



The **Regulation** and  
**Quality Improvement**  
Authority

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**Unannounced Medicines Management Inspection  
of  
The Graan Abbey**

**1 March 2016**

The Regulation and Quality Improvement Authority  
'Hiltop', Tyrone and Fermanagh Hospital, Omagh BT79 0NS  
Tel: 028 8224 5828 Fax: 028 8225 2544 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced medicines management inspection took place on 1 March 2016 from 9:45 to 16:15.

The management of medicines was found to be safe, effective and compassionate. The outcome of the inspection found no significant areas of concern though some areas for improvement were identified and are set out in the quality improvement plan (QIP) within this report.

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

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015 relate to the DHSSPS Nursing Homes Minimum Standards, February 2008.

### 1.1 Actions/Enforcement Taken Following the Last Medicines Management Inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the last inspection on 4 November 2014.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	2

The details of the QIP within this report were discussed with Ms Pamela Fee, Applicant Manager and Ms Wendy Shannon, Clinical Governance Lead, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Carewell Homes Ltd/Mrs Carol Kelly	<b>Registered Manager:</b> Not applicable
<b>Person in Charge of the Home at the Time of Inspection:</b> Ms Pamela Fee (Applicant Manager)	<b>Date Manager Registered:</b> Not Applicable
<b>Categories of Care:</b> NH-LD, NH-I, RC-I, NH-PH, RC-PH, NH-DE, NH-MP, NH-MP(E), RC-MP, RC-MP(E)	<b>Number of Registered Places:</b> 86
<b>Number of Residents/Patients Accommodated on Day of Inspection:</b> 70	<b>Weekly Tariff at Time of Inspection:</b> Nursing - £593.00 Residential £470.00

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the last medicines management inspection and to determine if the following standards and themes have been met:

Standard 28: Management of Medicines

Standard 29: Medicines Records

Standard 31: Controlled Drugs

Theme 1: Medicines prescribed on a “when required” basis for the management of distressed reactions are administered and managed appropriately.

Theme 2: Medicines prescribed for the management of pain are administered and managed appropriately.

## 4. Methods/Process

Specific methods/processes used included the following:

- The management of incidents reported to RQIA since the last medicines management inspection was reviewed
- Discussion with three residents and four members of staff
- Observation of medicine administration round

The following records were examined:

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

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 12 January 2016. This inspection resulted in no requirements or recommendations being made and no QIP was issued.

### 5.2 Review of Requirements and Recommendations from the Last Medicines Management Inspection

Last Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 13(4) <b>Stated:</b> First time	<p>The registered manager must ensure that written confirmation of current medication regimes is obtained each time a patient is admitted to the home.</p> <p><b>Action taken as confirmed during the inspection:</b>            The admission process was reviewed for two recently admitted patients. Written confirmation of current medication regimes had been obtained from the prescriber for both of these patients.</p>	<b>Met</b>
<b>Requirement 2</b> <b>Ref:</b> Regulation 13(4) <b>Stated:</b> First time	<p>The registered manager must investigate the management of medicines for Patient C and forward a report of the findings to RQIA, Omagh office.</p> <p><b>Action taken as confirmed during the inspection:</b>            The management of medicines for Patient C was investigated and a comprehensive report of the findings and the actions taken to address the areas for improvement was forwarded to RQIA following the last inspection.</p>	<b>Met</b>
<b>Requirement 3</b> <b>Ref:</b> Regulation 13(4) <b>Stated:</b> First time	<p>The registered manager must review and revise the management of medicines prescribed for external use to address the issues highlighted for improvement.</p> <p><b>Action taken as confirmed during the inspection:</b>            Improvements were noted in the management of medicines prescribed for external use. Medicines were appropriately labelled and stored at the correct temperature. Records of the administration of external medicines by care staff were in place.</p>	<b>Met</b>

Last Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 39 <b>Stated:</b> Second time	Adequate signage should be in place in all areas where oxygen is stored or in use.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Oxygen signage was in place in areas where oxygen was being stored.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 39 <b>Stated:</b> Second time	Masks for oxygen cylinders and spacer devices should be kept covered when not in use.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> All oxygen masks and tubing were noted to be covered.	
<b>Recommendation 3</b> <b>Ref:</b> Standard 39 <b>Stated:</b> First time	The registered manager should ensure that oxygen cylinders are chained to the wall when not in use.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Oxygen cylinders in all units of the home were chained to the wall at the time of the inspection.	
<b>Recommendation 4</b> <b>Ref:</b> Standard 37 <b>Stated:</b> First time	The registered manager should review and revise the management of medicines prescribed on an "as required" basis for the management of distressed reactions.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> Individual patient care plans detailing the management of medicines prescribed on an "as required" basis for the management of distressed reactions were in place.  However, staff were not always recording why a medicine was administered and the noted effect. A recommendation regarding the management of daily notes was made.	

## 5.3 The Management of Medicines

### Is Care Safe? (Quality of Life)

A sample of medicines was audited during the inspection. The majority of these audits produced satisfactory results, indicating that medicines had been administered as prescribed. One discrepancy was noted during the audit. Following the inspection, the manager investigated this discrepancy and forwarded a notification to RQIA. The manager confirmed that administration of medicines would continue to be monitored on a regular basis through the home's auditing procedures.

There were procedures in place to ensure the safe management of medicines during patients' admission to and discharge from the home.

The majority of medicine records were accurate, legible and facilitated the audit process. Prescriptions were received and checked in the home before being forwarded to the community pharmacy for dispensing. Following an incident regarding the security of prescription forms, the storage of prescription forms in the home was reviewed. Robust systems were in place to ensure the security of prescription forms. Completed medicine records were stored in a locked filing cabinet in the home. Secure arrangements were in place for the storage of archived records.

Discontinued or expired medicines were disposed of appropriately. Records showed that controlled drugs were denatured by two designated members of staff prior to their disposal.

### Is Care Effective? (Quality of Management)

Written policies and procedures for the management of medicines, including Standard Operating Procedures for the management of controlled drugs were in place. The manager advised these were due for review and update in 2016.

There was evidence that staff responsible for medicines management had been trained and deemed competent. There was an induction programme for new members of staff. The impact of training was evaluated through quarterly supervision, staff meetings and annual appraisal. The community pharmacist provided update medicines management training to staff on 27 January 2016. Training on the management of dysphagia was provided by the speech and language therapist on 20 January 2016. There was a diabetic link nurse in each of the three units of the home. Training on the management of Parkinson's was provided in January 2016.

Care staff had received training on the administration of medicines for external use, thickening agents and supplements. The manager advised that clinical lead nurses in the home have completed monthly observations and assessments of care assistants with respect to all aspects of the care they provide, including the administration of medicines.

Procedures in place to audit the management of medicines were examined. Samples of medicines have been audited on a daily basis by staff on duty and quarterly by management. Daily monitoring arrangements were in place for supplies of zopiclone, diazepam, insulin, nebulas and nutritional supplements

Staff confirmed that compliance with prescribed medicine regimes was monitored and any omissions or refusals likely to have an adverse effect on patients' health would be reported to the prescriber.

There were systems in place to report and learn from any incidents that may occur in the home. Clinical governance meetings have recently been implemented in the home. Issues relating to the management of medicines, including any audit discrepancies and incidents were addressed.

Records of the receipt, administration and disposal of controlled drugs were maintained. Stocks of controlled drugs have been reconciled at each handover of responsibility.

### **Is Care Compassionate? (Quality of Care)**

The administration of medicines to three patients was observed during the inspection. Medicines were administered to patients in their bedrooms. The nurse administering the medicines spoke to the patients in a kind and caring manner. Patients were given time to swallow each medicine and the nurse explained what the medicines were for. Extra time and attention was given to one patient who had difficulty swallowing some of the medicines. One of the patients stated she was "well looked after"; the other two patients were not able to answer any questions about their medicines. No medicines were left unattended in the patients' bedrooms. After the medicines had been administered, the nurse signed the record of administration.

One care assistant was observed responding to a patient's request to use the toilet. The request was responded to in a timely fashion, the use of the hoist was explained and the patient's dignity and privacy was respected.

The management of medicines prescribed on a "when required" basis for the management of distressed reactions was reviewed for two patients. Care plans were in place and the parameters for administration were recorded on the patients' personal medication records. Staff were aware of how to respond to distressed reactions for each individual patient. Records of the administration of anxiolytic medicines and the noted outcome were not always recorded in the patients' daily notes. A recommendation was made.

The management of pain was reviewed for two patients. A baseline pain assessment was completed for each patient on admission. Analgesia was referenced in the care plans and these care plans were reviewed on a monthly basis. Staff were advised that the management of any medicines prescribed for pain on a "when required" basis should also be referenced in the care plan. An appropriate pain tool was in place for one of the patients reviewed, but not for the second patient. Staff were advised that an appropriate pain tool/scale should be used where applicable. Some improvements in the management of pain are necessary. A recommendation was made.

The management of a thickening agent for one patient with a swallowing difficulty was reviewed. There was an up to date speech and language therapist report and a care plan in place. Records of the administration of thickening agents were maintained. The prescription details were not recorded on the patient's personal medication record; this was addressed during the inspection.

## Areas for Improvement

Details of the administration of anxiolytic medicines prescribed on a “when required” basis for the management of distressed reactions, including the noted outcome of administration, should be recorded in the patient’s daily notes on each occasion. A recommendation was made.

The management of pain should be reviewed and revised to ensure care plans are complete and an appropriate pain tool/scale is used where applicable. A recommendation was made.

<b>Number of Requirements</b>	<b>0</b>	<b>Number of Recommendations</b>	<b>2</b>
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## 5.4 Additional Areas Examined

Medicines were stored safely and securely. Staff were reminded that appropriate infection control measures should be in place for supplies of creams and eye drops in use, including those supplies which are refrigerated.



## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Pamela Fee, Applicant Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. 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.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The DHPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Nursing Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

### 6.3 Actions Taken by the Registered Person/Registered Manager

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [pharmacists@rqia.org.uk](mailto:pharmacists@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

<b>Quality Improvement Plan</b>			
<b>Recommendations</b>			
<b>Recommendation 1</b>  <b>Ref:</b> Standard 18  <b>Stated:</b> First time  <b>To be Completed by:</b> 31 March 2016	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>Response by Registered Person(s) Detailing the Actions Taken:</b> All Registered Nurses have been reminded that the reason for, and outcome of Administration of Medication for management of distressed reactions should be fully recorded in daily notes on each occasion. This will continue to be monitored and kept under review by the Manager.		
<b>Recommendation 2</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be Completed by:</b> 31 March 2016	The management of pain should be reviewed and revised to ensure care plans are complete and an appropriate pain tool/scale is used where applicable.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> All Registered Nurses have been informed that medicines for pain, on a when required basis, should be referred to in the care plan. It has been reinforced to Registered Nurses that appropriate pain tool should be used as applicable i.e. Abbey Pain Scale. This will continue to be monitored and kept under review by the Manager.		
<b>Registered Manager Completing QIP</b>	Pamela Fee	<b>Date Completed</b>	23/03/16
<b>Registered Person Approving QIP</b>	Carol Kelly	<b>Date Approved</b>	23/03/16
<b>RQIA Inspector Assessing Response</b>	Helen Mulligan	<b>Date Approved</b>	<b>19 April 2016</b>

\*Please ensure this document is completed in full and returned to [pharmacists@rqia.org.uk](mailto:pharmacists@rqia.org.uk) from the authorised email address\*