



Unannounced Medicines Management Inspection Report 3 October 2018



The Glebe Care Centre

Type of Service: Nursing Home
**Address: 12 Glebe Road, Carnmoney,
Newtownabbey, BT36 6UW**
Tel No: 028 9084 8212
Inspector: Judith Taylor

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 38 beds that provides care for patients living with healthcare needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Larchwood Care Homes (NI) Ltd Responsible Individual: Mr Christopher Walsh	Registered Manager: Mrs Geraldine Boyce
Person in charge at the time of inspection: Mrs Geraldine Boyce	Date manager registered: 28 June 2012
Categories of care: Nursing Homes (NH) I – Old age not falling within any other category PH – Physical disability other than sensory impairment	Number of registered places: 38 There shall be a maximum of 11 named residents receiving residential care in category RC-I. The home is approved to provide care on a day basis to one person.

4.0 Inspection summary

An unannounced inspection took place on 3 October 2018 from 10.10 to 14.10.

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 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 governance arrangements, training, completion of medicines records, medicines administration, care planning, medicines storage and the management of controlled drugs.

No areas for improvement were identified during the inspection.

Patients said they were happy in the home and spoke positively about the management of their medicines and the care provided by staff. We noted the warm and welcoming atmosphere 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
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 Mrs Geraldine Boyce, Registered 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 31 July 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 and returned QIPs.
- Recent correspondence with the home.
- The management of medicine related incidents reported to RQIA since the last medicines management inspection.

A poster was displayed to inform visitors to the home that an inspection by RQIA was being conducted.

During the inspection we met with three patients, two registered nurses, one senior care assistant, the registered provider and the registered manager.

We provided the registered manager with 10 questionnaires to distribute to patients and their representatives, for completion and return to RQIA and we asked the registered 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

We also left 'Have we missed you' cards in the home to inform patients and their representatives, who we did not meet with or were not present in the home, how to contact RQIA to tell us their experience of the quality of service provision. Flyers which gave information on raising a concern were also left in the home.

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 31 July 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 18 December 2017

Areas for improvement from the last medicines management inspection		
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
Area for improvement 1 Ref: Standard 28 Stated: Second time	The registered manager should closely monitor the administration of medicines to ensure these are administered as prescribed.	Met
	Action taken as confirmed during the inspection: Systems were in place to ensure that medicines were being administered as prescribed. This was monitored as part of the staff and management audit processes.	
Area for improvement 2 Ref: Standard 29 Stated: First time	The registered person shall ensure that two staff are involved in the transcribing of medicines information on medicine records; both staff should initial the entry.	Met
	Action taken as confirmed during the inspection: Two staff were involved in updating records on most but not all occasions. The registered	

	manager assured that this would be raised with staff through supervision and further development of the audit process. Due to the assurances provided this area for improvement has been assessed as met.	
Area for improvement 3 Ref: Standard 4 Stated: First time	The registered person shall review patients' care plans regarding medicines management to ensure that these are further developed and include the necessary detail.	Met
	Action taken as confirmed during the inspection: Care plans in relation to medicines were in place. They included the management of diabetes, warfarin, swallowing difficulty, distressed reactions, insomnia and pain.	

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 staff who have been trained and deemed competent to do so. An induction process was in place for all staff responsible for medicines management. A system was in place to ensure that delegated tasks completed by senior care staff and care staff was monitored by the registered nurses. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed at least annually. There were systems in place to ensure that all staff received annual update training in relation to medicines management. Refresher training in relation to dysphagia is planned.

There were satisfactory procedures in place to ensure the safe management of medicines during a patient's admission to the home. Written confirmation of the medicine dosage regimes was obtained prior to or at admission, and two staff were involved in writing the personal medication record, which is safe practice.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Staff advised of the procedures to identify and report any potential shortfalls in medicines. Antibiotics and newly prescribed medicines had been received into the home without delay. Satisfactory arrangements were in place for the acquisition and storage of prescriptions.

The management of medicine changes was reviewed. Personal medication records and handwritten entries on medication administration records were usually updated by two registered nurses. This is safe practice. See also Section 6.2.

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 in place for the management of high risk medicines e.g. anticoagulants and insulin. Care plans were maintained. The use of separate administration charts for warfarin and insulin was acknowledged.

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. Medicine refrigerators and oxygen equipment were checked at regular intervals.

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

Areas of good practice

There were examples of good practice in relation to staff training, competency assessment, the management of new medicines and medicine storage.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 was evidence that time critical medicines had been administered at the correct time. There were robust arrangements in place to alert staff of when doses of medicines prescribed at specific intervals were due, i.e. weekly.

The management of pain, distressed reactions and swallowing difficulty were reviewed. The relevant medicine records and care plans were maintained.

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

Most of the medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included the separate administration records for transdermal patches and "when required" medicines, such as analgesics and benzodiazepines.

Practices for the management of medicines were audited throughout the month. A quarterly audit was also completed by a representative from the community pharmacy.

Following discussion with management and staff and a review of a sample of care files, it was evident that when applicable, other healthcare professionals were contacted in response to patients' healthcare needs. They provided examples of when this had occurred recently in relation to pain management, swallowing difficulty and skincare.

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 this inspection.

	Regulations	Standards
Total number of areas for improvement	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 to patients was not observed at the inspection. Following discussion with the staff they confirmed how medicines were administered and advised that patients were encouraged and given time to take their medicines. The staff were knowledgeable about the patient's medicines and their medicine regimes.

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

We met with three patients, who expressed their satisfaction with the care and the staff. They advised that they were administered their medicines on time and any requests e.g. for pain relief, were responded to. Comments included:

- "The staff are good; they're all very good."
- "The food is ok. I do get a choice and can ask for something else."
- "Everything is alright. I'm alright."
- "I'm getting on ok. I have no complaints."

One patient discussed one care issue and with their consent this was raised with the registered manager who advised she would review this.

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.

Of the questionnaires which were left in the home to receive feedback from patients and their representatives, none were returned within the specified time frame (two weeks). Any comments from patients and their representatives in questionnaires received after the return date will be shared with the registered manager for information and action as required.

Areas of good practice

Staff listened to patients and patient's representatives and took account of their views.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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. We were advised that there were arrangements in place to implement the collection of equality data within The Glebe Care Centre.

Written policies and procedures for the management of medicines were in place and were readily available for staff reference. Staff confirmed that there were systems to keep them updated of any changes.

The governance arrangements for medicines management were reviewed. Management advised of the daily, weekly and monthly audits which take place and how areas for improvement were identified and followed up. This was usually through the development of action plans and staff supervision.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents and provided details of the procedures in place to ensure that all staff were made aware of incidents and systems to prevent recurrence. In relation to the regional safeguarding procedures, staff confirmed that they were aware that medicine incidents may need to be reported to the safeguarding team.

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

The staff we met with spoke positively about the home, how they enjoyed their work, the team work and the good working relationships in the home and with other healthcare professionals.

We were informed 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 within the specified time frame (two weeks).

Areas of good practice

There were examples of good practice in relation to governance arrangements, the management of medicine incidents and quality improvement. There were clearly defined roles and responsibilities for staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	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.



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care