



## **RESIDENTIAL CARE HOME MEDICINES MANAGEMENT MONITORING INSPECTION REPORT**

**Inspection No:** IN021134  
**Establishment ID No:** 1605  
**Name of Establishment:** Glasswater Lodge  
**Date of Inspection:** 19 January 2015  
**Inspector's Name:** Helen Daly

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

## 1.0 GENERAL INFORMATION

|   |  |
|---|--|
| <b>Name of home:</b>  | Glasswater Lodge   |
| <b>Type of home:</b>  | Residential Care Home                                      |
| <b>Address:</b>   | 1 Glasswater Road<br>Crossgar<br>BT30 9DN                  |
| <b>Telephone number:</b>  | (028) 4483 0518  |
| <b>E mail address:</b>  | glasswater@btconnect.com                                   |
| <b>Registered Organisation/<br/>Registered Provider:</b>              | Glasswater Lodge<br>Mr Leslie John Reid and Mrs Sarah Reid |
| <b>Registered Manager:</b>  | Mrs Sarah Reid (Acting)                                    |
| <b>Person in charge of the home at the<br/>time of inspection:</b>    | Mrs Ann Curran (Senior Carer)                              |
| <b>Categories of care:</b>  | RC-I, RC-DE  |
| <b>Number of registered places:</b>                                   | 31   |
| <b>Number of residents accommodated<br/>on day of inspection:</b>     | 24   |
| <b>Date and time of current medicines<br/>management inspection:</b>  | 2 September 2014<br>10:30 – 14:00                          |
| <b>Names of inspector:</b>  | Helen Daly   |
| <b>Date and type of previous medicines<br/>management inspection:</b> | 2 September 2014<br>Unannounced monitoring                 |

## 2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year is required.

This is the inspection report of an unannounced medicines management monitoring inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

### PURPOSE OF THE INSPECTION

The previous medicines management inspections of this home on 22 October 2013 and 31 January 2014 had shown that robust systems for some aspects of the management of medicines were not in place; improvements were needed in the standards for the management of medicines. On 13 February 2014 RQIA met with the responsible persons and a member of staff to discuss the serious concerns raised by the inspection on 31 January 2014. The findings of the inspection, including the lack of progress evidenced in addressing the issues raised at the previous inspections, were discussed in detail. The responsible persons of Glasswater Lodge outlined their proposed action plan to address all of the issues detailed in the draft quality improvement plan which had been issued to them. RQIA agreed to give the responsible persons a period of time to address the issues. The responsible persons were reminded that failure to address the ongoing issues may lead to enforcement action.

A further unannounced medicines management inspection was carried out in the home on 26 June 2014. At the conclusion of this inspection, the safety of some residents, with respect to the administration of medicines could not be assured. Following discussion with senior management in RQIA it was decided to advise the responsible persons of RQIA's intention to issue a failure to comply notice. A meeting was held between RQIA, Mr Lesley Reid and Mrs Sarah Reid (Responsible Persons) on 7 July 2014. At the meeting, the continued failure by the responsible persons to address the on-going concerns regarding the management of medicines was discussed in detail.

Due to the concerns evidenced during the inspection it was decided that a failure to comply notice with respect to Regulation 13 (4) (b) and (c) of The Residential Care Homes Regulations (Northern Ireland) 2005 would be served. Full compliance with the failure to comply notice (FTC/RCH/1605/2014-15/01) had to be achieved by 2 September 2014.

The outcome of the announced medicines management monitoring inspection which was carried out on 2 September 2014 found improvements in the management of medicines and full compliance with the failure to comply notice. The responsible persons and management team were advised that the improvements must be sustained.

The purpose of this inspection was to determine if the improvements identified at the previous inspection had been sustained so that the safety of residents with respect to the administration of medicines could be assured.

## METHODS / PROCESS

Discussion with Mrs Ann Curran, Senior Carer, and staff on duty  
Discussion with Ms Louise Curran, Senior Carer (with accountability for medicines) via telephone call on 20 January 2015  
Audit trails carried out on a sample of randomly selected medicines  
Review of medicine records  
Observation of storage arrangements  
Spot-check on policies and procedures  
Evaluation and feedback

## HOW RQIA EVALUATES SERVICES

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards (2011) and to assess progress with the issues raised during and since the previous inspection:

Standard 30: Management of Medicines  
Standard Statement - Medicines are handled safely and securely

Standard 31: Medicine Records  
Standard Statement - Medicine records comply with legislative requirements and current best practice

Standard 32: Medicines Storage  
Standard Statement - Medicines are safely and securely stored

Standard 33: Administration of medicines  
Standard Statement - Medicines are safely administered in accordance with the prescribing practitioner's instructions

An outcome level was identified to describe the service's performance against each criterion that the inspector examined. Table 1 sets the definitions that RQIA has used to categorise the service's performance:

**Table 1: Compliance statements**

| <b>Guidance - Compliance statements</b> |  |  |
|---|--|--|
| <b>Compliance statement</b>             | <b>Definition</b>  | <b>Resulting Action in Inspection Report</b>   |
| <b>0 - Not applicable</b>               |  | A reason must be clearly stated in the assessment contained within the inspection report   |
| <b>1 - Unlikely to become compliant</b> |  | A reason must be clearly stated in the assessment contained within the inspection report   |
| <b>2 - Not compliant</b>                | Compliance could not be demonstrated by the date of the inspection.  | In most situations this will result in a requirement or recommendation being made within the inspection report                           |
| <b>3 - Moving towards compliance</b>    | Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the inspection year.      | In most situations this will result in a requirement or recommendation being made within the inspection report                           |
| <b>4 - Substantially compliant</b>      | Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.                      | In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report |
| <b>5 - Compliant</b>                    | Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken. | In most situations this will result in an area of good practice being identified and being made within the inspection report.            |

### **3.0 PROFILE OF SERVICE**

Glasswater Lodge is situated in an attractive residential area close to Crossgar and Saintfield. It is set in spacious grounds with well-maintained gardens, a patio area and an enclosed courtyard. There is adequate car parking space to the front of the home.

Communal toilets, showers and bathrooms are appropriately located throughout the home.

Three lounges provide a choice of sitting areas with all providing an outlook to the front of the home and views overlooking the picturesque countryside.

A good service is provided for laundry and catering and there is a high standard of cleanliness throughout the home.

The home is decorated and furnished to a high standard with a variety of seating, beds and other required equipment.

Mrs Sarah Reid, one of the responsible persons, currently the acting manager.

### **4.0 EXECUTIVE SUMMARY**

An unannounced medicines management monitoring inspection of Glasswater Lodge was undertaken by Helen Daly, RQIA Pharmacist Inspector, on 19 January 2015 between 10:30 and 14:00. This summary reports the position in the home at the time of the inspection.

The focus of this medicines management monitoring inspection was to determine if the improvements which had been made at the previous inspection had been sustained, to re-assess the home's level of compliance with legislative requirements and the DHSSPS Minimum Standards for Residential Care Homes and to determine if the safety of residents, with respect to the administration of medicines could be assured.

The inspector examined the arrangements for medicines management within the home and focused on the four medicine standards in the DHSSPS Residential Care Homes Minimum Standards (2011):

- Standard 30: Management of Medicines
- Standard 31: Medicine Records
- Standard 32: Medicines Storage
- Standard 33: Administration of Medicines

During the course of the inspection, the inspector met with the senior carer in charge, Mrs Ann Curran, and staff on duty. The inspector observed practices for medicines management in the home, inspected storage arrangements for medicines, examined a selection of medicine records and conducted an audit of a sample of randomly selected medicines.

The findings of the inspection were discussed in detail with Ms Louise Curran, Senior Carer (with accountability for medicines management) via telephone call on 20 January 2015.

The requirement and recommendations which were made at the previous medicines management monitoring inspection on 2 September 2014 were examined and assessed during

the inspection. The requirement and both recommendations were assessed as compliant. The inspector's validation of compliance is included in Section 5.0 below.

The outcome of this inspection found that the improvements noted at the previous inspection had been sustained. Some areas for improvement were highlighted; these are detailed in the report.

Policies and procedures for the management of medicines and staff training records were not reviewed as the management team were not in the home on the day of the inspection. However, one recently recruited senior carer advised that she had been received a detailed induction on the management of medicines in the home.

The audits which were performed on solid dose medicines indicated that medicines were being administered in accordance with the prescribers' instructions. However, discrepancies in the administration of liquid form medicines were observed. The responsible persons must ensure that liquid form medicines are administered as prescribed. Any future discrepancies must be referred to the prescriber for guidance and reported to RQIA.

Records had been maintained in a mostly satisfactory manner. Hand-written updates on the medication administration records should be verified and signed by two members of staff.

Medicines were observed to be stored safely and securely at the time of this inspection. Oxygen signage should be in place.

The inspection attracted one requirement and one recommendation which are detailed in the Quality Improvement Plan.

The inspector would like to thank the senior carer in charge and staff on duty for their assistance and co-operation throughout the inspection.

## 5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 2 September 2014:

| NO. | REGULATION | REQUIREMENT  | ACTION TAKEN<br>(as confirmed during this inspection)   | INSPECTOR'S<br>VALIDATION OF<br>COMPLIANCE |
|-----|------------|--|---|--|
| 1   | 13(4)      | The registered person must ensure that the actual dose administered is accurately recorded when medicines are prescribed at a variable dose.<br><br><b>Stated once</b> | Examination of the medication administration records indicated that the actual dose administered had been accurately recorded when medicines are prescribed at a variable dose. | Compliant                                  |



| NO | MINIMUM STANDARD REF | RECOMMENDATION  | ACTION TAKEN<br>(as confirmed during this inspection)  | INSPECTOR'S VALIDATION OF COMPLIANCE |
|----|----------------------|---|--|--------------------------------------|
| 1  | 31                   | <p>The registered person should ensure that the site of administration of eye preparations is recorded.</p> <p><b>Stated once</b></p>   | <p>The site of administration of eye preparations had been recorded.</p>   | Compliant                            |
| 2  | 31                   | <p>The registered person should ensure that obsolete personal medication records are cancelled and archived.</p> <p>Only the current personal medication record should be held on the medicines file.</p> <p><b>Stated once</b></p> | <p>Obsolete personal medication records had been cancelled and archived.</p> <p>Only the current personal medication records were available on the medicines file.</p> | Compliant                            |

## **6.0 MEDICINES MANAGEMENT REPORT**

### **6.1 Management of Medicines**

Standard Statement - Medicines are handled safely and securely

The outcome of this inspection found that the majority of the improvements in the management of medicines which were evidenced at the previous announced medicines management inspection had been sustained.

The arrangements for auditing medicines were reviewed. At the previous inspection management audits which included a review of the recording systems, the management of dosage changes and audit trails on the administration of medicines were being completed twice each week. Records of this activity were available until November 2014. Ms Louise Curran, the senior carer with accountability for medicines management, advised that these audits are now being completed fortnightly as discrepancies were not being observed. She confirmed that more frequent audits would be carried out if issues were identified in future.

Running stock balances are still being maintained for several medicines which are not contained within the blister pack system, including analgesics and inhaled medicines. A review of these stocks counts indicated that they are being accurately maintained. Senior carers continue to complete a proforma following each medication round to indicate that all medicines have been administered as prescribed. Any anomalies/discrepancies are highlighted to the management team.

The outcomes of the majority of the audit trails which were completed at this inspection indicated that medicines are being administered as prescribed. However, significant audit discrepancies were observed for three supplies of lactulose liquid, one supply of paracetamol 250mg/5ml suspension, one supply of trimethoprim 50mg/5ml liquid and one supply of furosemide 40mg/5ml liquid. Ms Louise Curran advised that in-house training and supervision on measuring liquids would be provided for all relevant staff. The responsible persons must ensure that liquid form medicines are being administered as prescribed. Any further discrepancies must be investigated, referred to the prescriber for guidance and reported to RQIA. A requirement has been made.

Warfarin is not currently prescribed for any residents.

One resident is prescribed a thickening agent. This had been recorded on the personal medication record and medication administration record. Records of administration are maintained on daily intake charts; the required consistency level was recorded. The care plan and speech and language assessment could not be located on the day of the inspection. The senior carer (with accountability for medicines management) forwarded a copy of these documents to RQIA on 2 February 2015 and advised (via telephone call on 20 January 2015) that these documents would be made readily available for all staff without delay.

The management of medicines for Parkinson's disease was reviewed for two residents and found to be satisfactory.

'When required' medicines for the management of distressed reactions are prescribed for one resident but they had not been used recently.

Staff monitor blood glucose levels for residents who are prescribed insulin. The results are recorded in the community nursing team's diary who then advise staff of any action necessary. Control checks are performed on the blood glucometers at approximately weekly intervals.

**COMPLIANCE LEVEL:            Substantially compliant**

## **6.2    Medicine Records**

Standard Statement - Medicine records comply with legislative requirements and current best practice

A sample of the following records was selected for examination at the inspection:

- Medicines prescribed
- Medicines administered
- Medicines received
- Medicines disposed of
- Controlled drugs

The personal medication records (PMRs) examined at this inspection had been maintained in a mostly satisfactory manner. A few anomalies were discussed with the senior carer in charge for corrective action. The allergy status of two residents had not been recorded and this was discussed for corrective action.

Only the current PMR is now available on the medicines file; obsolete PMRs had been cancelled and archived. The site of administration of eye preparations is now recorded.

There was evidence that dosage changes had been managed appropriately; they had been verified and signed by two members of staff.

The records for one resident who had recently been re-admitted from hospital with medication changes were examined. The hospital discharge letter was faxed to the resident's surgery and a copy maintained in their notes. The changes had been recorded appropriately on the PMRs and medication administration records (MARs). The discontinued medicines had been removed from the medicines file.

The majority of entries on the PMRs showed correlation with the MARs. Where medicines are prescribed at a variable dose the actual dose administered is now being recorded. Observation of the records for administration of bisphosphonates indicate that these medicines are being administered in accordance with the manufacturers' instructions.

Hand-written updates on the MARs are no longer being verified and signed by two members of staff. This had been addressed at the previous inspection but the improvement had not been sustained. In the interests of safe practice hand-written updates on the MARs should be verified and signed by two members of staff. A recommendation has been made.

The senior carers prompt some residents to self-administer their external preparations. A record of the prompt is maintained on the MARs.

The records of medicines received and disposed of had been maintained in a mostly satisfactory manner. The majority of the records for the disposal of medicines had been signed by two members of staff; this is good practice.

Entries in the controlled drug record book had been made in a satisfactory manner. Two members of staff record each administration of controlled drugs.

**COMPLIANCE LEVEL:            Substantially compliant**

### **6.3    Medicine Storage**

Standard Statement - Medicines are safely and securely stored

Medicines were observed to be stored safely and securely in accordance with the manufacturer's instructions.

The keys to the medicine trolleys and treatment rooms were observed to be held by the senior carers. The keys to the medicine cupboards are stored in a digitally locked cupboard in the treatment room. The keys to the controlled drugs cupboard were held separately from all other keys by the senior carer in charge.

Dates of opening had been recorded on all medicines which were selected for audit at this inspection. The inspector did not observe any medicines which were out of date and all currently prescribed medication was available for administration as prescribed.

The treatment room temperature is monitored and recorded each day; the recordings indicate that the temperature is maintained below 25<sup>0</sup>C.

One medicine refrigerator is now in use in the main treatment room. The maximum, minimum and current temperatures are monitored each day and satisfactory readings were observed. The thermometer is now reset each day.

Insulin and influenza vaccines are stored in a second refrigerator in the room which is used by the community nursing team. A copy of the daily temperature records for this refrigerator were received by RQIA on 2 February 2015. A review of these records indicated that the temperature is being maintained between 2<sup>0</sup>C and 8<sup>0</sup>C.

Two oxygen cylinders are were observed in the treatment room. The responsible persons should ensure that appropriate signage is in place and this was discussed.

**COMPLIANCE LEVEL:            Substantially compliant**

#### **6.4 Administration of Medicines**

Standard Statement - Medicines are safely administered in accordance with the prescribing practitioner's instructions

As stated in Section 6.1, with the exception of the audit trails which were completed on liquid form medicines, the audit outcomes indicated that medicines are being administered as prescribed.

**COMPLIANCE LEVEL:            Substantially compliant**

## 7.0 QUALITY IMPROVEMENT PLAN

All registered establishments and agencies are required to comply with The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the 2003 Order) and the subordinate regulations specific to the particular service being provided.

Registered providers / managers are also expected to ensure that their service operates in accordance with the minimum standards relevant to their establishment or agency that have been issued by the Department of Health, Social Services and Public Safety (DHSSPS).

Enforcement action is an essential element of the responsibilities of RQIA under the 2003 Order, and is central to the aim of RQIA to protect the safety of residents and to bring about sustained improvements in the quality of service provision.

In line with the principles set out in the Enforcement Policy, RQIA will normally adopt a stepped approach to enforcement where there are areas of concern. Any enforcement action taken by RQIA will be proportionate to the risks posed to residents and the seriousness of any breach of legislation.

The Quality Improvement Plan (QIP) appended to this report details the action required to ensure compliance with legislation and improvement in the quality of the service. These details were discussed with **Mrs Ann Curran, Senior Carer**, as part of the inspection process. The findings were also discussed with the senior carer with accountability for medicines management, **Ms Louise Curran**, via telephone call on 20 January 2015. The registered provider must record comments on the QIP and return it to RQIA within the required timeframe.

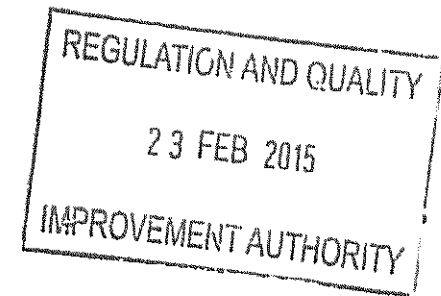
Registered providers / managers should note that failure to comply with regulations may lead to further enforcement action. It should also be noted that under the 2003 Order, failure to comply with some regulations is considered to be an offence and RQIA has the power to prosecute in conjunction with other enforcement action, for example place conditions on registration.

Enquiries relating to this report should be addressed to:

**Helen Daly**  
**Pharmacist Inspector**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



The Regulation and  
Quality Improvement  
Authority



**QUALITY IMPROVEMENT PLAN**

**RESIDENTIAL CARE HOME**

**UNANNOUNCED MEDICINES MANAGEMENT MONITORING INSPECTION**

**GLASSWATER LODGE**

**19 JANUARY 2015**

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan. The timescales for completion commence from the date of inspection.

The specific actions set out in the Quality Improvement Plan were discussed with **Mrs Ann Curran, Senior Carer**, during the inspection visit and with the senior carer with accountability for medicines management, **Ms Louise Curran**, via telephone call on 20 January 2015.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

**STATUTORY REQUIREMENTS**

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

| NO. | REGULATION REFERENCE | REQUIREMENT  | NUMBER OF TIMES STATED | DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)   | TIMESCALE        |
|-----|----------------------|--|------------------------|---|------------------|
| 1   | 13(4)                | The responsible persons must ensure that liquid form medicines are administered as prescribed.<br><br>Any future discrepancies must be referred to the prescriber for guidance and reported to RQIA.<br><br>Ref. Section 6.1 | One                    | <i>Discussed with all senior staff who are administering liquid form medicines to always double check the prescribed dose and always measure the amount correctly as this can also cause little or more to be given</i> | 20 February 2015 |

**RECOMMENDATIONS**

These recommendations are based on the Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

| NO. | MINIMUM STANDARD REFERENCE | RECOMMENDATION  | NUMBER OF TIMES STATED | DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)   | TIMESCALE        |
|-----|----------------------------|---|------------------------|---|------------------|
| 1   | 31                         | The responsible persons should ensure that two staff verify and sign all hand-written updates on the medication administration records.<br><br>Ref: Section 6.2 | One                    | <i>All PMR handwritten are double signed and checked over - along with all medication updates.<br/>- All mars sheets handwritten are also double signed and up to date with 2 signatures.</i> | 20 February 2015 |

*- New liquid chart form to be implemented - fortnightly.  
- All liquid meds to be surveyed.*



The registered provider/manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

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

SIGNED: *S. Reid*

NAME: *SARAH REID*  
 Registered Provider

DATE *17.2.15*

SIGNED: *S. Reid*

NAME: *ARAH S. Reid*  
 Registered Manager

DATE *17.2.15*

| QIP Position Based on Comments from Registered Persons | Yes | Inspector         | Date          |
|--|-----|-------------------|---------------|
| Response assessed by inspector as acceptable           | Yes | <i>Helen Daly</i> | <i>5/6/15</i> |
| Further information requested from provider            |     |                   |               |