# Unannounced Follow Up Medicines Management Inspection Report
# 14 February 2018

# Glenabbey Manor

**Type of service: Residential Care Home**
**Address: 93 – 97 Church Road, Glengormley, Newtownabbey, BT36 6HG**
**Tel No: 028 9084 3601**
**Inspector: Paul Nixon**

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

| | |
|---|---|
| **Organisation/Registered Provider:**<br>Runwood Homes Ltd<br><br>**Responsible Individual:**<br>Mr Gavin O'Hare-Connolly | **Registered Manager:**<br>See below |
| **Person in charge at the time of inspection:**<br>Ms Rosemary Dilworth<br>(Runwood Homes Operations Director Northern Ireland) | **Date manager registered:**<br>Ms Maria Macalua- application received - "registration pending". |
| **Categories of care:**<br>Residential Care (RC)<br>I – Old age not falling within any other category.<br>DE – Dementia. | **Number of registered places:**<br>57 |

## 4.0 Inspection summary

An unannounced follow-up inspection took place on 14 February 2018 from 10.25 to 13.45.

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).

RQIA received information from a whistleblower in relation to concerns about aspects of the care and management of medicines within Glenabbey Manor. Having considered the information a RQIA care inspection was undertaken on 13 and 14 February 2018. A separate medicines management inspection took place on 14 February 2018.

It is not the remit of RQIA to investigate whistleblowing concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- the quality improvement plan(QIP) issued following the post registration medicines management inspection
- staff training
- medicine records
- stock control of medicines

- storage of medicines
- the management of medicines prescribed to be administered on a "when necessary" basis for the management of 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 |
|---|---|---|
| **Total number of areas for improvement** | 0 | 1* |

*The total number of areas for improvement includes one which has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Ms Rosemary Dilworth, Runwood Homes Operation Director Northern Ireland and Mrs Amanda Leitch, Runwood Homes Head of Quality and Governance, 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 the medicines management inspection. However, enforcement action resulted from the findings of the care inspection which took place at the same time. As a result three failure to comply notices and a notice of proposal were issued on 27 February 2018 (see care inspection report and the enforcement section of the RQIA website for further details).

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/

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 medicines management inspection

The most recent inspection of the home was an announced post registration medicines management inspection, undertaken on 13 December 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 medicine related incidents that had been reported to RQIA since the last medicines management inspection
- information received relating to the home since the previous inspection.

During the inspection, the inspector met with the Runwood Homes Operation Director Northern Ireland, the Runwood Homes Head of Quality and Governance, the Runwood Homes Regional Operations Support Manager, the deputy manager and three members of care staff.

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
- care plans
- training records

The area for improvement identified at the last medicines management inspection was reviewed and 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 13 December 2017

The most recent inspection of the home was an announced medicines management inspection.

## 6.2 Review of areas for improvement from the last medicines management inspection dated 13 December 2017

| 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** |
| **Area for improvement 1**<br><br>**Ref**: Standard 6<br><br>**Stated:** First 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. | **Not met** |
| | **Action taken as confirmed during the inspection**:<br>Despite the detailed response from the registered person, in the returned QIP, specifying the actions taken, it was disappointing to note that, for two of the three residents whose records were examined, the reasons for and the outcomes of the recent administrations of "when required" medicines for distressed reactions were not documented.<br><br>**This area for improvement is stated for a second time.** | |

## 6.3 Inspection findings

### Staff training

An induction process was in place for staff who had been delegated medicine related tasks. Competency assessment documentation was provided for six senior care staff; in addition, three recently employed senior care staff were in the process of having competency assessment documentation completed as part of their induction. Training included the application of topical medicines and the management of swallowing difficulties. Following discussion with staff, it was evident that they were knowledgeable regarding the medicines management policies and procedures and they knew their roles and responsibilities.

### Medicine records

Twenty-one residents' personal medication records were examined, as were their medicine administration records. These records were maintained in a satisfactory manner. Areas of good practice included additional records for transdermal opioid patches and warfarin. Personal medication records and handwritten entries on medicine administration records were

updated by two senior care staff, which is good practice. Senior care staff document the application of topical medicines on the medicine administration record sheets; other care staff use the electronic recording system for this purpose. The sample of medicines examined had been administered in accordance with the prescriber's instructions.

**Stock control of medicines**

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Stock levels were appropriate. There was evidence that stocks of nutritional supplements were rotated according to expiry dates.

**Storage of medicines**

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised.

**Management of medicines prescribed to be administered on a "when necessary" basis for the management of distressed reactions.**

When a patient 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 and the medicine administration record indicated that the medicine had been administered in accordance with the prescriber's instructions. However, as stated in Section 6.2, for two of the three residents whose records were examined the reason for and the outcome of administrations was not recorded. An area for improvement is stated for a second time.

**Areas of good practice**

There were examples of good practice in relation to the standard of record keeping, the administration of medicines and the storage of medicines. There were clearly defined roles and responsibilities for staff.

**Areas for improvement**

No new areas for improvement were identified during the inspection.

As specified in Section 6.2, one area for improvement is stated for a second time.

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | 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 Rosemary Dilworth, Runwood Homes Operation Director Northern Ireland and Mrs Amanda Leitch, Runwood Homes Head of Quality and Governance, 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).**

| | |
|---|---|
| **Area for improvement 1**<br><br>**Ref**: Standard 6<br><br>**Stated:** 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.<br><br>Ref: 6.2 |
| **To be completed by:**<br>16 March 2018 | **Response by registered person detailing the actions taken:**<br>A PRN protocol is in place noww for every resident.<br>A new record of outcome is in place for every PRN medicine.<br>Daily Management spot checks confirm compliance.<br>Weekly Pharmacy Audits are maintained.<br>Escalated as part of Regulation 29 visit to maintain focus for next six months as an additional governance measure.<br>Staff now fully aware through supervision and communications to complete daily. |

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

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