

# Unannounced Medicines Management Inspection Report 4 June 2018



## Glenview

**Type of Service: Nursing Home**  
**Address: 9 Cabragh Road, Dungannon, BT70 3AH**  
**Tel No: 028 8776 7132**  
**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 45 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> Glenview  <b>Responsible Individuals:</b> Mr Mervyn John Gregg Mrs Jennifer Elizabeth Gregg	<b>Registered Manager:</b> Mrs Veronica McElmurry
<b>Person in charge at the time of inspection:</b> Mrs Veronica McElmurry	<b>Date manager registered:</b> 29 September 2016
<b>Categories of care:</b> Nursing Home (NH): I – old age not falling within any other category DE – dementia PH – physical disability other than sensory impairment PH(E) - physical disability other than sensory impairment – over 65 years	<b>Number of registered places:</b> 45 including:  a maximum of 10 patients in category NH-DE and one named resident receiving residential care in category RC-I

### 4.0 Inspection summary

An unannounced inspection took place on 4 June 2018 from 11.00 to 15.20.

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 medicine records, medicines administration, medicine storage and care planning.

No areas for improvement were identified at this inspection.

Patients said that “staff could not be better”.

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>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Veronica McElmurry, 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 medicines management

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 13 July 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
- the management of medicine related incidents reported to RQIA since the last medicines management inspection.

During the inspection we met with two patients, one care assistant, one registered nurse, the deputy manager 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 13 July 2017

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

### 6.2 Review of areas for improvement from the last medicines management inspection dated 13 July 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 person shall ensure that medicines are available for administration at all times.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  The stock ordering system had been reviewed and revised. A review of the previous medication administration records indicated that medicines had not been omitted due to stock supply issues.	
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	Detailed care plans must be in place when medicines are prescribed to be administered "when required" for the management of distressed reactions. The reason for and outcome of each administration should be recorded on all occasions.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Care plans for the management of distressed reactions were in place. These included details of medicines which were to be administered "when required".  The reason for and outcome of each administration were recorded in the daily progress notes.	

### 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. Refresher training in medicines management had been provided for registered nurses in November 2017 and in March 2018 prior to the commencement of the new medicines management system. An induction process was in place for registered nurses and for care staff who had been delegated medicine related tasks. The impact of training was monitored through the audit process. Competency assessments were completed following induction and annually thereafter. In relation to safeguarding, the registered manager advised that three registered nurses had attended regional training which was then disseminated to all staff.

There were robust procedures in place to ensure the safe management of medicines during a patient's admission to the home and to manage changes to prescribed medicines. Personal medication records and medication administration records were printed and then verified and signed by two registered nurses. This safe practice was acknowledged.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available. 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.

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 via the enteral route.

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

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. Medicine refrigerators and oxygen equipment were checked at regular intervals. A small number of out of date medicines were removed for disposal at the inspection. These medicines were prescribed to be administered "when required" but they had not been needed. The deputy manager advised that this would be discussed with registered nurses for ongoing vigilance and monitored as part of the internal auditing system. Due to these assurances an area for improvement was not identified.

### Areas of good practice

There were examples of good practice in relation to staff training, competency assessment, 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 was evidence that time critical medicines had been administered at the correct time. There were arrangements in place to alert staff of when doses of weekly, monthly or three monthly medicines were due.

The management of distressed reactions, pain and thickening agents was reviewed. Satisfactory care plans, monitoring and records of prescribing and administration were in place.

A small number of patients refuse their medicines. The registered nurses on duty advised that the prescribers had been contacted for advice.

Medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included the recording systems for the administration of thickening agents and emollient preparations by care assistants.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for medicines which were not included in the monitored dosage system. In addition the community pharmacist and deputy manager completed a detailed audit every three months.

The registered manager and staff advised that there were excellent relationships with all healthcare professionals involved in patient care. Registered nurses were complimentary of the acute care at home team and the regional prescribing support team.

### 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.**

We observed the administration of medicines to patients after lunch. Patients were given time to take their medicines and were being offered pain relief. 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 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. Patients were being encouraged to take part in the activities including gardening and art.

Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

The patients 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. They were complimentary regarding the staff and management of the home.

As part of the inspection process, we issued 10 questionnaires to patients and their representatives. None were completed and returned within the specified time frame. Any comments from patients and their representatives in returned questionnaires received after the return date will be shared with the registered manager for their information and action as required.

**Areas of good practice**

Observation of the staff and patients evidenced that staff communicated with patients in a manner that was sensitive and understanding of their needs.

**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 Glenview.

Written policies and procedures for the management of medicines were in place. They were not examined at the inspection.

There were robust arrangements in place for the management of medicine related incidents. Registered nurses advised that they knew how to identify and report incidents. In relation to the regional safeguarding procedures, the registered manager advised that staff were aware that medicine incidents may need to be reported to the safeguarding team.

We reviewed the governance arrangements for medicines management. The deputy manager advised of the auditing processes completed by herself, staff and the community pharmacist and how any shortfalls were communicated to staff, addressed and monitored.

Following discussion with the registered manager, registered nurses and care 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 management were open and approachable. Staff were complimentary regarding the training that they had received.

No online questionnaires were completed by staff with 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
<b>Total number of areas for improvement</b>	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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