The Regulation and Quality Improvement Authority

Unannounced Post-Registration Medicines Management Inspection Report
20 March 2019

Bradley Manor

Type of Service: Residential Care 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 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 registered to provide care for up to 21 residents living with dementia. The residential care home shares the same building as Bradley Manor nursing home.

3.0 Service details

Organisation/Registered Provider: Healthcare Ireland (Belfast) Limited Responsible Individual: Ms Amanda Celine Mitchell	Registered Manager: Mrs Julie Watson
Person in charge at the time of inspection: Mrs Julie Watson	**Date manager registered:** 10 December 2018
Categories of care: Residential Care (RC) DE – Dementia	**Number of registered places:** 21

4.0 Inspection summary

An unannounced inspection took place on 20 March 2019 from 10.30 to 13.55.

This inspection was underpinned by 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).

This was the first medicines management inspection since registration of this residential care home which is situated within a registered nursing home. The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led, with respect to the management of medicines.

Evidence of good practice was found in relation to most aspects of medicines administration and medicine records, medicine storage and the management of controlled drugs.

Areas for improvement were identified in relation to the management of warfarin and the management of records relating to medicines prescribed for use ‘when required’ for distressed reactions.

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
Total number of areas for improvement	0	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mrs Julie Watson, 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.

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 26 February 2019. 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 service was reviewed. This included the following:

- recent inspection reports and returned quality improvement plans (QIPs)
- recent correspondence with the home
- the management of medicine related incidents; it was ascertained that no incidents involving medicines had been reported to RQIA since the home registered

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

During the inspection we met with the team leader, the registered manager, the quality lead and the responsible individual.

Ten 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.

We left ‘Have we missed you?’ cards in the home to inform residents and their representatives, how to contact RQIA to tell us their experience of the quality of care provided. Flyers which gave information on raising a concern were also left in the home.

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
- policies and procedures

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 26 February 2019

The most recent inspection of the home was an unannounced care inspection. The completed 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

This was the first medicines management inspection to the home since registration in December 2018.

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. Competency assessments were completed following induction and then annually. The impact of training was monitored through team meetings, supervision and annual appraisal. 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. 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. The disposal of some currently prescribed medicines as overstock was noted, resulting in unnecessary wastage. This was discussed and it was agreed that stock would be closely monitored, ordered only when necessary and reviewed regularly.

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

Satisfactory arrangements were in place to manage most changes to prescribed medicines. Personal medication records were usually updated by two members of staff. This safe practice was acknowledged. However, the management of warfarin was examined and it was noted that written confirmation of prescribed dosage regimes was not in place and that two members of staff were not always involved in transcribing warfarin dosage regimes. This may increase the risk of administration errors and an error was observed in one record examined which indicated that an incorrect dose had been administered. Running stock balances for

warfarin were not always accurately maintained and the apparent error had not been identified. This area of medicines management was discussed and it was agreed that the discrepancy would be investigated and that this area of medicines management would be reviewed. An area for improvement was identified.

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

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.

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 medicine refrigerator temperature was checked at regular intervals. However, inhaler spacer devices in use were not labelled with the residents name or kept in a bag. This is necessary to ensure single resident use and ensure adequate infection prevention and control. It was agreed that this would be addressed immediately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, the management of medicines on admission and the management of controlled drugs.

Areas for improvement

The management of warfarin should be reviewed as discussed.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

The majority of the sample of medicines examined had been administered in accordance with the prescriber's instructions (see section 6.4). 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.

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. The registered manager advised that most of the residents could verbalise any pain and a pain care plan was in place where appropriate.

The management of distressed reactions was examined. When a resident 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 resident'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 maintained for some but not all of the residents' prescribed these medicines. This was discussed and it was agreed that care plans should be detailed and specific to the resident. An area for improvement was identified.

The registered manager 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 mostly well maintained and facilitated the audit process. Running stock balances were being maintained for some medicines not stored in the monitored dosage system. It was agreed that if these records are to be used, they need to be accurately maintained and this would be monitored within audit processes.

Practices for the management of medicines were audited throughout the month.

Following discussion with the registered manager, it was evident that when applicable, other healthcare professionals are contacted in response to the needs of the residents.

Areas of good practice

There were some examples of good practice found throughout the inspection in relation to the medicine records and the administration of medicines.

Areas for improvement

The management of distressed reactions should be reviewed as discussed.

	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 residents was not observed during the inspection.

Throughout the inspection, good relationships were observed between the staff and the residents. Staff were noted to be friendly and courteous and engaged with the residents. It was clear from discussion and observation of staff, that they were familiar with the residents and their needs.

Ten questionnaires were left in the home to facilitate feedback from residents and relatives. None were returned within the specified timescale (two weeks).

Any comments from residents or their representatives received after the issue of this report will be shared with the registered manager for their information and action as required.

Areas of good practice

There was evidence that staff listened to residents and took account of their views.

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

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, were discussed. Arrangements were place to implement the collection of equality data.

The registered manager advised of her role and spoke positively of the support being provided by senior management and staff.

Written policies and procedures for the management of medicines were in place, dated December 2018.

There were satisfactory arrangements in place for the management of any medicine related incidents. Staff knew how to identify and report incidents, including referral to the safeguarding team as necessary.

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.

Following discussion and observation, 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 in the home.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements 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
Total number of areas for improvement	0	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 Mrs Julie Watson, Registered 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 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) Residential Care Homes Minimum Standards (2011)	
Area for improvement 1 **Ref**: Standard 31 **Stated:** First time **To be completed by:** 20 April 2019	The registered person shall ensure that the management of warfarin is reviewed and monitored. Ref: 6.4
	Response by registered person detailing the actions taken: A procedure is in place that two staff check warfarin administration. This will be monitored through inspection and auditing. The Registered Manager has contacted the relevant medical practices and has discussed how to receive written confirmation of the INR result and Warfarin prescription in accordance with their practice policy. This has been addressed following the inspection and has been operating effectively.
Area for improvement 2 **Ref**: Standard 6 **Stated:** First time **To be completed by:** 20 April 2019	The registered person shall ensure that the management of distressed reactions is reviewed and monitored. Ref: 6.5
	Response by registered person detailing the actions taken: The appropriate care plans have been reviewed and updated to reflect the individual needs of residents in relation to 'as required' medication. They now provide a detailed structure as to when the medication is needed for each individual. Staff document when and why the medication has been given and how effective the prescribed medication has been.

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

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