person for Runwood Homes Ltd, Julie Beacom, Manager and several representatives of Runwood Homes Ltd.

During this meeting, an action plan to address the concerns that had been identified during the inspection was submitted by Gavin O’Hare-Connolly. The action plan evidenced that sufficient progress had been made to address Regulations 14(4) and 20(1). However, RQIA were not fully assured that the actions to address Regulation 13(4) provided sufficient evidence that the necessary improvements had been embedded in practice and were being sustained. Given the potential impact on resident safety, it was decided that a failure to comply notice would be issued, with compliance to be achieved by 17 October 2018.

Residents and their relatives that we spoke to during the inspection said they were happy living in the home and that they had good relationships with the staff.

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> | 9           | 0         |

Details of the Quality Improvement Plan (QIP) were discussed with Julie Beacom, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection (see section 4.0).

A failure to comply notice (FTC Ref: FTC000014) with respect to Regulation 13(4) of The Residential Care Homes Regulations (Northern Ireland) 2005 was issued to Glenabbey Manor. The date for compliance with the Notice was agreed as 17 October 2018 when a further medicines management inspection will be completed.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA’s website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children’s services.

#### 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 28 June 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of the inspection on 28 June 2018.

## 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.

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

During the inspection we met with two residents, one relative, two care team managers (CTM), the deputy manager and the manager.

Ten questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA. We asked the manager to display a poster in the home inviting staff to share their views of the home by completing an online questionnaire. We left "Have we missed you?" cards. The cards facilitate residents or relatives who were not present at the time of the inspection to give feedback to RQIA on the quality of service provision. Flyers which gave information on raising a concern were also left in the home.

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

- medicines received
- personal medication records
- medicine administration records (MARs)
- medicines disposed of or transferred
- controlled drug record book
- medicine audits
- care plans
- training records
- medicines storage temperatures

Areas for improvement identified at the last medicines management inspection were reviewed and the assessment of compliance recorded as met, partially met, or not met.

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 28 June 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the care inspector at the next care inspection.

## 6.2 Review of areas for improvement from the last medicines management inspection dated 14 February 2018

| Areas for improvement from the last medicines management inspection   |  |                          |
|---|--|--------------------------|
| Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011). |  | Validation of compliance |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Standard 6<br><br><b>Stated:</b> Second time   | The registered person shall ensure that the reason for and the outcome of the administration of “when required” medicines for distressed reactions is always documented.                   | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b><br>There was a system in place to record this information and administration of these medicines had been appropriately documented. |                          |

## 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 CTMs who had received training in the management of medicines. The manager advised that she was planning on reviewing the competency of staff following an increase in medicine errors that had been reported to RQIA. The manager had identified issues with staff performance and had requested support and additional CTM hours from senior management within Runwood Homes Ltd. The outcome of this inspection confirmed that there were concerns regarding staff competency and capability. An area for improvement was identified which is specified in the failure to comply notice.

The admission process with respect to medicines was examined for one resident. Written confirmation of the medicine regime had not been requested as is safe practice. There was a discrepancy between the information on the personal medication record and that on the medicine administration record. It could not be determined if one medicine which was being administered was currently prescribed. This area for improvement is specified in the failure to comply notice.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Staff advised the inspector of the procedures to identify and report any potential shortfalls in medicines. Antibiotics had been received into the home without delay.



Concerns were raised during the inspection about how medicines changes were managed. It was noted that several residents had two supplies of the same medicines available on the medicine trolley. This had occurred because medicines had not been removed when either a new supply had been obtained, or when medicines had not been administered, for example, when the resident was in hospital. This could result in the resident being administered the same medicine twice. This area for improvement is specified in the failure to comply notice.

The systems in place for the management of controlled drugs were not robust. The recording of the receipt, administration and disposal of controlled drugs in the controlled drug record book required improvement. Entries had been omitted or amended and entries in this book did not correspond to those on the medicine administration records (MARs sheets). Checks were performed on controlled drugs which require safe custody, at the end of each shift, however it was evident that this was not cross referenced with the controlled drugs record book. This area for improvement is specified in the failure to comply notice.

The arrangements in place for the management of warfarin were not robust and should be reviewed. For one resident, the written dosage instructions from the general practitioner did not correspond to the dosage transcribed by staff. It could not be determined if the resident was receiving the correct dose. Staff were asked to verify the dosage immediately with the prescriber and it was confirmed that the correct dose was being administered. An area for improvement was identified and is specified in the failure to comply notice.

All of the eye drops examined on the upper floor of the home had passed the date of expiry and were removed during the inspection. The records indicated that these medicines were still in use and being administered to residents. Some of these eye drops were prescribed for the management of glaucoma. The administration of out of date eye drops could mean that the resident's condition is not being effectively managed. The manager was advised to report these incidents to the safeguarding teams in the relevant Trusts. An area for improvement under the Regulations was identified.

Medicines were stored securely in the medicines trolleys and medicine cupboards.

Medicine refrigerators and oxygen equipment were checked at regular intervals.

### **Areas of good practice**

Appropriate arrangements were in place for the cold storage of medicines.

### **Areas for improvement**

Areas for improvement were specified in relation to staff training and competency, the management of controlled drugs, warfarin, medication changes and the admission process. A failure to comply notice under Regulation 13 (4) of The Residential Care Homes Regulations (Northern Ireland) 2005 was issued in relation to these.

The registered person must ensure that all medicines are removed from use and disposed of when the date of expiry is reached.

|  | <b>Regulations</b> | <b>Standards</b> |
|--|--------------------|------------------|
| <b>Total number of areas for improvement</b> | 6                  | 0                |

## 6.5 Is care effective?

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

The audits that were completed during the inspection indicated that the majority of medicines had been administered as prescribed. A discrepancy was noted in the administration of inhaled medicines for one resident. This was discussed with the manager following the inspection and it was advised that this incident be reported to the safeguarding team in the relevant trust. An area for improvement was identified in relation to inhaled medicines.

Personal medication records were up to date and the appropriate information had been recorded. Improvement in the maintenance of the MARs sheets was required. There were unexplained omissions and amendments in these records. There were entries for medicines that were prescribed to be administered weekly stating that they had been administered several times per week. The audits of these medicines indicated that they had been administered correctly but the record of administration was inaccurate. As stated in Section 6.4, handwritten updates to the record were unsigned. The area for improvement is specified in the failure to comply notice.

When a resident was prescribed a medicine for administration on a “when required” basis for the management of distressed reactions, the dosage instructions were recorded on the personal medication record. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a resident’s behaviour and were aware that this change may be associated with pain. The reason for and the outcome of administration were recorded. A care plan was maintained.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the resident was comfortable. Staff advised that most of the residents could verbalise any pain, and a pain tool was used as needed. A care plan was maintained.

The management of swallowing difficulty was examined. For those residents prescribed a thickening agent, this was recorded on their personal medication record and included details of the fluid consistency. Care plans and speech and language assessment reports were in place.

Following discussion with the manager and staff and examination of care records, it was evident that other healthcare professionals were contacted when required to meet the needs of residents.

### Areas of good practice

There were examples of good practice in relation to the management of distressed reactions, pain and thickened fluids.

### Areas for improvement

An area for improvement was identified in relation to the maintenance of medicine administration records. A failure to comply notice under Regulation 13 (4) of The Residential Care Homes Regulations (Northern Ireland) 2005 was issued in relation to this.



The registered person must ensure that the administration of inhaled medicines is closely monitored.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 2           | 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.**

The administration of medicines to residents was not observed during this inspection, however staff were knowledgeable regarding the residents’ medicines and requirements.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Staff were noted to be friendly, courteous and happy in their work; they treated the residents with dignity.

We spoke with two residents who told us they were happy in the home and that the staff were “fantastic”. They said that the food was good and that their rooms were “great”. Comments included:

“It’s like a luxury hotel.”  
 “I love it here.”

We spoke to one relative who was very happy with the care provided. She described the communication with the home as being caring and timely.

None of the questionnaires that were issued to residents and relatives were returned within the timescale for inclusion in this report (two weeks). Any comments from residents, their representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

**Areas of good practice**

There was evidence that staff listened to residents and took account of their views.

**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 outcome of this inspection indicated that the governance arrangements within Glenabbey Manor were not robust. Recent audits that had been completed by staff in the home had identified the majority of issues highlighted during this inspection; however there was no action plan in place to address the concerns raised. The manager advised that she had raised concerns with senior management within Runwood and a meeting had taken place, however the issues remained unresolved at the time of this inspection.

A significant number of medicine related incidents had been reported since the last medicines management inspection. While it was acknowledged that the incidents do not appear to have resulted in harm to residents and the majority involved missing one dose of medicine, our review of the incidents showed similar incidents recurring in relation to warfarin, controlled drugs and antibiotics. This indicates that the action taken by management after the incidents were identified was not effective.

Information on auditing arrangements, a summary of the outcomes and any remedial action taken must be provided by email from the registered person, on a weekly basis, to the identified pharmacist inspector in RQIA. This should provide assurance that the medicines management processes are being monitored for effectiveness. This area for improvement in relation to governance arrangements is specified in the failure to comply notice.

Following discussion with the manager and the outcome of this inspection, it was evident that staff required further training in their roles and responsibilities in relation to medicines management (see also section 6.4). This area for improvement was identified and is specified in the failure to comply notice.

We 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.

Written policies and procedures for the management of medicines were in place. They were not examined during this inspection.

There were no responses to the online staff questionnaire.

### **Areas of good practice**

Medicine incidents had been identified and reported appropriately.

## Areas for improvement

Areas for improvement were specified in relation to governance arrangements and staff training and competency. A failure to comply notice under Regulation 13 (4) of The Residential Care Homes Regulations (Northern Ireland) 2005 was issued.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 1           | 0         |

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Mrs Julie Beacom, Manager and Mr Gavin O'Hare-Connolly, Chief Operating Officer, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the residential care home. 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.

### 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with 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).

### 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via the Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

|  |  |
|--|--|
| <p><b>Area for improvement 1</b></p> <p>Ref: Regulation 13(4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>17 October 2018 as outlined in the Failure to Comply Notice FTC000014</p> | <p>The registered person shall ensure that all staff that have medicines management responsibilities have had appropriate training and have been assessed as competent in their role.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b><br/>All staff responsible for the administration of medication have undergone a further induction, a full training programme and a further competency, both assessed by the management team and also by independent providers</p> |
| <p><b>Area for improvement 2</b></p> <p>Ref: Regulation 13(4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>17 October 2018 as outlined in the Failure to Comply Notice FTC000014</p> | <p>The registered person shall ensure that robust arrangements are in place for the management of medicines for newly admitted residents and that these are fully implemented.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b><br/>This area has been highlighted during the training programme, a checklist has also been formulated for the admission of new residents.</p>   |
| <p><b>Area for improvement 3</b></p> <p>Ref: Regulation 13(4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>17 October 2018 as outlined in the Failure to Comply Notice FTC000014</p> | <p>The registered person shall ensure that robust arrangements are in place for the management of medication changes and omissions and that these are fully implemented.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b><br/>This area has also been highlighted to staff through the training programme and overseen by the management of the home.</p>  |
| <p><b>Area for improvement 4</b></p> <p>Ref: Regulation 13(4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>17 October 2018 as outlined in the Failure to Comply Notice FTC000014</p> | <p>The registered person shall ensure that robust arrangements are in place for the management of controlled drugs and that these are fully implemented.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b><br/>This area has been included in the training programme and the controlled drugs form part of the auditing system currently in place</p>   |

|  |   |
|--|---|
| <p><b>Area for improvement 5</b></p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p> <p>To be completed by:<br/>17 October 2018 as outlined in the Failure to Comply Notice FTC000014</p> | <p>The registered person shall ensure that robust arrangements are in place for the management of warfarin and that these are fully implemented.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b><br/>This area has been included in the training programme, a local protocol for warfarin management has been reviewed and updated and forms part of the audit process</p> |
| <p><b>Area for improvement 6</b></p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p> <p>To be completed by:<br/>17 October 2018</p>   | <p>The registered person shall ensure that all medicines are removed from use and disposed of when the date of expiry is reached.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b><br/>This area was highlighted in the training programme and also forms part of the auditing process</p>  |
| <p><b>Area for improvement 7</b></p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p> <p>To be completed by:<br/>17 October 2018</p>   | <p>The registered person must ensure that the administration of inhaled medicines is closely monitored.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b><br/>This area was also highlighted in the training programme and also forms part of the auditing process</p>   |
| <p><b>Area for improvement 8</b></p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p> <p>To be completed by:<br/>17 October 2018 as outlined in the Failure to Comply Notice FTC000014</p> | <p>The registered person shall ensure that medicine records are fully and accurately completed.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b><br/>This area has been highlighted through the training programme and also forms part of the auditing process</p>  |

|   |   |
|---|---|
| <p><b>Area for improvement 9</b></p> <p><b>Ref:</b> Regulation 13(4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>17 October 2018 as outlined in the Failure to Comply Notice<br/>FTC000014</p> | <p>The registered person must provide assurance to RQIA that medicines management processes are being monitored for effectiveness. Information on auditing arrangements, a summary of the outcomes and any remedial action taken must be provided by email from the Registered Person, on a weekly basis, to the identified pharmacist inspector in RQIA.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b><br/>This has been completed and on-going</p> |
|---|---|

*\*Please ensure this document is completed in full and returned via the Web Portal\**





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