

# Unannounced Medicines Management Inspection Report 17 July 2018



## Greenville Manor

**Type of Service: Nursing Home**  
**Address: 192 Newtownbreda Road, Belfast, BT8 6QB**  
**Tel No: 028 9064 4244**  
**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 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 60 beds that provides care for patients with a range of healthcare needs as detailed in Section 3.0.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Health Care  <b>Responsible Individual(s):</b> Dr Maureen Claire Royston	<b>Registered Manager:</b> Ms Gabrielle McDonald
<b>Person in charge at the time of inspection:</b> Ms Jocelyn Cristobal, Deputy Manager	<b>Date manager registered:</b> 16 January 2018
<b>Categories of care:</b> Nursing Homes (NH): DE – dementia MP – mental disorder excluding learning disability or dementia MP(E) - mental disorder excluding learning disability or dementia – over 65 years A – past or present alcohol dependence	<b>Number of registered places:</b> 60 comprising: <ul style="list-style-type: none"> <li>• a maximum of 28 patients in category NH-DE accommodated in the Dixon Unit,</li> <li>• a maximum of 15 patients in category NH-A accommodated in the Belvoir Unit, and</li> <li>• a maximum of 17 patients in categories NH-MP/MP(E) accommodated in the Millbrook Unit</li> </ul>

### 4.0 Inspection summary

An unannounced inspection took place on 16 July 2018 from 10.15 to 14:50.

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 inspection assessed progress with any areas for improvement identified 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 medicines administration, medicine records, medicine storage and the management of controlled drugs.

No areas for improvement were identified at this inspection. The registered manager and staff were commended for their ongoing efforts.

Patients said that “staff are very good”.

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
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Jocelyn Cristobal, Deputy Manager, as part of the inspection process and can be found in the main body of the report.

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 28 February 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 service was reviewed. This included the following:

- recent inspection reports
- 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 informing visitors to the home that an inspection was being conducted was displayed.

During the inspection the inspector met with one patient, one activity therapist, one care assistant, four registered nurses and the deputy manager.

We provided the deputy manager with 10 questionnaires to distribute to patients and their representatives, for completion and return to RQIA. We also left 'Have we missed you' cards in the foyer of the home to inform patients/their representatives how to contact RQIA to tell us of their experience of the quality of care provided.

We asked the deputy manager 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 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

The findings of the inspection were provided to the deputy manager at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 28 February 2018**

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 22 September 2016**

There were no areas for improvement identified as a result of the last medicines management inspection.

## **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 registered nurses who have been trained and deemed competent to do so. Training was completed via e-learning annually. Competency assessments were also completed annually. Records were available for inspection. The deputy manager advised that care assistants received training on the management of thickening agents regularly.

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

There were procedures in place to ensure the safe management of medicines during a patient's admission to the home and to manage medication changes. Personal medication records were updated by two members of staff. Hand-written entries on the medication administration records were also verified and signed by two staff. This safe practice was acknowledged.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available. Antibiotics and newly prescribed medicines had been received into the home without delay.

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.

Satisfactory arrangements were in place for the safe disposal of discontinued or expired medicines.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. Satisfactory treatment room and refrigerator temperatures were observed.

### 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 on admission and controlled drugs.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

#### 6.5 Is care effective?

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

The sample of medicines examined had been administered in accordance with the prescriber's instructions. There were arrangements in place to alert staff of when doses of weekly, monthly or three monthly medicines were due.

We reviewed the management of distressed reactions, pain and thickening agents and found satisfactory systems to be in place. Registered nurses and care assistants were commended for their ongoing efforts.

Registered nurses advised that compliance with prescribed medicine regimes was monitored and any omissions or refusals likely to have an adverse effect on a patient's health were reported to the prescriber.

Medicine records were well maintained and facilitated the audit process. Staff were commended on the standard of maintenance of the personal medication records and medication administration records. Areas of good practice included additional recording sheets for transdermal patches, depot injections and protocols for "when required" medicines.

Practices for the management of medicines were audited throughout the month by staff and management. This included running stock balances for medicines which were not supplied in the blister pack system.



Following discussion with the deputy manager and staff, it was evident that, when applicable, other healthcare professionals were contacted in response to medication related issues. 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 record keeping, care planning and the administration of medicines.

### Areas for improvement

No areas for improvement were identified during the inspection.

	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.**

The administration of medicines was not observed at the inspection. Registered nurses were knowledgeable about the administration of medicines and guidance was displayed on the medicines file for easy reference.

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 patient spoken to at the inspection, advised that they had no concerns in relation to the management of their medicines and they were happy for the staff to administer their medicines.

Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Some patients were involved in activities including pool. Other patients were preparing to go out for the day.

As part of the inspection process, we issued 10 questionnaires to patients and their representatives. Six were completed and returned. The responses indicated that patients and relatives were very satisfied with all aspects of the care in Greerville Manor.

Any comments from patients, their representatives and staff in returned questionnaires received after the return date will be shared with the registered manager for information and action as required.

### Areas of good practice

Staff were observed to engage with patients and encourage them to take part in activities.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<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.**

The inspector discussed arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. Arrangements were in place to implement the collection of equality data within Greerville Manor.

Written policies and procedures for the management of medicines and guidance documents were available in the treatment rooms.

The deputy manager and registered nurse advised that there were robust arrangements in place for the management of medicine related incidents. In relation to the regional safeguarding procedures, staff advised that they were aware that medicine incidents may need to be reported to the safeguarding team.

The governance arrangements for medicines management were examined. The deputy manager and staff advised of the auditing processes completed by staff and management and how areas for improvement were detailed in an action plan, shared with unit managers and registered nurses to address. There were systems to monitor that improvements had been implemented and sustained.

Following discussion with the staff, it was evident that they were familiar with their roles and responsibilities in relation to medicines management. They advised that any concerns in relation to medicines management were raised with the registered manager; and any resultant action was discussed at team meetings and/or supervision.

The staff we met with spoke positively about their work and advised there were good working relationships in the home with staff and the registered manager. They stated they felt well supported in their work. One registered nurse said that there was "excellent team work".

We were advised that there were effective communication systems in the home, to ensure that all staff were kept up to date.

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

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements and quality improvement. There were clearly defined roles and responsibilities for staff.



**Areas for improvement**

No areas for improvement were identified during the inspection.

**Areas of good practice**

	Regulations	Standards
Total number of areas for improvement	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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