

# Announced Post-Registration Medicines Management Inspection Report 13 December 2017



## Glenabbey Manor

Type of service: Residential Care Home

Address: 93 – 97 Church Road, Glengormley, Newtownabbey,  
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Tel No: 028 9084 3601

Inspector: Frances Gault

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

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 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 as detailed in Section 3.0.

### 3.0 Service details

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

### 4.0 Inspection summary

An announced inspection took place on 13 December 2017 from 10.10 to 13.15.

This inspection was underpinned by 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).

This was the first medicines management inspection since registration. It was an announced inspection in order to ensure that the manager was available. The inspection sought 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 the systems that had been introduced and included medicine records, storage and the management of controlled drugs.

One area for improvement against the standards was identified in relation to the administration of “when required” medicines for distressed reactions.

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	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Ms Macalua, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

## 4.2 Action/enforcement taken following the pre-registration inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 19 August 2017. 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 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.

During the inspection the inspector met with a group of five residents, the manager, two representatives of the Runwood Homes Ltd management team and three other staff.

A total of ten questionnaires were provided for distribution to residents 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
- personal medication records
- medicine administration records
- controlled drug record book
- medicine audits
- care plans
- training records
- 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 19 August 2017

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

This was the first medicines management inspection to the home.

## 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. An induction process was in place for care staff who had been delegated medicine related tasks. Care staff were able to advise of the training they had received in relation to the addition of thickening agents to fluids and the application of external preparations. The manager advised that this will be kept under review through supervision and appraisal.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Staff advised of the procedures to identify and report any potential shortfalls in medicines. These had been reviewed in light of recent incidents whereby residents had missed a dose of their medication as there had been no supply in the home. 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 competent care staff. This safe practice was acknowledged.

In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to.

There were procedures in place to ensure the safe management of medicines during a resident's admission to, and discharge from, the home.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. These records were easily audited as staff, when they had completed a page of the controlled drug record book carried forward that page number to the new page. Checks were performed on controlled drugs which require safe custody, at the end of each shift. Additional checks were also performed on other controlled drugs which is good practice.

Robust arrangements were observed for the management of high risk medicines e.g. warfarin. The use of separate administration charts was acknowledged.

Discontinued or expired medicines were sent to a waste disposal unit. The manager was advised that, in a residential care home, all medicines including controlled drugs should be returned to the community pharmacist for disposal. She was advised that there is no requirement to denature controlled drugs in a residential care home.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. The temperatures of the medicine refrigerators were checked each day.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff, training, the management of medicines on admission and the completion of the controlled drug record book.

### 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. There were arrangements in place to alert staff of when doses of weekly, medicines were due.

When a resident was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, specific 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. A care plan was maintained and "when required" protocols were included with the medicine records. The reason for and the outcome of administration were not always documented. An area for improvement was highlighted.

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 assessment tool was used as needed.

Staff 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 the use of positional charts for the application of patches and the date of opening on medicine containers.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for solid dosage medicines. In addition, audits were completed by the community pharmacist.

Following discussion with the manager and staff, it was evident that when applicable, other healthcare professionals are contacted in response to the health needs of the residents.

**Areas of good practice**

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

**Areas for improvement**

An area for improvement was identified in relation to the administration of “when required” medicines to manage distressed reactions.

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

**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 did not take place during this inspection.

Ten questionnaires were left in the home to facilitate feedback from residents and their representatives. None were received by the return date. Any comments from residents, residents’ 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.

During the inspection we spoke to several residents sitting in the lounge reading or chatting. All spoke positively of the home and advised that they had been at the hairdresser earlier. They were looking forward to their lunch and the activity planned for that afternoon. One resident was enjoying her stay but was hoping to be going home soon, after having received a period of respite care in the home.

Residents who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

**Areas of good practice**

There was evidence that staff listened to residents and relatives 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**

Written policies and procedures for the management of medicines were in place. We had read these as part of the pre-registration process.

The newly appointed manager had just taken up her post. She was supported during the inspection by representatives of Runwood Homes Ltd senior management team. The manager was familiar with the practices of the organisation and had already undertaken a medicine audit. She was proactive throughout the inspection and knowledgeable about the standards which should be in place for the management of medicines in the home. Following discussion with the manager and care staff, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. Medicine related incidents reported since registration were discussed. There was evidence of the action taken and learning implemented following incidents. In relation to the regional safeguarding procedures, staff confirmed that they were aware that medicine incidents may need to be reported to the safeguarding lead and safeguarding team.

Staff confirmed that any concerns in relation to medicines management were raised with management. They advised that any resultant action was communicated with them.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, 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
<b>Total number of areas for improvement</b>	0	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 Ms Macalua, Manager, 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 Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 13 January 2018</p>	<p>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.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b>                      All Residential staff involved in the administration of medicines care team managers (CTM) had flash supervision on the strict implementation of the PRN protocol in general and management of distressed reactions.                      CTM Residential Staff on their induction period are being supervised by the nurses and the Home Manager daily walk around every morning both day and night staff, to monitor the process immediately after the inspection.                      E-Learning and Medication Competency in place for all staff.                      All care plans are in place when a new resident is prescribed any PRN medication and evaluation done at least monthly or as often as necessary, effect of all PRN medications cited in records.                      Weekly medication audit is an ongoing part of all Runwood Homes company quality governance audit.                      Community Pharmacist facilitates site-specific medication training to all CTMs.</p>
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*\*Please ensure this document is completed in full and returned via Web Portal\**



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