

# Unannounced Medicines Management Inspection Report 24 October 2018



## Glasswater Lodge

Type of service: Residential Care Home  
Address: 1 Glasswater Road, Crossgar, BT30 9DN  
Tel No: 028 4483 0518  
Inspector: Catherine Glover

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 residential care home that provides care for up to 31 residents with a variety of care needs as detailed in Section 3.0.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Glasswater Lodge  <b>Responsible Individual:</b> Mr Leslie John Reid Mrs Sarah Reid	<b>Registered Manager:</b> See below
<b>Person in charge at the time of inspection:</b> Mrs Diane Patterson (Assistant Manager)	<b>Date manager registered:</b> Mrs Sarah Reid – No application
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. LD(E) – Learning disability – over 65 years.	<b>Number of registered places:</b> 31  A maximum of six persons in RC-DE category of care. One identified person in RC-LD( E ) category of care. The home is approved to provide care on a day basis only to 6 persons.

### 4.0 Inspection summary

An unannounced inspection took place on 24 October 2018 from 10.00 to 13.10.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

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 medicines administration, medicine records and the management of controlled drugs.

No areas for improvement were identified on this occasion.

Residents were relaxed and comfortable in the home. Good relationships with staff were evident.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' 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 Diane Patterson, Assistant 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

The most recent inspection of the home was an unannounced care inspection undertaken on 10 May 2018. Other than those actions detailed in the QIP no further actions were required to be taken. 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 home was reviewed. This included the following:

- recent inspection reports and returned QIPs
- 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.

During the inspection the inspector met with two residents, two senior care assistants and the assistant manager.

We provided the assistant manager with ten questionnaires to distribute to residents and their representatives, for completion and return to RQIA. 'Have we missed you?' cards were left in the foyer of the home to inform residents/their representatives of how to contact RQIA, to tell us of their experience of the quality of care provided. Flyers providing details of how to raise any concerns were also left in the home. Staff were invited to share their views by completing an online questionnaire.

A poster informing visitors to the home that an inspection was being conducted was displayed.

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
- policies and procedures
- 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 10 May 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 16 June 2016

<b>Areas for improvement from the last medicines management inspection</b>		
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13(4) <b>Stated:</b> First time	The registered person must investigate the discrepancy noted in the Schedule 2 controlled drug and provide a written report of the outcome of the investigation with the completed QIP from this inspection.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This investigation was completed and returned to RQIA.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13(4) <b>Stated:</b> First time	Staff must be provided with further training to ensure that controlled drugs are managed safely and that all records are accurately completed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Further training in the management of controlled drugs had been completed following the last inspection. It was evidenced at this inspection that controlled drugs were safely managed and all of the appropriate records were completed.	

<b>Area for improvement 3</b> <b>Ref:</b> Regulation 13(4) <b>Stated:</b> First time	The registered person must ensure that the auditing system is reviewed and revised to ensure that it is robust.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The auditing system had been reviewed and revised. A comprehensive audit is completed by the assistant manager on a monthly basis and daily checks are routinely completed by staff.	
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 31 <b>Stated:</b> Second time	The responsible persons should ensure that two staff verify and sign all hand-written updates on the medication administration records.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Handwritten updates had been signed by two staff members.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time	The management of warfarin should be reviewed and revised.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The management of warfarin had been reviewed and was found to be satisfactory during this inspection.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 6 <b>Stated:</b> First time	The management of medicines that are prescribed on a “when required” basis for distressed reactions should be reviewed and revised.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The management of “when required” medicines had been reviewed and was found to be satisfactory during this inspection.	



<b>Area for improvement 4</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time	The management of pain should be reviewed and revised to ensure that a care plans are in place for the appropriate residents.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Care plans for the management of pain were in place for the relevant residents.	
<b>Area for improvement 5</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time	Standard Operating Procedures for the management of controlled drugs should be in place.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Standard operating procedures were emailed to RQIA by the assistant manager following the 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 staff who have been trained and deemed competent to do so. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. Refresher training in medicines management and dysphagia was provided in the last year. Safeguarding training had been completed by staff.

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

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records and handwritten entries on medication administration records were updated by two members of staff. This safe practice was acknowledged.

There were procedures in place to ensure the safe management of medicines during a resident's admission to the home.

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. Additional checks were also performed on other controlled drugs which is good practice. The storage of

MST tablets was discussed. These tablets are a Schedule 2 controlled drug and must be stored in the controlled drugs cupboard. They had been included in the blister pack system, however they were removed from the trolley and stored in the controlled drugs cupboard by the end of the inspection. The assistant manager advised that she would discuss the packaging of this medicine with the community pharmacist. As this issue was resolved during the inspection and area for improvement has not been specified.

Robust arrangements were observed for the management of high risk medicines e.g. warfarin. The use of separate administration charts was acknowledged.

Discontinued or expired medicines were disposed of appropriately.

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. The assistant manager was advised to closely monitor the refrigerator temperature as it had recently started to fall outside of the recommended temperature range of 2°C to 8°C.

### Areas of good practice

There were examples of good practice in relation to staff training, competency assessment and the management of medicines on admission.

### 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 medicines were due.

The management of distressed reactions and pain was examined. The appropriate care plans were in place and detailed notes of the residents' wellbeing were maintained. A record of all medicines administered was completed.

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



Medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included additional records for the administration of transdermal patches.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for some medicines.

Following discussion with the registered manager and staff, it was evident that other healthcare professionals are contacted when required to meet the needs of residents.

**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 to residents was not observed during this inspection, however the manager was knowledgeable about the residents’ medicines and medical requirements.

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

We spoke with two residents. They were relaxed and comfortable in the home and said that they enjoyed living there. They said that the staff were good, they enjoyed the food and their rooms were comfortable.

Two of the questionnaires that were issued were returned from residents. The responses indicated that they were very satisfied with all aspects of the care.

Any comments from residents, 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 listened to residents and took account of their views.

## 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 residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents. Arrangements are place to implement the collection of equality data.

Written policies and procedures for the management of medicines were in place. These had been reviewed in April 2018. Standard operating procedures for the management of controlled drugs were emailed to RQIA following the inspection. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to staff.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. There was evidence of the action taken and learning implemented following incidents. 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.

A review of the audit records indicated that largely satisfactory outcomes had been achieved. Where a discrepancy had been identified, there was evidence of the action taken and learning which had resulted in a change of practice. The assistant manager highlighted any discrepancies noted to staff for their attention.

Following discussion with the assistant manager it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

There were no responses to the online staff questionnaire.

## 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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