Unannounced Medicines Management Inspection Report
30 January 2018

Bradley Manor

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for

2.0 Profile of service

This is a nursing home with 82 beds that provides care for patients and residents living with a range of healthcare needs as detailed in section 3.0.

3.0 Service details

Organisation/Registered Provider: Healthcare Ireland (Belfast) Limited **Responsible Individual:** Ms Amanda Celine Mitchell	**Registered Manager:** See below
Person in charge at the time of inspection: Ms Donna Mawhinney	**Date manager registered:** Ms Donna Mawhinney – Registration Pending
Categories of care: Nursing Home (NH): I – Old age not falling within any other category DE – Dementia Residential Care Home (RC): DE – Dementia	**Number of registered places:** 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 21 places in category RC-DE and 20 places in category NH-I.

4.0 Inspection summary

An unannounced inspection took place on 30 January 2018 from 10.20 to 16.30.

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 term ‘patients’ is used to describe those living in Bradley Manor, which at this time provides both nursing and residential care.

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 the majority of medicine records, care planning, communication with various healthcare professionals, working relationships within the home and the management of controlled drugs.

Areas for improvement were identified in relation to ensuring that personal medication records and medication administration records correlate, records for the management of distressed reactions, the storage of eye preparations and ensuring that medicines are not used after expiry.

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
Total number of areas for improvement	2	*2

*The total number of areas for improvement includes one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Ms Donna Mawhinney, Manager and Mrs Mary Stevenson, Quality Improvement Lead, Healthcare Ireland (Belfast) Limited, 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 6 and 7 June 2017. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of medicine related incidents reported to RQIA since the last medicines management inspection.

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

During the inspection we met with one patient, three registered nurses, one senior care assistant, the manager, the quality improvement lead and Ms Mandy Mitchell, Responsible Individual.

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

Ten questionnaires were provided for distribution to patients and their representatives for completion and return to RQIA. Staff were invited to share their views by completing an online questionnaire.

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 6 and 7 June 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and was 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 13 October 2016

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**
Area for improvement 1 **Ref**: Standard 18 **Stated:** First 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.	**Partially met**
	Action taken as confirmed during the inspection: The staff and management advised that this had been reviewed and discussed the records that were expected to be maintained. The management of distressed reactions was examined for five patients. In three of these examples a care plan was in place. The reason for administration of these medicines was recorded on some occasions; the outcome was not usually recorded. This area for improvement was stated for a second time.	

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. An induction process was in place for registered nurses and for care staff who had been delegated medicine related tasks. A new system for the supply of medicines had been introduced three months ago and training for all relevant staff had been provided by the community pharmacist in November and December 2017. Training using e-learning was also provided and records were in place. The impact of training was monitored through team meetings, supervision and annual appraisal. 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. Satisfactory arrangements were in place for the acquisition and storage of prescriptions.

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

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 trained members of staff. This safe practice was acknowledged.

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.

Satisfactory arrangements were observed for the management of high risk medicines e.g. warfarin and insulin. The use of separate administration charts, including running stock balances, was acknowledged. However, one recent discrepancy in the administration of warfarin was observed. Staff agreed to follow this up after the inspection.

Appropriate arrangements were in place for administering medicines in disguised form.

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

Medicines were mostly stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and organised. The medicine refrigerator and oxygen equipment were checked at regular intervals. The systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened, were examined. Although marked with the date of opening, two medicines, including one eye

preparation, were being administered two weeks after expiry, and one nutritional supplement was not marked with the date of opening. Three eye preparations for two patients were stored in the wrong boxes which may lead to the administration of the wrong preparation and/or administration to the wrong patient. Two of these preparations were not marked with the date of opening. These medicines were all removed from use immediately. Two areas for improvement were identified.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal, the management of medicines on admission, the management of controlled drugs, the management of changes to prescribed medicines and obtaining new medicines promptly.

Areas for improvement

Procedures must be reviewed to ensure that medicines are not administered after their expiry date.

The management of eye preparations must be reviewed to ensure that these medicines are stored and administered appropriately.

	Regulations	Standards
Total number of areas for improvement	2	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. Some minor discrepancies were highlighted to staff for attention. There was evidence that time critical medicines had been administered at the correct time. There were arrangements in place to alert staff as to when doses of weekly, monthly or three monthly medicines were due.

When a patient was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, dosage instructions were recorded on the personal medication record. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a patient's behaviour and were aware that this change may be associated with pain. The reason for and the outcome of administration were not always recorded. A care plan was not always maintained (see section 6.2). An area for improvement identified at the last medicines management inspection was stated for a second time.

The management of swallowing difficulty and pain were reviewed. The relevant information was recorded on the patient's care plan, personal medication record and records of administration.

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 reported to the prescriber.

Most medicine records were well maintained and facilitated the audit process. However, some discrepancies between personal medication records and medication administration records were observed. These should be routinely reviewed to ensure they correlate and match the prescriber's instructions. An area for improvement was identified.

Practices for the management of medicines were audited throughout the month by the staff and management. In addition, audits were completed by the community pharmacist.

Following observation, discussion with the staff and examination of records, it was evident that other healthcare professionals are contacted when required to meet the needs of patients.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the majority of the record keeping, care planning, audit procedures and communication between staff and other healthcare professionals.

Areas for improvement

Personal medication records and medication administration records should be routinely reviewed to ensure they correlate and match the prescriber's instructions.

One area for improvement, in relation to the management of medicines prescribed for use "when required" for the management of distressed reactions, was stated for a second time.

	Regulations	Standards
Total number of areas for improvement	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.

The administration of medicines to patients was completed in a caring manner, patients were given time to take their medicines and medicines were administered as discreetly as possible.

Throughout the inspection, good relationships were observed between the staff and the patients. Staff were noted to be friendly and courteous.

The management of medicines and care was not discussed with the patient spoken to at the inspection; however they and other patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Ten questionnaires were left in the home to facilitate feedback from patients and relatives. Four were returned from patients and five were returned from relatives who responded mostly that they were satisfied/very satisfied with all aspects of the care in relation to the management of medicines.

Comments from patients included:

“Overall I’m very happy.”
“They are all good.”
“They do their best for me.”

Relatives’ comments included:

“Overall very happy with the care and treatment of my mother. Only concern on occasion is, are there enough staff always on duty?”

Areas of good practice

Good relationships were observed between staff and patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

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

There were arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report 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 recent evidence of the action taken and learning which had resulted in a change of practice.

Following discussion with the registered nurses and staff, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management. They confirmed that any concerns in relation to medicines management were raised with management. They stated that there were good working relationships and that management were open and approachable and willing to listen.

The area for improvement identified at the last medicines management inspection had not been addressed effectively. To ensure that these are fully addressed and the improvement sustained, it was suggested that the QIP should be regularly reviewed as part of the quality improvement process.

No members of staff shared their views by completing the online questionnaire prior to the issue of this report.

Part of the nursing home is currently in the process of being registered as a separate residential care home. The management of medicines is undertaken by trained and competent care staff. The manager was advised that when the registration process was complete, discontinued and out of date medicines should be returned directly to the community pharmacist for disposal.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to medicine governance arrangements and maintaining good working relationships. There were clearly defined roles and responsibilities for staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 Ms Donna Mawhinney, Manager and Mrs Mary Stevenson, Quality Improvement Lead, 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 provider 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 13(4) **Stated:** First time **To be completed by:** 1 March 2018	The registered person shall ensure that procedures are reviewed to ensure that medicines are not administered after expiry. Ref: 6.4
	Response by registered person detailing the actions taken: The home will continue to carry out medication audits to ensure that medications are not administered after expiry. The nursing staff will have a supervision carried out in relation to this regulation.
Area for improvement 2 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 1 March 2018	The registered person shall review the management of eye preparations to ensure that to ensure that these medicines are stored and administered appropriately. Ref: 6.4
	Response by registered person detailing the actions taken: The home will continue to carry out medication audits to ensure that medications are stored and administered appropriately. The nursing staff will have a supervision carried out in relation to this regulation.
Action required to ensure compliance with The Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 18 **Stated:** Second time **To be completed by:** 1 March 2018	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. Ref: 6.2 & 6.5
	Response by registered person detailing the actions taken: The home will review all medications used " as required " in the management of distressed reactions to ensure that all of the appropriate records are maintained. The nursing staff will have a supervision carried out in relation to this area of improvement.
Area for improvement 2 **Ref**: Standard 29 **Stated:** First time **To be completed by:** 1 March 2018	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. Ref: 6.5
	Response by registered person detailing the actions taken: The home will continue to carry out medication audits to ensure that

	the personal medication records and medication administration records are routinely reviewed to ensure they correlated and match the prescribers instructions. The nursing staff will have a supervision carried out in relation to this area of improvement.

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

The Regulation and Quality Improvement Authority

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