Unannounced Medicines Management Inspection Report
14 March 2019

Glendun Residential Home

Type of service: Residential Care Home
Address: 67 Knocknacarry Road, Cushendun, BT44 0NS
Tel No: 028 2176 1222
Inspector: Judith Taylor

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 that provides care for up to 16 residents living with care needs as detailed in Section 3.0. This residential care home shares the same building as Glendun Nursing Home.

3.0 Service details

Organisation/Registered Provider: Glendun Nursing Home Ltd **Responsible Individual:** Mr David Leo Morgan	**Registered Manager:** Mrs Katrina Mary O'Hara
Person in charge at the time of inspection: Mrs Katrina O'Hara	**Date manager registered:** 21 December 2018
Categories of care: Residential Care (RC): DE - Dementia I - Old age not falling within any other category LD - Learning disability PH - Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years	**Number of registered places:** 16 including: • a maximum of two identified residents in category RC-DE • a maximum of one identified resident in category RC-LD

4.0 Inspection summary

An unannounced inspection took place on 14 March 2019 from 10.35 to 14.00.

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 since the pre-registration care and premises inspections and 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 medicines governance, training and competency assessment, medicines administration, the completion of medicine records, care planning and the management of controlled drugs.

One area for improvement was identified in relation to records of administered medicines.

The residents we met with spoke positively about their experience in the home. There was a warm and welcoming atmosphere in the home and the residents were observed to be relaxed and comfortable in their environment.

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

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Katrina O'Hara, Registered 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 most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection completed on 27 July 2018. 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 home 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 no incidents involving medicines had been reported to RQIA since the last medicines management inspection

A poster was displayed to inform visitors to the home that an inspection by RQIA was being conducted.

During the inspection we met with a group of residents, one senior carer, the activities co-ordinator, the in house trainer, the registered manager and the responsible individual.

We provided 10 questionnaires to distribute to residents and their representatives, for completion and return to RQIA and we asked staff to display a poster which invited staff to share their views and opinions by completing an online questionnaire.

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

- medicines received
- personal medication records
- medicine administration records
- medicines disposed of
- controlled drug record book
- medicine audits
- policies and procedures
- care plans
- training records
- medicines storage temperatures

We left 'Have we missed you?' cards in the home to inform residents and their representatives, who we did not meet with or were not present in the home, how to contact RQIA to tell us their experience of the quality of care provided. Flyers which gave information on raising a concern were also left in the home.

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 27 July 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was 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 5 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**
Area for improvement 1 **Ref**: Standard 29 **Stated:** First time	The registered person shall ensure that a detailed record of all incoming medicines is maintained.	**Met**
	Action taken as confirmed during the inspection: We evidenced a significant improvement in the completion of the receipt of medicine records.	
Area for improvement 2 **Ref**: Standard 30 **Stated:** First time	The registered person shall develop and implement a robust auditing system for medicines management.	**Met**
	Action taken as confirmed during the inspection: There was evidence of the auditing completed by staff and management. Audits included a variety of medicines, formulations and high risk medicines.	

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. Staff competency assessments were completed following induction, at least annually or more frequently as required. The impact of training was monitored through team meetings, supervision and annual appraisal. A sample of training and competency records was provided.

There were procedures in place to ensure the safe management of medicines during a resident's admission to the home and for the management of medicine changes. Written confirmation of medicine regimes and any medicine changes were obtained. Personal medication records were updated by two trained staff. This is safe practice and was acknowledged.

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, report and follow up any potential shortfalls in medicines. Antibiotics and newly prescribed medicines had been received into the home without delay.

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

The management of controlled drugs was reviewed. Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. 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.

The procedures for the disposal of medicines were reviewed. All discontinued or unwanted medicines, including controlled drugs, were returned to the community pharmacy.

Medicines were being stored safely and securely and in accordance with the manufacturer's instructions. There were satisfactory systems in place to manage medicines with a limited shelf life, once opened. Temperatures of medicines storage areas were monitored each day.

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 changes, controlled drugs and medicine storage.

Areas for improvement

No areas for improvement were identified during this inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The majority of the sample of medicines examined had been administered in accordance with the prescriber's instructions. However, we were unable to complete the audits on a small number of medicines due to the standard of record keeping, as detailed below.

The management of distressed reactions was examined. The medicines were prescribed on the resident's personal medication record. These medicines were rarely administered. Staff confirmed that a care plan was maintained and we evidenced this for one resident. It was agreed that further detail would be recorded. 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 system was in place to record the reason for and outcome of the administration.

We reviewed the management of pain. Staff advised that all of the residents could tell staff if they were in pain. The care files included pain assessments. The medicine records indicated that pain relieving medicines were being administered as prescribed.

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.

Most of the medicine records were well maintained and facilitated the audit process. However, some improvements were necessary in the completion of administration of medicines records. We observed a number of unexplained omissions for external preparations and one other medicine. The need to ensure that medicine administration is documented was discussed and an area for improvement was identified.

Practices for the management of medicines were audited throughout the month by staff and management. A quarterly audit was completed by the community pharmacist.

Following discussion with staff and a review of care files, it was evident that when applicable, other healthcare professionals were contacted in response to the residents' needs.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the completion of most medicine records, care planning and the administration of medicines.

Areas for improvement

A system should be developed to ensure that records of administered medicines are fully and accurately maintained.

	Regulations	Standards
Total number of areas for improvement	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 to residents was not observed during the inspection. Following discussion with staff it was evident they were knowledgeable about the residents' medicines.

Throughout the inspection, it was found that there were good relationships between the staff and the residents. Staff were noted to be friendly and courteous; they treated the residents with dignity. It was clear from observation of staff, that they were familiar with the residents' likes and dislikes.

We met with a group of residents who were taking part in bingo. They were observed to be enjoying the activity. We also noted the items displayed in relation to the St Patrick's Day theme, including a canvas made by the residents and the activities co-ordinator.

Of the questionnaires which were left for residents and their representatives, six were returned within the specified time frame. The responses were recorded as very satisfied with all aspect of their care in the home. Any comments in questionnaires received after the return date will be shared with the registered manager as necessary.

Areas of good practice

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
Total number of areas for improvement	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 inspector discussed the 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. We were advised there were arrangements in place to implement the collection of equality data.

Written policies and procedures for the management of medicines were in place. A small number of these were spot checked at the inspection. Staff confirmed that there were procedures in place to ensure that they were made aware of any changes.

There were satisfactory arrangements in place for the management of medicine related incidents. Staff knew how to identify and report incidents, including referral to the safeguarding team as necessary; they provided details of the procedures in place to ensure that all staff were made aware of incidents and systems to prevent recurrence.

The governance arrangements for medicines management were examined. We were advised of the auditing processes completed and how areas for improvement were shared with staff to address and systems to monitor improvement. A sample of audit records and details of any corrective action taken was provided.

In relation to communication, staff advised there were good systems in place to keep them up to date. In addition to shift handovers, a separate communication book was in use.

Following discussion with the staff, it was evident that they were familiar with their roles and responsibilities in relation to medicines management. They confirmed that any concerns were raised with the registered manager.

The staff we met with spoke positively about their work and advised there were good working relationships in the home and with other healthcare professionals. They were complimentary regarding the management team and the training provided.

No online questionnaires were completed by staff with the specified time frame (two weeks).

Areas of good practice

There were examples of good practice in relation to the 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
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 Mrs Katrina Mary O'Hara, Registered 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 the 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 **Ref**: Standard 31 **Stated:** First time **To be completed by:** 14 April 2019	The registered person shall closely monitor the completion of medicine administration records to ensure these are fully and accurately maintained. Ref: 6.5 **Response by registered person detailing the actions taken:** Medicine administration records will be monitored on weekly basis to ensure they are fully and accurately completed.

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

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