



The Regulation and  
Quality Improvement  
Authority

Bruce House  
RQIA ID: 10059  
6a Duncairn Avenue  
Belfast  
BT14 6BP

Inspector: Judith Taylor  
Inspection ID: IN022551

Tel: 028 9504 0570  
Email: [colin.morgan@belfasttrust.hscni.net](mailto:colin.morgan@belfasttrust.hscni.net)

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## Unannounced Medicines Management Inspection of Bruce House

17 September 2015

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced medicines management inspection took place on 17 September 2015 from 10:40 to 14:10.

Overall on the day of the inspection the management of medicines was found to be safe, effective and compassionate. The outcome of the inspection found no significant areas of concern though some areas for improvement were identified and are set out in the quality improvement plan (QIP) within this report.

This inspection was underpinned by the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the last medicines management inspection on 7 January 2013.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

#### Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	3

The details of the QIP within this report were discussed with Mr Colin Morgan (Acting Manager), as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Belfast Health and Social Care Trust Mr Martin Joseph Dillon	<b>Registered Manager:</b> Not applicable
<b>Person in Charge of the Home at the Time of Inspection:</b> Mr Colin Morgan (Acting Manager)	<b>Date Manager Registered:</b> Not applicable
<b>Categories of Care:</b> RC-A, RC-DE	<b>Number of Registered Places:</b> 30 (28 effective)
<b>Number of Residents Accommodated on Day of Inspection:</b> 24	<b>Weekly Tariff at Time of Inspection:</b> £470

### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the last medicines management inspection and to determine if the following standards and themes have been met:

Standard 30: Management of Medicines

Standard 31: Medicines Records

Standard 33: Administration of medicines

Theme 1: Medicines prescribed on a “when required” basis for the management of distressed reactions are administered and managed appropriately

Theme 2: Medicines prescribed for the management of pain are administered and managed appropriately

### 4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to the inspection, the inspector reviewed the management of medicine related incidents reported to RQIA since the last medicines management inspection.

During the inspection the inspector met with the acting manager and one member of senior care staff.

The following records were examined during the inspection:

Medicines requested and received

Personal medication records

Medicines administration records

Medicines disposed of or transferred

Controlled drug record book

Medicine audits

Policies and procedures

Care plans

Training records

Medicine storage temperatures.

### 5. The Inspection

#### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 9 July 2015. The completed QIP was assessed and approved by the care inspector on 19 August 2015.

## 5.2 Review of Requirements and Recommendations from the Last Medicines Management Inspection

Last Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p>Ref: Regulation 19(2)</p> <p>Stated once</p>	<p>The manager must ensure that records of training and competency are maintained for relevant care staff who have been delegated medicines related tasks.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The acting manager confirmed that all care staff were trained and competent in the management of delegated medicines tasks. Records of training were not available, however, the acting manager advised that refresher training was planned for October 2015 and this would be recorded. Competency was assessed as part of annual appraisal and at supervision.</p> <p>Due to the acting manager's assurance in relation to record keeping, this requirement has not been restated.</p>	<p><b>Partially Met</b></p>
<p><b>Requirement 2</b></p> <p>Ref: Regulation 13(4)</p> <p>Stated once</p>	<p>The manager must develop the home's auditing process to ensure this includes all aspects of the management of medicines.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>There were robust arrangements in place to audit medicines management. Weekly and monthly audits were undertaken and areas for improvement were detailed in an action plan. There was evidence that the outcomes were also discussed at group supervision.</p>	<p><b>Met</b></p>

Last Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 3</b></p> <p>Ref: Regulation 13(4)</p> <p>Stated once</p>	<p>The manager must make the necessary arrangements to ensure that personal medication records are fully and accurately maintained at all times.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A significant improvement was evidenced in the standard of maintenance of personal medication records. These records were well maintained and included the relevant information.</p>	<b>Met</b>
<p><b>Requirement 4</b></p> <p>Ref: Regulation 13(4)</p> <p>Stated once</p>	<p>The manager must put robust arrangements in place for the management of external preparations to ensure records of administration are fully and accurately maintained.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Senior care staff had recorded the administration of external preparations on printed medication administration records (MARs). Where this responsibility had been delegated to care staff, it was clearly referenced on the MAR. New recording systems had been developed for care staff. A list of the external preparations for each resident had been compiled and included the dosage directions and area of application. Individual record sheets were maintained for each external preparation and there was evidence that records of administration had been completed. Some omissions were noted; however, it was acknowledged that this area continues to be monitored within the audit process and discussed at group supervision.</p>	<b>Met</b>

Last Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> Ref: Standard 31 Stated twice	Two designated members of staff should be involved in the rewriting and transcribing of medicine details onto personal medication records and medication administration records.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This practice was observed on most occasions. In addition there was evidence that this was raised at group supervision meetings and in audit action plans.	
<b>Recommendation 2</b> Ref: Standard 30 Stated twice	Nutritional supplements should be included in the auditing process.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the audit records indicated that nutritional supplements were included in the audit process. Dates of opening were recorded on nutritional supplements with a limited shelf life once opened. There were no discrepancies noted in the audit trails performed on nutritional supplements at the inspection.	
<b>Recommendation 3</b> Ref: Standard 30 Stated once	The manager should closely monitor the administration of inhaled medicines.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inhaled medicines were included in the weekly audit process. A running stock balance was also maintained where possible.	
<b>Recommendation 4</b> Ref: Standard 30 Stated once	The manager should further develop the home's policies and procedures to ensure these include the areas detailed in the report.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The policies and procedures had been reviewed and revised following the last medicines management inspection. They included the management of warfarin, swallowing difficulty and standard operating procedures for controlled drugs.	

Last Inspection Recommendations		Validation of Compliance
<b>Recommendation 5</b> <b>Ref: Standard 30</b> Stated once	The manager should closely monitor the management of thickened fluids to ensure records are fully and accurately maintained on every occasion.	<b>Not Examined</b>
	<b>Action taken as confirmed during the inspection:</b> At the time of the inspection, residents were not prescribed thickened fluids.  <b>The recommendation is carried forward for examination at the next inspection</b>	

### 5.3 The Management of Medicines

#### Is Care Safe? (Quality of Life)

Medicines were administered in accordance with the prescribers' instructions. The audit trails performed on a variety of randomly selected medicines at the inspection produced largely satisfactory outcomes.

There was evidence that robust arrangements were in place to ensure the safe management of medicines during a resident's admission to the home and on their discharge or transfer from the home.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available.

There were satisfactory systems in place to manage medicine changes.

Robust arrangements were in place for the management of controlled drugs. Stock reconciliation checks were performed on controlled drugs which require safe custody, at each transfer of responsibility. These checks also included some Schedule 4 (Part 1) controlled drugs which is good practice.

Medicine records were legible and accurately maintained so as to ensure that there was a clear audit trail. Records of prescribing, ordering, receipt, administration, non-administration, disposal and transfer of medicines were maintained. All of the personal medication records which were examined had been signed and dated by two trained members of staff to ensure the accuracy of the record. This is safe practice.

At the time of the inspection, medicines were prepared immediately prior to their administration from the container in which they were dispensed. All of the medicines examined at the inspection were labelled appropriately.

The administration of bisphosphonates medicines was reviewed. Staff confirmed that these medicines were administered separately from food or other medicines. The current layout of the MAR (medication administration recording) sheet does not reflect this practice.

Any medicines which were discontinued or were unsuitable for use were returned to the community pharmacy for disposal. One audit trail could not be completed as details of the returned medicine had not been recorded.

### **Is Care Effective? (Quality of Management)**

Written policies and procedures regarding the management of medicines in Bruce House were in place.

The acting manager confirmed that medicines were managed by staff who have been trained and deemed competent to do so. Records of the training and competency assessments in relation to senior care staff were made available. The most recent refresher training had been in February and March 2015. Care staff who had been delegated medicine related tasks i.e. the administration of external preparations, confirmed that they had received training; however, a record of this training could not be located on the day of the inspection. The acting manager advised that training had already been planned for next month and he assured that a record of this training would be maintained. The impact of training was monitored through team meetings, individual and group supervision and also at annual appraisal.

There were procedures in place to report and learn from any medicine related incidents that had occurred in the home. The reported medicine related incidents had been managed appropriately.

Practices for the management of medicines were audited on a weekly basis by the senior care staff. Running stock balances were maintained for several medicines which were not included in the 28 day blister packs e.g. inhaled medicines, liquid medicines, sachets and analgesics. This is good practice. The acting manager and community pharmacist had also completed audits. The audit process was facilitated by the good practice of recording the date of opening on the container and recording the stock balance of any medicines carried forward for use in the next medicine cycle. A review of the audit records indicated that largely satisfactory outcomes had been achieved and in the instances where a discrepancy had been identified, a reason was recorded. There was evidence that the outcomes of the acting manager's audits were raised at the group supervision in April, May and July 2015 and an action plan had been developed.

There were arrangements in place to note any compliance issues with medicine regimes and these were reported to the resident's prescriber.

### **Is Care Compassionate? (Quality of Care)**

There was written evidence of authorisation from a health care professional regarding medicines which required administration in disguised form. A care plan was maintained and this was also clearly referenced on the personal medication record.

The records pertaining to a small number of residents who were prescribed medicines on a "when required basis" for the management of distressed reactions were observed at the inspection. The parameters for administration of anxiolytic medicines were recorded on the



personal medication records. The audits indicated that these medicines were administered infrequently and there had been no administration in some time.

From discussion with the staff, it was concluded that staff were familiar with circumstances when to administer anxiolytic medicines. Staff had the knowledge 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. Care plans for managing distressed reactions were not in place. Staff were advised that any future administrations should be recorded in the daily notes and detail the reason for and outcome of the administration.

Medicines which were prescribed to manage pain were recorded on the resident's personal medication record. Examination of the administration records indicated that these medicines had been administered as prescribed. Care plans in relation to pain management were in place for some but not all residents prescribed pain controlling medicines. Most of the residents could verbally express pain. The staff were aware of the signs, symptoms and triggers of pain in residents and procedures were in place to ensure that the pain was well controlled and the resident was comfortable. The use of a pain tool was discussed for any resident who could not verbally express pain.

It was noted that on occasion a medicine had been omitted as the resident was on periods of temporary leave from the home. This was discussed in relation to ensuring that a supply of medicines was made available.

### Areas for Improvement

The management of distressed reactions should be reviewed to ensure that a care plan is maintained for any resident prescribed medicines on a "when required" basis. A recommendation was made. Staff agreed to record the reason and outcome for any future dose administered.

In relation to the management of pain, this should be detailed in a care plan for any resident prescribed pain controlling medicines. A recommendation was made.

The time of administration recorded for bisphosphonate medicines should be reviewed to ensure that this reflects the current practice. It was agreed that the time recorded or layout of the MAR would be reviewed to accommodate this.

Staff were reminded that when a 28 day blister pack has been returned to the community pharmacy following a change in prescription, this should be documented.

It was agreed that the management of medicines for any resident who is on a period of temporary leave from the home would be reviewed.

<b>Number of Requirements:</b>	0	<b>Number of Recommendations:</b>	2
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### 5.4 Additional Areas Examined

Medicines were stored safely and securely in accordance with the manufacturer's instructions.

## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Colin Morgan, Acting Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. 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.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The DHPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions Taken by the Registered Person/Registered Manager

The QIP should be completed by the registered person/manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [pharmacists@rqia.org.uk](mailto:pharmacists@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

<b>Quality Improvement Plan</b>			
<b>Statutory Requirements</b> No requirements were made following this inspection.			
<b>Recommendations</b>			
<b>Recommendation 1</b>  Ref: Standard 30  Stated: First time (carried forward)  To be Completed by: Ongoing	The manager should closely monitor the management of thickened fluids to ensure records are fully and accurately maintained on every occasion.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> When appropriate any use of thickened fluids will be managed safely with reference to directions and advice from the assessing SALT. Accurate records of administration will be maintained for individual service users. All staff will receive up to date training pertaining to eating & swallowing that covers use of thickening agents in fluids. Records of training will be maintained in medication policy folder and available for future inspections.		
<b>Recommendation 2</b>  Ref: Standard 30  Stated: First time  To be Completed by: 17 October 2015	It is recommended that where medicines are prescribed on a "when required" basis for the management of distressed reactions the registered person should ensure that a care plan is maintained.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> All service users that are prescribed these type of "When required" medications will have details clearly outlined in a their care plan relating to the use and need for such intervention.		
<b>Recommendation 3</b>  Ref: Standard 30  Stated: First time  To be Completed by: 17 October 2015	It is recommended that where medicines are prescribed for the management of pain the registered person should ensure that this is referenced in a care plan.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> All service users that are prescribed any analgesia medications will have this clearly outlined in their care plans, enabling staff to monitor needs, effectiveness and prompt need to review with prescriber as needed..		
<b>Registered Manager Completing QIP</b>	Colin Morgan	<b>Date Completed</b>	30/09/15
<b>Registered Person Approving QIP</b>	Martin Dillon	<b>Date Approved</b>	8.10.15
<b>RQIA Inspector Assessing Response</b>	Judith Taylor	<b>Date Approved</b>	08.10.15

*\*Please ensure the QIP is completed in full and returned to [pharmacists@rqia.org.uk](mailto:pharmacists@rqia.org.uk) from the authorised email address\**