

Inspection Report

19 January 2023



The Graan Abbey

Type of service: Nursing Home
Address: Derrygonnelly Road, Enniskillen, BT74 5PB
Telephone number: 028 6632 7000

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Carewell Homes Ltd Responsible Individual: Mrs Carol Kelly	Registered Manager: Mrs Heather Lyttle Date registered: 21 October 2019
Person in charge at the time of inspection: Mrs Heather Lyttle	Number of registered places: 62 This number includes: <ul style="list-style-type: none"> • a maximum of 32 patients in category NH-I and NH-PH • a maximum of 20 patients in category NH-DE • a maximum of 10 patients in category NH-MP/MP(E) • a maximum of one named resident receiving residential care in category RC-DE
Categories of care: Nursing (NH): I – old age not falling within any other category PH – physical disability other than sensory impairment DE – dementia MP – mental disorder excluding learning disability or dementia MP(E) - mental disorder excluding learning disability or dementia – over 65 years	Number of patients accommodated in the nursing home on the day of this inspection: 50
Brief description of the accommodation/how the service operates: The Graan Abbey is a registered nursing home which provides nursing care for up to 62 patients. The home has two units over three floors. Primrose Suite on the second floor provides care for people with dementia. There is a residential care home which occupies the first and second floors. The manager manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 19 January 2023, from 10.50am to 3.15pm. The inspection was completed by two pharmacist inspectors. The inspection focused on medicines management within the home.

The purpose of the inspection was to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to medicines management.

Following discussion with the aligned care inspector it was agreed that the area for improvement identified at the last care inspection would be followed up at the next inspection.

Review of medicines management found that the majority of medicines were administered as prescribed; a small number of discrepancies were highlighted to management for ongoing close monitoring. There were arrangements for auditing medicines and medicine records were well maintained. Staff had received training and been deemed competent to manage and administer medicines. However, two areas for improvement were identified in relation to the management of out of stocks and the management of medicines on admission to the home.

Based on the inspection findings and discussions held, RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is will led by the management team in relation to medicines management.

RQIA would like to thank the staff and management for their assistance throughout the inspection.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. To complete the inspection the following were reviewed: a sample of medicine related records, storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. The inspectors spoke with staff and management about how they plan, deliver and monitor the management of medicines in the home.

4.0 What people told us about the service

The inspectors met with three nurses, the clinical lead and the manager.

Staff were warm and friendly and it was evident from discussions that they knew the patients well. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

The nurses spoken with expressed satisfaction with how the home was managed and the training received. They said that the team communicated well and the manager was readily available to discuss any issues and concerns should they arise.

Feedback methods included a staff poster and paper questionnaires which were provided to the manager for any patient or their family representative to complete and return using pre-paid, self-addressed envelopes. At the time of issuing this report, no responses had been received by RQIA.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

Areas for improvement from the last inspection on 4 October 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 20 (1) (c) Stated: First time	The registered person shall ensure staff are in receipt of training in; <ul style="list-style-type: none"> • Dysphasia • Deprivation of Liberty Level 2 	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Patients in nursing homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times patients' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by a GP, a pharmacist or during a hospital admission.

Patients in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each patient. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. In line with safe practice, a second nurse had checked and signed the personal medication records when they were written and updated to confirm that they were accurate.

All patients should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets etc.

Patients will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the patient's distress and if the prescribed medicine is effective for the patient.

The management of medicines prescribed on a 'when required' basis for distressed reactions was reviewed. Nurses knew how to recognise signs, symptoms and triggers which may cause a change in a patient's behaviour and were aware that this change may be associated with pain, infection or constipation. Directions for use were clearly recorded on the personal medication records. Care plans directing the use of these medicines were available. Records of administration and, the reason for and outcome of administration were maintained.

The management of pain was reviewed. Nurses advised that they were familiar with how each patient expressed their pain and that pain relief was administered when required. Care plans and pain assessments were in place and reviewed regularly.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the patient.

The management of thickening agents was reviewed. Speech and language assessment reports and care plans were in place. Records of prescribing and administration, which included the recommended consistency level, were maintained.

Care plans were in place when patients required insulin to manage their diabetes. There was sufficient detail in the care plans to direct staff if the patient's blood sugar was outside their target range.

5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the patient's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

All medicines were available for administration on the day of the inspection. The records inspected showed that the majority of medicines were available for administration when patients required them. However, three medicines had been out of stock in January 2023 which resulted in missed doses. This had the potential to affect the health and well-being of the identified patients. Although nurses had taken corrective action the medicines were omitted. Nurses had not made the manager aware of the stock supply issues. The manager advised that she would investigate these issues and discuss with all nursing staff. Nurses must ensure that any potential out of stocks are followed up to ensure that patients have a continuous supply of their prescribed medicines. The manager must be made aware of any issues relating to stock supply so that action can be taken to prevent a recurrence. An area for improvement was identified.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each patient could be easily located. Medicines were stored at the manufacturers' recommended temperatures.

Appropriate arrangements were in place for the disposal of medicines.

5.2.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

It is important to have a clear record of which medicines have been administered to patients to ensure that they are receiving the correct prescribed treatment.

The sample of medication administration records reviewed at the inspection had been maintained to the required standard.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The records of receipt, administration and disposal of controlled drugs were maintained to the required standard in controlled drug record books.

Management and staff audited medicine administration on a regular basis within the home. In addition, running stock balances were maintained for medicines which were not supplied in the monitored dosage system. The majority of audits completed at the inspection indicated that medicines were administered as prescribed. However, significant audit discrepancies were observed in the administration of three liquid medicines. It was agreed that these discrepancies would be investigated and reported if necessary. The manager advised that nurses would receive supervision on the administration of liquid medicines and that the administration of liquid medicines would be closely monitored as part of the home's audits.

5.2.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

The admission process for patients new to the home or returning from hospital was reviewed for two patients. For one patient who had been admitted from another home, written confirmation of the patient's prescribed medicines had not been confirmed with their GP. Discrepancies in the administration of medicines were observed for both patients. The management of medicines on admission must be reviewed to ensure that written confirmation of the patient's current medication regimen is obtained on all occasions and medicines are administered as prescribed. An area for improvement was identified.

5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident.

The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and learning shared with staff in order to prevent a recurrence.

The audit system in place helps staff to identify medicine related incidents. However, as detailed in Section 5.2.2 nurses had not recognised the non-administration of medicines due to stock supply issues as a medication incident which must be investigated and reported to the appropriate authorities. This was discussed with the manager and nurses for corrective action.

5.2.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that patients are well looked after and receive their medicines appropriately, staff who administer medicines to patients must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and they are supported. Policies and procedures should be up to date and readily available.

Staff in the home had received a structured induction which included medicines management when this forms part of their role. Update training and competency assessments were completed annually or more frequently if a need was identified. Records were available for inspection.

As detailed in Section 5.2.3, it was agreed that nurses would receive supervision on the administration of liquid medicines.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005.

	Regulations	Standards
Total number of Areas for Improvement	3*	0

* The total number of areas for improvement includes one which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Heather Lyttle, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005	
Area for Improvement 1 Ref: Regulation 20 (1) (c) Stated: First time To be completed by: 4 November 2022	The registered person shall ensure staff are in receipt of training in; <ul style="list-style-type: none"> • Dysphasia • Deprivation of Liberty Level 2
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: 19 January 2023	The registered person shall ensure that patients have a continuous supply of their prescribed medicines. Ref: 5.2.2
	Response by registered person detailing the actions taken: New documentation has been put in place to ensure that any missing items are clearly identified and followed up to ensure that all medications are available for administration
Area for improvement 3 Ref: Regulation 13 (4) Stated: First time To be completed by: 19 January 2023	The registered person shall review the management of medicines on admission to the home to ensure that written confirmation of the patient's current medication regimen is obtained on all occasions and medicines are administered as prescribed. Ref: 5.2.4
	Response by registered person detailing the actions taken: discussion with staff has taken place to ensure that an encounter report is always sought from the GP prior to admission, to ensure written confirmation of residents medications.

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