

# Unannounced Follow Up Medicines Management Inspection Report 3 June 2019



## The Graan Abbey

Type of Service: Nursing Home  
Address: Derrygonnelly Road, Enniskillen,  
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Tel No: 028 6632 7000  
Inspector: Helen Daly

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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 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 nursing home that provides care for up to 61 patients with a range of care needs as detailed in Section 3.0.

### 3.0 Service details

<b>Registered Provider:</b> Carewell Homes Ltd  <b>Responsible Individual:</b> Mrs Carol Kelly	<b>Registered Manager:</b> See box below
<b>Person in charge at the time of inspection:</b> Ms Heather Lyttle, Manager	<b>Date manager registered:</b> Ms Heather Lyttle – registration pending
<b>Categories of care:</b> Nursing Home (NH)  I – old age not falling within any other category DE – dementia MP – mental disorder excluding learning disability or dementia MP(E) - mental disorder excluding learning disability or dementia – over 65 years PH – physical disability other than sensory impairment	<b>Number of registered places:</b> 61  This number includes: <ul style="list-style-type: none"> <li>• a maximum of 31 patients in category NH-I and NH-PH</li> <li>• a maximum of 20 patients in category NH-DE</li> <li>• a maximum of 10 patients in category NH-MP/MP(E)</li> <li>• a maximum of one named resident receiving residential care in category RC-DE</li> </ul>

### 4.0 Inspection summary

An unannounced inspection took place on 3 June 2019 from 10.40 to 14.55.

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 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

The focus of this inspection was to assess if the improvements evidenced at the medicines management enforcement compliance inspection (15 January 2019) had been sustained.

The following areas were examined during the inspection:

- the storage temperature for medicines
- the governance arrangements for medicines management
- the management of medication changes
- the management of medication incidents
- the standard of maintenance of the medication administration records
- care plans for the management of diabetes and distressed reactions
- staff training and competency assessment

- the management of thickening agents, which had been highlighted as an area for improvement at the care inspection, 8 April 2019

It was evidenced that the improvements noted at the medicines management enforcement compliance inspection had been sustained. The management and staff were commended for their ongoing efforts to ensure that medicines are managed safely.

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

#### 4.1 Inspection outcome

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

No areas for improvement were identified at this inspection.

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

#### 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 8 April 2019. 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

During the inspection we met with one care assistant, three registered nurses, the manager and the quality and governance lead.

A sample of the following records was examined:

- medicines requested and received
- personal medication records
- medicine administration records
- medicines disposed of or transferred
- medicine audits
- care plans
- medicines storage temperatures
- controlled drug record book

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 8 April 2019

The most recent inspection of the home was an unannounced care inspection. This QIP will be validated by the care inspector.

### 6.2 Review of areas for improvement from the medicines management enforcement compliance inspection dated 15 January 2019

No areas for improvement were identified at the last medicines management inspection and the home was found to be in compliance with the Failure to Comply Notices.

## 6.3 Inspection findings

### The storage temperature for medicines

The daily records indicated that the refrigerator temperatures were maintained within the accepted range (2°C-8°C). There was evidence that the records were being closely monitored as part of the management audits and that corrective action was taken when necessary.

The temperature of the treatment rooms on the ground floor were maintained below 25°C. Management advised that temperatures slightly above 25°C had been noted in the Primrose unit. The manager and quality and governance lead advised that this had been referred to the maintenance team and further corrective action would be taken if necessary.

### The governance arrangements for medicines management

A comprehensive audit programme was in place. Audits were completed for each patient every two weeks. The audits included audit trails on the administration of medicines, record keeping and care plans. Running stock balances were maintained for some medicines which were not included in the monitored dosage system. A weekly audit was completed by the management team. A small number of audit discrepancies were noted in the administration of liquid medicines at this inspection. This was discussed with the registered nurses and management team who agreed to closely monitor the administration of liquid medicines.

### The management of medication changes

We reviewed several medication changes. Updates on the personal medication records had been verified and signed by two registered nurses. Records of changes to the medicines contained in the monitored dosage system were maintained. The record included the date the change was made and the name of the person who had made the change. When the medicines were transferred to the pharmacy for the change to be made a record of the transfer of medicines out of the home and their return was maintained.

## **The management of medication incidents**

Registered nurses were aware that all medication incidents must be reported to the prescriber without delay and to the management team for investigation, reporting and action planning to prevent a recurrence. Medication related incidents had been reported to the prescribers for advice and had also been reported to RQIA and the relevant health and social care trusts. The manager advised that learning was shared with the registered nurses through meetings and/or supervisions.

## **The standard of maintenance of the medication administration records**

The outcomes of the audits which were completed at the inspection indicated that medication administration records had been accurately maintained. Obsolete medication administration records had been filed in patient order and were readily retrievable to assist the audit process.

## **Care plans for the management of diabetes and distressed reactions**

The care plans for the management of diabetes and distressed reactions reviewed at the inspection provided sufficient detail to direct the registered nurses when to administer the prescribed medicines.

In addition, protocols for the use of 'when required' medicines for the management of distressed reactions were available on the medicines file. The reason for and outcome of each administration had been accurately maintained.

## **Staff training and competency assessment**

The manager advised that all registered nurses had received training and been deemed competent to manage medicines and that care assistants had received training on the management of thickening agents and emollient preparations. There had been no new registered nurses recruited since the last medicines management inspection.

## **The management of thickening agents**

The management of swallowing difficulty was examined. For those patients 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. Administration was being recorded. In the Primrose unit thickening agents were stored securely in locked cupboard. On the ground floor thickening agents were observed on top of a cupboard in the dining room. These were moved to the treatment room on the day of the inspection. The management team advised that they would monitor the storage arrangements for thickening agents from the date of the inspection onwards to ensure that they are stored securely to prevent unauthorised access.

## **Areas of good practice**

Areas for good practice were identified in relation to the governance arrangements for medicines management, the management of medication changes and the management of distressed reactions.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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