# Unannounced Post-Registration Medicines Management Inspection Report
# 14 February 2019

# Brooklands Healthcare Dunmurry

**Type of Service: Residential Care Home**
**Address: Residential Dementia Unit, 42e Cloona Park, Dunmurry, Belfast, BT17 0HH**
**Tel No: 028 9060 1020**
**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 with eight beds that provides care for residents living with dementia. The residential care home is on the same site as a nursing home.

## 3.0 Service details

| | |
|---|---|
| **Organisation/Registered Provider:**<br>Brooklands Healthcare Ltd<br><br>**Responsible Individual:**<br>Therese Elizabeth Conway | **Registered Manager:**<br>Maureen Munster |
| **Person in charge at the time of inspection:**<br>Maureen Munster | **Date manager registered:**<br>10 July 2018 |
| **Categories of care:**<br>Residential Care (RC)<br>DE – Dementia | **Number of registered places:**<br>Eight |

## 4.0 Inspection summary

An unannounced inspection took place on 14 February 2019 from 09.45 to 12.30.

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

No areas for improvement were identified.

The residents we met with were observed to be relaxed and comfortable in their environment.

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 | 0 |

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Maureen Muster, Registered Manager and Lisa Gibson, Unit Manager, as part of the inspection process and can be found in the main body of the report.

## 4.2 Action/enforcement taken following the most recent care inspection

No further actions were required to be taken following the most recent inspection. 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 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 three residents, the unit manager and the registered manager.

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

The findings of the inspection were provided to both the unit manager and 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 17 December 2018

The most recent inspection of the home was an unannounced post-registration care inspection. There were no areas for improvement identified as a result of the 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 July 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. Training in medicines management and the use of the recently implemented monitored dosage system was provided, most recently on 24 January 2019. In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to. Training had been completed in February 2019.

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 to manage changes to prescribed medicines. Personal medication 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.

Robust arrangements were observed for the management of high risk medicines e.g. clozapine.

Discontinued or expired medicines were disposed of appropriately.

Medicines were largely stored safely and securely and in accordance with the manufacturer's instructions. The temperature of the medicine storage area was monitored regularly and noted to often exceed the recommended 25°C. This had been noted by staff and escalated to management and maintenance. A fan had been introduced whilst a more permanent solution was sought. The registered manager agreed to ensure that this was progressed following the inspection. 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.

**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, the management of changes to medication and the management of controlled drugs.

**Areas for improvement**

No areas for improvement were identified.

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | 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.

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 unit manager advised that the residents could verbalise any pain, and a pain assessment tool was used as needed.

The unit 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 discussed with the resident and reported to the prescriber.

Medicine records were well maintained and readily facilitated the audit process. Areas of good practice were acknowledged. These included the use of separate colour coded personal medication records for antibiotics and topical preparations.

Practices for the management of medicines were audited throughout the month. This included maintaining running stock balances for most medicines not supplied in the monitored dosage system.

Following discussion with the registered manager and unit 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 examples of good practice found throughout the inspection in relation to the medicine records and the administration of medicines.

**Areas for improvement**

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | 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 completed in a caring manner and residents were given time to take their medicines.

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.

We spoke to three residents although not specifically about the management of their medicines. They said they were content in the home, that the food was good and the home was comfortable.

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 new unit manager advised of her role and spoke positively of the support being provided by management and staff.

Written policies and procedures for the management of medicines were in place. These were not examined. Following discussion with the unit manager it was evident that staff were familiar with these.

There were satisfactory arrangements in place for the management of medicine related incidents. One medicine related incident reported since registration was discussed. Staff knew how to identify and report incidents, including referral to the safeguarding team as necessary. They provided details of the procedures in place to ensure that all staff were made aware of incidents and systems to prevent recurrence.

A review of the audit records indicated that satisfactory outcomes had been achieved.

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.

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

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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