



# Unannounced Medicines Management Inspection Report 27 September 2018



## Bradley Manor

Type of Service: Nursing Home  
Address: 420 Crumlin Road, Belfast, BT14 7GE  
Tel No: 028 9074 5164  
Inspector: Rachel Lloyd

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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 registered to provide nursing and residential care for up to 82 persons with a range of healthcare needs as detailed in Section 3.0.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Healthcare Ireland (Belfast) Limited  <b>Responsible Individual:</b> Ms Amanda Celine Mitchell	<b>Registered Manager:</b> See below
<b>Person in charge at the time of inspection:</b> Mrs Mary Stevenson	<b>Date manager registered:</b> Mrs Mary Stevenson, Acting - no application required
<b>Categories of care:</b> Nursing Homes (NH) I - Old age not falling within any other category DE - Dementia  Residential Care (RC) DE - Dementia	<b>Number of registered places:</b> 82 comprising: - a maximum of 41 places in category NH-DE to be accommodated on the first floor - a maximum of 41 places accommodated on the ground floor, with a breakdown of 20 places in category NH-I and 21 places in residential dementia care (pending separate registration)

### 4.0 Inspection summary

An unannounced inspection of the nursing units took place on 27 September 2018 from 10.00 to 17.00.

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 staff training, most medicine records, the management of controlled drugs and efforts to drive quality improvement.

One area for improvement was identified in relation to audit and governance procedures.

Patients were relaxed and comfortable in the home and 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 patients' experience.

#### 4.1 Inspection outcome

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

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Mary Stevenson, 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.

#### 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 19 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 informing visitors to the home that an inspection was being conducted was displayed.

During the inspection we met with three patients, three registered nurses and the manager.

We provided the manager with 10 questionnaires to distribute to patients and their representatives, for completion and return to RQIA. 'Have we missed you?' cards were left in the foyer of the home to inform patients/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.

We asked the 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

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 manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 19 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 30 January 2018

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 procedures are reviewed to ensure that medicines are not administered after expiry.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This was evidenced during the inspection on all medicines examined.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13(4) <b>Stated:</b> First time	The registered person shall review the management of eye preparations to ensure that to ensure that these medicines are stored and administered appropriately.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This was evidenced during the inspection on all eye preparations examined.	

<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 18 <b>Stated:</b> Second time	The registered provider should ensure that the management of medicines prescribed on a “when required” basis for the management of distressed reactions is reviewed to ensure that all of the appropriate records are maintained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This was evidenced in records examined in the Northview unit. It was not applicable in the Cityview or Linen units.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 29 <b>Stated:</b> First time	The registered person shall ensure that personal medication records and medication administration records are routinely reviewed to ensure they correlate and match the prescriber’s instructions.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A system of audit had been established to review these records on a regular basis. With the exception of a few discrepancies highlighted to staff for immediate attention, these records had been satisfactorily maintained.	

### 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. Refresher training in medicines management was provided in the last year. Competency assessments were completed annually.

In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to.

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.

There were mostly satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records and handwritten entries on medication administration records (MARs) were usually updated by two members of staff. However, staff were reminded that entries on MAR sheets should not be amended when a dose is changed, but discontinued and a new entry made. The manager agreed to discuss this with staff since this was the expected practice.

There were mostly satisfactory procedures in place to ensure the safe management of medicines during a patient's admission to the home and discharge from the home. Staff were advised that community monitored dosage systems should only be accepted for use if individual medicines can be identified, for one supply examined this was not possible. It was agreed that this was the expected practice in the home and that it would be addressed following the inspection.

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.

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

Discontinued or expired medicines were disposed of appropriately. Discontinued controlled drugs were denatured prior to disposal.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and 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.

### Areas of good practice

There were examples of good practice in relation to staff training, competency assessment and controlled drugs.

### Areas for improvement

No areas for improvement were identified.

	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 mostly 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. Staff were advised to record the date the next three monthly injection is due on the MAR sheet as well as in the diary.

The management of pain, dysphagia and distressed reactions was reviewed and found to be satisfactory.

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 discussed with the patient and reported to the prescriber.

Medicine records were mostly well maintained and facilitated the audit process (see also Section 6.4). Areas of good practice were acknowledged. They included the maintenance of additional records to record the administration and removal of transdermal patches.

Audit procedures had been reviewed since the last medicines management inspection. Practices for the management of medicines were audited regularly. In addition, audits were completed by the community pharmacist. Good outcomes had been recorded in these records. However, a significant number of running balances and supplementary record sheets were being maintained for medicines not supplied in the monitored dosage system, there were often changes to and/or gaps in these balances. Staff were advised that whilst these records can be effective, they should only be maintained if the stock balance has actually been checked since otherwise they can be ineffective and misleading. An area for improvement was identified.

Following discussion with the staff on duty and a review of the care plans, it was evident that, when applicable, other healthcare professionals were contacted in response to medication related issues. Staff advised that they had good working relationships with healthcare professionals involved in patient care.

**Areas of good practice**

There were examples of good practice in relation to most of the medicine records, care planning and the administration of most medicines.

**Areas for improvement**

The use of running balance records for medicines should be reviewed and included within audit procedures to ensure that a balance is only recorded if it has been checked.

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

**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 a small number of patients in the morning and at lunchtime. The registered nurse engaged the patients in conversation and explained that they were having their medicines.

Throughout the inspection, it was found that there were good relationships between the staff and the patients. It was clear from discussion and observation of staff, that the staff were familiar with the patients’ likes and dislikes. Patients were observed to be relaxed and comfortable.



We spoke briefly with three patients who were satisfied with the care provided and the staff in the home. Several patients were complimentary regarding the activity therapist. Many patients were observed enjoying an afternoon of music and singing in the lounge.

Ten questionnaires were left in the home to facilitate feedback from patients and their representatives. Six were returned by relatives/representatives within the specified timescale (two weeks). All indicated that they were satisfied/very satisfied with the care provided.

Comments included:

“The staff at Bradley Manor are flexible with a solution focused attitude. This was essential in helping my Mum to adjust to accepting personal care.”

“The staff at all levels know the needs and are aware of Mother’s requirements. Excellent recreational programme for mental stimulation (Gill).”

“I am very happy with my mother’s care here. The staff are very friendly and professional at all times.”

Any comments from patients and their representatives in questionnaires received after the return date (two weeks) will be shared with the manager for information and action as required.

### Areas of good practice

There was evidence that staff listened to patients and relatives 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.**

We 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.

Written policies and procedures for the management of medicines were in place. They were not reviewed on this occasion. Following discussion with staff it was evident that they were familiar with policies and procedures and that any updates were highlighted to staff.

There were arrangements in place for the management of any medicine related incidents. Staff confirmed that they knew how to identify and report incidents and were aware that medicine incidents may need to be reported to the safeguarding team.

A review of the audit records indicated that mostly satisfactory outcomes had been achieved. Where a discrepancy had been identified, there was evidence of the action taken.

Following discussion with the nurses on duty, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management. We were advised 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 was evidence of improvement in relation to governance arrangements, the management of medicine incidents and quality improvement. There were 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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Mary Stevenson, 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 nursing 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 Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

### 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 providers should confirm that these actions have been completed and return the completed via the Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 27 October 2018</p>	<p>The registered person shall review the use of running balance records for medicines and include this within audit procedures to ensure that the system is effective.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> Auditing processes have been reviewed and nursing staff are completing focussed learning regarding the process. This will be monitored by the registered manager to ensure the system is effective.</p>
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*\*Please ensure this document is completed in full and returned via the Web Portal\**



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