

# Unannounced Medicines Management Inspection Report 15 January 2018



## The Graan Abbey

Type of Service: Nursing Home  
Address: Derrygonnelly Road, Enniskillen, BT74 5PB  
Tel No: 028 6632 7000  
Inspector: Helen Daly

[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 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 with 86 beds that provides care for patients with a range of care needs as detailed in Section 3.0.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Carewell Homes Ltd  <b>Responsible Individual:</b> Mrs Carol Kelly	<b>Registered Manager:</b> Ms Pamela Fee
<b>Person in charge at the time of inspection:</b> Ms Pamela Fee	<b>Date manager registered:</b> 21 September 2016
<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> 86  A maximum of 56 patients in category NH-I and NH-PH, a maximum of 20 patients in category NH-DE and a maximum of 10 patients in category NH-MP/MP(E).  There shall be a maximum of seven named residents receiving residential care in category RC-I, two named residents receiving residential care in category RC-PH and one named resident receiving residential care in category RC-DE.

### 4.0 Inspection summary

An unannounced inspection took place on 15 January 2018 from 10.20 to 15.55.

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 term 'patients' is used to describe those living in The Graan Abbey which provides both nursing and residential care.

The inspection assessed progress with any areas for improvement identified during and since the last medicines management inspection 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 the provision of training and the standard of maintenance of the personal medication records.

Areas requiring improvement were identified in relation to the management of antibiotics, stock control, the storage of medicines and the governance systems.  
Patients were complimentary about the care provided in the home.

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>	4	0

Details of the Quality Improvement Plan (QIP) were discussed with Ms Pamela Fee, Registered Manager, and Ms Wendy Shannon, Quality and Governance Lead, 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 on 11 October 2017. 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

Prior to the inspection, it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection.

A poster informing visitors to the home that an inspection was being conducted was displayed.

During the inspection we met with three patients, two care assistants, three registered nurses, the quality and governance lead and the registered manager.

Ten questionnaires were provided for distribution to patients and their representatives for completion and return to RQIA. Staff were invited to share their views by completing an online questionnaire.

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

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

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 11 October 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 dated 13 February 2017

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The registered provider must ensure that robust arrangements are in place for the management of medicines on admission.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Written confirmation of all prescribed medicines had been received. The personal medication records were verified and signed by two registered nurses. Medicines were accurately received. One audit discrepancy was observed; it was agreed that the management of new admissions would continue to be closely monitored.  Given this assurance this area for improvement was assessed as met.	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 18 <b>Stated:</b> Second time	Details of the administration of medicines prescribed on a "when required" basis for the management of distressed reactions, including the reason for and noted outcome of administration, should be recorded in the patient's daily notes on each occasion.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review the records for two patients indicated that the reason for and outcome of each administration had been recorded in the daily care notes.  One care plan needed to be updated; the registered manager did this during the inspection.	

<b>Area for improvement 2</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> First time	The registered provider should ensure a copy of current prescriptions is kept in the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A copy of current prescriptions was available.	

### 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.**

The registered manager advised that registered nurses received training on the management of medicines as part of their induction. Annual update training was then completed via e-learning and competency assessments were completed at least annually. Supervisions were carried out every six months and there was annual appraisal. Training on dysphagia had been provided three times in the last year and training on the application of emollient preparations had been provided in September 2017 and November 2017.

A review of the medication administration records in Primrose and Unit 2 indicated that doses of some medicines had been omitted as the medicines were not in stock. For some medicines up to six doses had been missed. Medicines must be available for administration as prescribed on all occasions. Any potential shortfalls should be identified so that prescriptions are ordered in a timely manner. The registered manager should be made aware of any supply issues so that appropriate action is taken immediately to ensure that patients have a continuous supply of their prescribed medicines. The ongoing non-administration of medicines should be referred to the prescriber for guidance. An area for improvement was identified.

There was evidence that newly prescribed medicines had been received into the home without delay. However, the management of antibiotics was unsatisfactory. We reviewed six patients. For two of these patients the records of prescribing and administration indicated that the antibiotics had been received promptly and administered as prescribed. For one patient although the administration records indicated that the antibiotic had been administered, the audit evidenced that doses had been omitted. For two patients there were missed signatures for administration and the audits indicated that doses had been omitted for each patient. The registered manager advised that one of the patients had been unwell and that the second patient often refused their medicines; this had not been recorded. For the sixth patient the antibiotic had not been accurately receipted and the dosage regimen had not been adhered to. Two bottles of a liquid antibiotic had been prescribed, the first bottle was completed on 10 January 2018 and the next bottle was not commenced until 13 January 2018. These findings were discussed in detail with the registered manager and the quality and governance lead. The management of antibiotics must be reviewed and their administration kept under scrutiny to ensure that patients are receiving them as prescribed. Antibiotics must be received into the home without delay and administered as prescribed. The reason for any non-administration must be accurately recorded. An area for improvement was identified.



There were mostly satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records were updated by two registered nurses. This safe practice was acknowledged. However, three recently discontinued medicines remained available for administration, they had not been administered. These were removed for disposal during the inspection and the registered manager provided assurances that this would be discussed with all staff for ongoing action.

In relation to safeguarding, the registered manager advised that they were aware of the regional procedures and who to report any safeguarding concerns to. Training was planned for February 2018.

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.

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

Appropriate arrangements were in place for administering medicines in disguised form.

Discontinued or expired medicines were disposed of appropriately. Discontinued controlled drugs were denatured and rendered irretrievable prior to disposal.

Storage space was limited. In Primrose Suite the temperature of the storage room was regularly above 25°C and one liquid antibiotic was stored in an unlocked refrigerator in the kitchenette. In Unit 2 several external preparations and eye preparations which did not require cold storage were stored in the refrigerator. The temperature recordings for the refrigerator were frequently outside the accepted range and the thermometer did not seem to be working. An area for improvement was identified. A number of spacer devices needed to be replaced; the registered manager advised that this would be addressed immediately following the inspection.

### Areas of good practice

There were examples of good practice in relation to training, the management of medicines on admission and controlled drugs.

### Areas for improvement

Medicines must be available for administration as prescribed on all occasions.

The management of antibiotics must be reviewed and revised.

Medicines must be stored at the at the manufacturers' recommended temperatures.

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	0



## 6.5 Is care effective?

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

With the exception of the antibiotics highlighted in Section 6.4, the majority of medicines examined had been administered in accordance with the prescriber's instructions. Discrepancies in the administration of two inhaled medicines were identified, it was agreed that these medicines would be closely monitored as part of an overall increase in the home's audit activity (See Section 6.7).

The management of distressed reactions and pain was reviewed. The relevant information was recorded in the patients' care plans, personal medication records and records of administrations.

The management of swallowing difficulty was examined. Care plans and speech and language assessment reports were in place. Thickening agents were recorded on the personal medication records and administration was being recorded. The administration records for one patient could not be found at the inspection. This was brought to the attention of the registered manager for follow up and close monitoring.

The majority of medicines records were well maintained and facilitated the audit process. However, as identified in Section 6.4 the reason for non-administrations had not been recorded on some occasions. It was agreed that the standard of maintenance of the medication administration records would be closely monitored as part of an overall increase in the home's audit activity (See Section 6.7).

Practices for the management of medicines were audited throughout the month by the staff and management. The registered manager advised that any discrepancies would be addressed immediately with all registered nurses.

Staff advised that they had good working relationships with healthcare professionals involved in patient care.

### Areas of good practice

There were examples of good practice in relation to the standard of most records and the management of pain.

### Areas for improvement

Areas for improvement were identified in relation to the administration of medicines and the medicine administration records (see section 6.7).

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

**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.**

We observed the administration of medicines to patients in the Primrose Suite. The registered nurse administering the medicines spoke to the patients in a kind and caring manner and the patients were given time to swallow their medicines.

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

The patients spoken to at the inspection were complimentary regarding staff and management. Comments included:

- “The staff are wonderful.”

Patients 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.

As part of the inspection process, we issued ten questionnaires to patients and their representatives. Seven patients and three relatives/representatives completed and returned questionnaires within the specified timeframe. Comments received were positive; with responses recorded as ‘very satisfied’ or ‘satisfied’ with the care provided in the home.

**Areas of good practice**

Staff listened to patients and relatives and took account of their views.

**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

**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. They were currently being updated by the quality and governance lead.

The management of medication incidents was discussed. It was ascertained that no incidents had been reported to RQIA since the last medicines management inspection. The findings of this inspection, in relation to the administration of antibiotics, the ordering processes and the completion of some medicine records evidences that the home's auditing systems are not robust and hence medication incidents may not be identified (see Section 6.4 and 6.5). An area for improvement was identified.

Following discussion with care staff it was evident that staff were familiar with their roles and responsibilities in relation to medicines management. The registered manager and registered nurses were reminded that it is their responsibility to ensure that medicines, including antibiotics, are available for administration as prescribed on all occasions.

Staff advised that management were open and approachable and willing to listen.

**Areas of good practice**

There were clearly defined roles and responsibilities for staff.

**Areas for improvement**

The auditing system should be reviewed to ensure that it is robust and identifies shortfalls in the management of medicines.

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

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Pamela Fee, 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 nursing 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 Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

## **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 via the Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p>Ref: Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 February 2017</p>	<p>The registered person shall ensure that prescribed medicines are available for administration at all times.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Registered nurse meeting held on 5<sup>th</sup> February 2018 and overview of the findings from the pharmacy inspection were outlined. All registered nurses to ensure that when completing drug orders stock must be checked. It has been communicated to registered nurses that in the event of a medicine becoming out of stock, the script should be requested promptly and the pharmacy contacted to ensure the script is followed up on that day. Pillpac is being introduced to the Home in coming months and once this is implemented, the risk of out of stocks will be minimised. Register Manager to monitor.</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 February 2017</p>	<p>The registered person shall ensure that antibiotics are administered as prescribed and commenced without delay.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Again this issue was addressed at the Registered Nurse meeting on 05.02.18 and Registered Nurses were advised to ensure script is ordered and antibiotic commenced at time perscribed. In order to avoid any delay the script should be obtained from a local pharmacy. Registered Nurses should read the medicine Kardex carefully and ensure that the antibiotic is administered as perscribed. New monthly pharmacy check audits have been implemented and the administration of antibiotics is included on these. The Registered Manager and Clinical Lead Nurses will monitor.</p>
<p><b>Area for improvement 3</b></p> <p>Ref: Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 February 2017</p>	<p>The registered person shall ensure that medicines are stored at the manufacturers' recommended temperature.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> A new fridge thermometer is now in place in Inishview, it is easy to use and recorded temperatures have been within accepted limits. A new fridge has been purchased for Primrose Unit. It has been proposed to relocate the medicine cupboard to a larger space to accommodate the drugs fridge. The Registered Manager will continue to monitor fridge</p>

	temperatures.
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 February 2017</p>	<p>The registered person shall ensure that robust governance systems are in place so that any shortfalls in medicines management and medication incidents are identified and addressed.</p> <p>Ref: 6.5 &amp; 6.7</p> <p><b>Response by registered person detailing the actions taken:</b> A number of new monthly pharmacy check audits have been implemented to include Inhalers, antibiotics, analgesia, medications for distressed reactions and thickening agents. These audits to be completed by Clinical Lead Nurses and findings reported to the Registered Manager. The Registered Manager will continue to review nightly drug audits and pharmacy orders. Any shortfalls that are identified will be addressed.</p>

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



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