

# Unannounced Post-Registration Medicines Management Inspection Report 25 April 2018



## Abbeylands – Seapark Unit

Type of service: Residential Care Home  
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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 provider 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 with 37 beds which provides care for residents with a range of healthcare needs as detailed in Section 3.0. The home is located on the same site as Abbeylands Nursing Home.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Health Care  <b>Responsible Individual:</b> Dr Maureen Claire Royston	<b>Registered Manager:</b> Ms Eleanor Dodson
<b>Person in charge at the time of inspection:</b> Ms Eleanor Dodson	<b>Date manager registered:</b> 23 February 2018
<b>Categories of care:</b> Residential Care (RC): I – old age not falling within any other category 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> 37  including a maximum of two residents in category RC-MP and one named resident in category RC-A  The home is also approved to provide care on a day basis for one person.

### 4.0 Inspection summary

An unannounced inspection took place on 25 April 2018 from 10.30 to 15.05.

This was the post registration inspection in relation to medicines management in the recently registered residential care home, which adjoins Abbeylands Nursing Home. The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

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).

Evidence of good practice was found in relation to the management of controlled drugs.

Areas for improvement were identified in relation to training, the governance and auditing arrangements for medicines, the management of medicines on admission and medicines changes, the acquisition of antibiotics and the standard of record keeping. These were discussed with the regional manager who advised that they would receive immediate attention.

Residents were observed to be relaxed and comfortable in their surroundings.

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>	6	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Ms Eleanor Dodson, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection. Although a number of issues were identified (at this first medicines management inspection) in relation to the systems in place, the evidence seen indicated that the majority of medicines were administered in accordance to the prescriber's directions. The outcome of the inspection was discussed with senior management with responsibility for residential care homes in RQIA and it was agreed that the regional manager of Four Seasons Health Care, Mrs Janice Brown, would be contacted to discuss the issues. Following a telephone discussion with the regional manager, RQIA received an action plan on 3 May 2018 advising how the concerns evidenced during the inspection would be addressed. A follow up inspection has been planned. The regional manager and management team within the home were made aware that if the necessary improvements have not been implemented and sustained enforcement action would be considered.

## 4.2 Action/enforcement taken following the pre-registration inspection

The most recent inspection of the home was an announced care inspection undertaken on 11 December 2017. Other than the action 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 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 home registered.

During the inspection the inspector met with two residents, three senior carers, the deputy manager and the registered manager.

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

A total of 10 questionnaires were provided for distribution to residents 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

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 11 December 2017

The most recent inspection of the home was an announced pre-registration care inspection. The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last medicines management inspection

This was the first medicines management inspection to the home.

## 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.**

The registered manager advised that senior carers had completed training on the management of medicines within the last year. Competency assessments were in place. The findings of this inspection indicate that staff require further training on the management of medicines and their professional accountability to ensure that systems are followed and medicines are administered as prescribed on all occasions. Training should cover all of the issues identified at this inspection. An area for improvement was identified.

The registered manager advised that staff were aware of the regional safeguarding procedures and who to report any safeguarding concerns to. Training had been completed via e-learning.

The procedures for the management of medicines on admission were not robust. Written confirmation of currently prescribed medicines had not been requested from the prescribers. This confirmation is necessary to ensure that the medicines regimen is accurate to ensure safe and effective care. The personal medication records and hand-written medication

administration records completed on admission had not been verified and signed by two members of staff. This is the accepted safe practice to ensure that medicine records are accurate to enable staff to administer medicines as they are prescribed by the general practitioner. Records of medicines received into the home on admission were either incomplete or had not been made and therefore an audit to evidence that medicines were being administered as prescribed could not be completed (See Section 6.7). The management team advised that the records for all recently admitted residents would be reviewed immediately following the inspection and that written confirmation would be requested from the prescribers. An area for improvement was identified.

The arrangements in place to manage changes to prescribed medicines were not robust. Personal medication records were not always updated. Updates which had been recorded were not always verified and signed by two members of staff. Hand-written entries on the medication administration records had not been verified and signed by two staff. For one medicine, which was prescribed at a reducing dose, staff were unable to confirm the current dosage regimen. This was discussed with the management team and the regional manager. The current dose was confirmed with the prescriber following the inspection. Management were requested to investigate the incident. An incident report was forwarded to RQIA on 30 April 2018. An area for improvement in relation to the management of dosage changes was identified.

Management advised of the systems in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. A review of the medication administration records indicated that any potential out of stocks were being followed up. Two medicines had been omitted for two days as staff mistakenly thought they were out of stock. They were located in the medicine cupboard on the day of the inspection. The registered manager agreed to discuss this with staff to ensure that there was no recurrence. An incident report was forwarded to RQIA.

We reviewed three antibiotics, two had been received into the home without delay but the third antibiotic which was prescribed at approximately 16:00 was not commenced until 14:00 the following day. Antibiotics must be commenced without delay. An area for improvement was identified.

Arrangements for the management of high risk medicines e.g. insulin were reviewed. Care plans were in place but they were not detailed. The registered manager advised that detailed care plans would be written and diabetes awareness training would be arranged for staff.

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.

The management team confirmed that discontinued or expired medicines including controlled drugs were returned to the community pharmacist for disposal.

The majority of medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. The maximum, minimum and current medicine refrigerator temperatures were monitored daily. Satisfactory temperature recordings were observed. Some storage issues which were highlighted were addressed during the inspection.

## Areas of good practice

There were examples of good practice in relation to the management of controlled drugs.

## Areas for improvement

Staff should receive further training, specific to their needs, on the management of medicines.

The management of medicines on admission must be reviewed and revised.

The management of medication changes must be reviewed and revised.

Systems must be reviewed to ensure that antibiotics are received into the home and commenced without delay.

	Regulations	Standards
<b>Total number of areas for improvement</b>	4	0

### 6.5 Is care effective?

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

Mostly satisfactory outcomes were observed for the audits which could be completed at this inspection. Three audit discrepancies were highlighted to the management team for follow up.

The management of pain was reviewed. Staff advised that all residents could verbalise any pain. The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the resident was comfortable. Care plans for the management of pain were not in place. One of the senior carers advised that they may have been removed during a recent update of the care plans. It was agreed that appropriate care plans would be put in place. This was commenced during the inspection and hence an area for improvement was not specified.

The management of swallowing difficulty was examined. Care plans and speech and language assessments were in place. Records of prescribing, which included the recommended consistency level of the thickening agent were maintained; however, records of administration were incomplete. Senior carers were recording the administration at the medicines rounds only. Senior carers and care assistants administer thickening agents throughout the day and no records were maintained. This area for improvement was incorporated into the area for improvement regarding record keeping.

The evidence seen during the inspection indicated that immediate and sustained improvements in the standard of record keeping were necessary (see also Section 6.4). This will ensure that there is a clear audit trail to evidence that medicines are being administered as prescribed. The necessary improvements required in the completion of personal medication records, medication administration records and records of medicines received are:

- two staff should verify and sign entries on the personal medication records at the time of writing and at each update
- two staff should verify and sign hand-written entries on the medication administration records
- records of medicines received into the home must be accurately maintained
- records of the administration of thickening agents must be maintained

An area for improvement was identified.

**Areas of good practice**

There was an example of good practice in relation to care plans for swallowing difficulty.

**Areas for improvement**

Personal medication records, medicine administration records (including those for thickening agents) and the receipt of medicine records must be fully and accurately completed.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	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.**

There was evidence that residents were encouraged and facilitated to continue to manage their medicines where possible.

The administration of medicines was not observed at the inspection.

Throughout the inspection, 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 to two residents who were relaxing in the lounge after lunch. They were complimentary regarding the staff and care provided in the home.

As part of the inspection process, we issued 10 questionnaires to residents and their representatives. None were returned within the specified timescale. Any comments from residents and their representatives 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

There was evidence that staff listened to residents and were aware of their preferences.

## 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 the 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 were in place to implement the collection of equality data within Abbeylands – Seapark Unit.

Four Seasons Health Care policies and procedures for the management of medicines were in place. They were not reviewed during the inspection.

The registered manager advised that several auditing systems and trackers were in use in the home. These audits were prompted and recorded via a computerised system. A review of these audits indicated that the satisfactory outcomes were routinely recorded. The areas for improvement identified at this inspection were not being picked up through the current auditing systems. Several of the audits undertaken during the inspection could not be completed as records of medicines received into the home had not been maintained, dates of opening had not always been recorded and stock balances had not been accurately carried forward and two supplies of the same medicines were in use for some residents. This indicates that the internal audit process is not robust as it does not cover all aspects of the management of medicines. The governance and auditing systems in the home must be reviewed and revised. Where audits identify shortfalls in the management and administration of medicines, action plans must be developed and implemented. The management team and regional manager were made aware that effective auditing systems must be in place to promote safe and effective care. An area for improvement was identified.

The registered manager advised that there were robust procedures in place for the management of medication incidents and that any incidents would be investigated and the findings shared with staff for improvement without delay. The findings of this inspection suggest that the auditing system is not robust and hence incidents may not be identified. This was discussed as part of the required improvement in governance within the home.

Following discussion with staff and the findings of this inspection it was evident that staff should receive further guidance on their roles and responsibilities in relation to medicines management. An area for improvement was identified in Section 6.4.

### Areas of good practice

It was acknowledged that written policies and procedures were readily available for staff reference.

### Areas for improvement

The governance and auditing arrangements in the home must be reviewed and revised to provide assurances that medicines are being administered as prescribed and any shortfalls are identified and addressed.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Ms Eleanor Dodson, Registered Manager, and Mrs Janice Brown, Regional Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP 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 the residential care home. 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.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with 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).

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p>Ref: Regulation 20 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 May 2018</p>	<p>The registered person shall ensure that staff receive training on the management of medicines and be made aware of their accountability to ensure that medicines are administered as prescribed on all occasions.</p> <p>Ref: 6.4 and 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b> SCA have attended Boots Administration, Responsibility and Accountability Training. SCA will recomplete their SOAR Medication modules. Medication competencies have been recompleted.</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 May 2018</p>	<p>The registered person shall review and revise the systems in place for the management of medicines on admission.</p> <p>Ref: 6.4 and 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> SCA staff will receive a GP medication list for admissions from their personal home environment or a hospital discharge medication list. All medications will be counted and documented on receipt into the Unit. Medication bases have been established to ensure clear and robust auditing. This will be kept under review within the Regulation 29 Report.</p>
<p><b>Area for improvement 3</b></p> <p>Ref: Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 May 2018</p>	<p>The registered person shall review and revise the systems in place for the management of medication changes.</p> <p>Ref: 6.4 and 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> SCA staff will record all medication changes on the Central Prescription records and MARR and will be signed by two staff. Medication received by the home will be receipted in and a base established to ensure clear and robust auditing.</p>
<p><b>Area for improvement 4</b></p> <p>Ref: Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 May 2018</p>	<p>The registered person shall review and revise the systems in place for the acquisition of antibiotics to ensure that courses are commenced without delay.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> A satellite pharmacy store has been identified to provide an out of hours or weekend supply as an additional resource to the nominated pharmacy store. SCA staff are to bring to the attention of the Registered Manager or Team leader any delay in being able to source antibiotic supplies when prescribed.</p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 May 2018</p>	<p>The registered person shall ensure that personal medication records, medicine administration records and receipt of medicine records are fully and accurately completed.</p> <p>Ref: 6.4 and 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> Boots Training has been conducted with SCA staff regarding personal medication records and receipt of medicine records. This will be monitored on the monthly medication audit and within the Regulation 29 Report.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 May 2018</p>	<p>The registered person shall review and revise the auditing and governance systems within the home to provide assurances that medicines are being administered as prescribed and that shortfalls in the management of medicines are identified and addressed.</p> <p>Ref: 6.5 and 6.7</p> <p><b>Response by registered person detailing the actions taken:</b> The monthly medication audit will be completed for each treatment room and trolley. The auditing process will be conducted by the Team Leader and will be overseen by the Home Manager and will be kept under review within the Regulation 29 Report. The monthly medication audit will reflect the deficits identified by this inspection .</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**



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