

# Unannounced Follow Up Medicines Management Inspection Report 4 March 2019











### **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 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 provider 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

Organisation/Registered Provider: Runwood Homes Ltd  Responsible Individual: Mr Gavin O'Hare-Connolly	Registered Manager: Mrs Julie Beacom
Person in charge at the time of inspection: Mrs Julie Beacom	Date manager registered: 28 September 2018
Categories of care: Residential Care (RC) I – Old age not falling within any other category DE – Dementia	Number of registered places: 57

#### 4.0 Inspection summary

An unannounced inspection took place on 4 March 2019 from 10.30 to 12.30.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005/ the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

The inspection sought to assess whether the improvement noted during the previous enforcement medicines management inspection which was completed on 17 October 2018 had been sustained.

The following areas were examined during the inspection:

- Audit and governance
- Training and competency of staff
- Admission process with regard to medicines
- Medicine records
- Storage of medicines
- The management of warfarin
- Management of medicine incidents

The outcome of this inspection demonstrated that there were robust processes in place for the management of medicines and that the improvement had been sustained.

The findings of this report will provide the management of the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Julie Beacom, Registered Manager, 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

No further actions were required to be taken following the most recent inspection on 12 February 2019.

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 service 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 there were 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 and three Care Team Managers (CTM).

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
- personal medication records
- medicine administration records
- medicines storage temperatures
- medicine audits
- care plans
- training records

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 12 February 2019

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

## 6.2 Review of areas for improvement from the last medicines management inspection dated 17 October 2018

There were no areas for improvements made as a result of the last medicines management inspection.

#### 6.3 Inspection findings

#### Audit and governance

Robust processes were in place to audit medicines. Running stock balances are completed for some medicines, including inhaled medicines, which are not contained within the monitored dosage system. Audits are completed regularly and the findings are disseminated to staff. An action plan is compiled and completed when necessary.

#### Training and competency of staff

On-going training and competency assessment has been completed for those staff who have responsibility for managing medicines. Records of training and competency were provided for inspection. An induction programme is in place for new staff.

#### Admission process with regard to medicines

The admission process with regards to two residents was inspected and found to be satisfactory. Confirmation of the medicine regime had been obtained from the residents' general practitioners. The personal medication records and medicine administration records had been fully and accurately completed and had been verified by two staff members.

#### **Medicine records**

A sample of medicine records was examined. All records had been fully and accurately completed. Additional records for recording the administration of transdermal patches and protocols for the administration of "when required" medicines had also been completed. This good practice was acknowledged.

#### Storage of medicines

Medicines were safely and securely stored in the medicine trolleys and treatment rooms. All medicines examined were within the date of expiry. The refrigerator temperature and treatment room temperature were monitored daily and were within the recommended range.

#### The management of warfarin

The management of warfarin was examined for three residents. Written confirmation of the medicine regime was held on file for each resident. Any transcriptions were verified by two staff members. A running stock balance was maintained for each supply of warfarin which would identify discrepancies in a timely manner.

#### The management of medicine incidents

The medicine related incidents that had been reported to RQIA were discussed with the registered manager. The management in the home have robust arrangements in place to identify and report incidents. The learning is shared with staff in a timely manner.

#### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, competency assessments, the management of medicines on admission, the standard of record keeping, care planning and the administration of medicines.

There were good arrangements in relation to governance, the management of medicine incidents 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
Total number of areas for improvement	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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