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Unannounced Medicines Management Inspection of Brooklands

11 June 2015

1. Summary of Inspection

An unannounced medicines management inspection took place on 11 June 2015 from 10:20 to 15:20.

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) Care Standards for Nursing Homes (2015).

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015 relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

1.1 Actions/Enforcement Taken Following the Last Medicines Management Inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the medicines management inspection on 26 October 2012.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	4	1

The details of the QIP within this report were discussed with Ms Maureen Munster, Manager (registration pending), as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Brooklands Healthcare Ltd Ms Therese Elizabeth Conway (Acting)	**Registered Manager:** Ms Maureen Munster (registration pending)
Person in Charge of the Home at the Time of Inspection: Ms Maureen Munster	**Date Manager Registered:** Registration pending
Categories of Care: NH-I, NH-PH, NH-PH(E), NH-TI	**Number of Registered Places:** 57
Number of Patients Accommodated on Day of Inspection: 56	**Weekly Tariff at Time of Inspection:** £593 - £667

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 28: Management of Medicines
Standard 29: Medicines Records
Standard 31: Controlled Drugs

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 medication related incidents reported to RQIA, since the last medicines management inspection.

During the inspection the inspector met with the manager, the nursing sister and two registered nurses.

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

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an announced estates inspection dated 5 March 2015. There were no requirements or recommendations as a result of this inspection and the report was approved on 5 May 2015.

5.2 Review of Requirements and Recommendations from the Last Medicines Management Monitoring Inspection on 26 October 2012

Last Inspection Statutory Requirements		**Validation of Compliance**
Requirement 1 **Ref:** Regulation 13 (4) **Stated:** First time	The manager must ensure there are robust arrangements in place for the management of external preparations. **Action taken as confirmed during the inspection**: The manager and nursing sister advised that nurses are responsible for the administration of prescription only external preparations. These medicines had been recorded on the personal medication records and records of administration had been maintained on the medication administration records. Care staff were responsible for the administration of emollient and barrier preparations only. Update training is currently being planned; the nursing sister provided a copy of the training package. Records of administration were being maintained in the daily care notes. A review of the notes indicated that they had not been accurately maintained on all occasions. It was agreed that the standard of maintenance of these records would be closely monitored.	**Partially met**
Last Inspection Recommendations		**Validation of Compliance**
Recommendation 1 **Ref:** Standard 37 **Stated:** First time	The manager should develop and implement Standard Operating Procedures for controlled drugs. **Action taken as confirmed during the inspection:** Standard Operating Procedures for the management of controlled drugs were in place.	**Met**

Recommendation 2 **Ref:** Standard 38 **Stated:** First time	The manager should monitor the process for the receipt of medicines to ensure a record of all incoming medicines is maintained.	**Met**
	Action taken as confirmed during the inspection: Accurate records for the medicines received into the home were observed.	
Recommendation 3 **Ref:** Standard 38 **Stated:** First time	The manager should monitor the process for the disposal of medicines records to ensure details are fully and accurately recorded on all occasions.	**Met**
	Action taken as confirmed during the inspection: Accurate records for the disposal of medicines were observed at the inspection.	
Recommendation 4 **Ref:** Standard 37 & 38 **Stated:** First time	The manager should record the required consistency level of thickened fluids on the patient's personal medication record and administration record.	**Not met**
	Action taken as confirmed during the inspection: A review of the management of thickening agents indicated that they were not always being recorded on the personal medication records. Records of administration by both nurses and staff were either incomplete or had not been maintained. This recommendation has been subsumed into a requirement.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

The majority of the audits which were carried out on several randomly selected medicines produced satisfactory outcomes, indicating that these medicines had been administered as prescribed. However, audit discrepancies in the administration of one supply of each of the following medicines were observed: memantine 10mg/ml liquid, Seretide 125 Evohaler, Seretide 250 Evohaler, Seretide Accuhaler, Epilim 200 Chrono tablets, Humulin M3 Kwikpen, co-codamol 15/500 tablets, lansoprazole 30mg orodispersible tablets, metformin 500mg/5ml liquid and Galfer liquid. Dates of opening had not been recorded on some medicines which meant that audits could not be completed.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. All of the medicines examined at the inspection were available for administration and were labelled appropriately.

Arrangements were in place to ensure the safe management of medicines during a patient's admission to the home. The admission process was reviewed for one recently admitted patient. Their medicine regime had been confirmed with the prescriber in writing.

The management of the high-risk medicines insulin and warfarin was reviewed and found to be mostly satisfactory.

The medicine records had been maintained in a satisfactory manner.

Records showed that discontinued and expired medicines had been returned to a waste management company. Two nurses were involved in the disposal of medicines and both had signed the records of disposal.

The controlled drug record book and records of stock reconciliation checks of Schedule 2 and Schedule 3 controlled drugs were well-maintained.

Is Care Effective? (Quality of Management)

Written policies and procedures for the management of medicines, including Standard Operating Procedures for the management of controlled drugs, were in place.

There was evidence that medicines were being managed by registered nurses who had been trained and deemed competent to do so. Update training had been provided by the community pharmacist in March 2015. Registered nurses had also completed medicine management training packages on-line. Competency assessments had been completed by the previous management team. The manager has plans in place for regular supervisions and annual competency assessments.

Care staff were responsible for the administration of thickening agents and emollient preparations. The manager and nursing sister are currently planning training and competency assessments.

Daily running stock balances were being maintained for analgesic preparations; a review of these balances indicated that they had been accurately maintained. A review of the home's auditing system indicated that it is not robust; only a small number of audits had been carried out in recent months.

There were procedures in place to report and learn from medicine related incidents that had occurred in the home. The medicine incidents reported to RQIA since the last medicines management inspection had been managed appropriately.

Is Care Compassionate? (Quality of Care)

There was evidence that registered nurses had requested alternative formulations to assist administration when patients have had difficulty swallowing tablets.

The records for two patients who were prescribed anxiolytic medicines for administration on a "when required" basis for the management of distressed reactions were examined. Care plans and records of prescribing and administration were in place. The reason for and outcome of administrations had not been recorded.

The manager confirmed that all patients have pain reviewed as part of the admission assessment. Care plans for the management of pain were in place. The records for three patients who are prescribed medicines for the management of pain were reviewed. The names of the medicines and the parameters for administration had been recorded on the personal medication records. Pain assessment tools were being used. The pain score and outcome of administration had been recorded.

Areas for Improvement

The registered person must implement a robust auditing system to monitor the management and administration of medicines. A requirement was made.

The management of thickening agents was reviewed for three patients. The thickening agents had not been recorded on the personal medication records and medication administration records. Records of administration by care staff did not include the required consistency level and had not been accurately maintained. The registered person must review and revise the management of thickening agents to ensure that robust systems are in place. A requirement was made.

The nursing sister advised that diazepam tablets are not denatured prior to disposal. The registered person must ensure that controlled drugs in Schedule 4 (Part 1) are denatured prior to their disposal. A requirement was made.

The registered person should ensure that both the reason for and outcome of each administration of anxiolytic medicines which are prescribed to be administered on a 'when required' basis for the management of distressed is recorded on all occasions. A recommendation was made.

A number of obsolete personal medication records remained on the medicines file. The manager was reminded that obsolete personal medication records should be cancelled, marked with the date of replacement and archived.

Number of Requirements:	**3**	**Number of Recommendations**:	**1**

5.5 Additional Areas Examined

The storage arrangements for medicines should be reviewed. The manager agreed to ensure that the refrigerator, trolleys and treatment room floor would be cleaned regularly and that this would be monitored as part of her audit process.

The temperature of the treatment room was not being monitored. The temperature was 27^{o}C on the day of the inspection. The registered person must ensure that medicines are stored at the correct temperature. A requirement was made.

Dates of opening had not been recorded on a number of medicines. A number of out of date medicines were identified for disposal. It was agreed that date checking would be included in the revised auditing process.

The manager was reminded that oxygen cylinders should be secured by a chain.

6 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Maureen Munster, 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 HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing 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) Care Standards for Nursing Homes (2015). 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/registered 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** and assessed by the inspector.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 **Ref:** Regulation 13 (4) **Stated:** First time **To be Completed by:** **11 July 2015**	The registered person must implement a robust auditing system to monitor the management and administration of medicines.
	Response by Registered Person(s) Detailing the Actions Taken: The medication management governance system has been reviewed in conjunction with the Pharmacist. A revised auditing system is now in place along with an auditing timetable.
Requirement 2 **Ref:** Regulation 13 (4) **Stated:** First time **To be Completed by:** **11 July 2015**	The registered person must review and revise the management of thickening agents to ensure that robust systems are in place.
	Response by Registered Person(s) Detailing the Actions Taken: Staff have been informed of their responsibility to ensure any thickening agents used are documented within the personal medication record and the daily notes. This system will be audited by Senior Care Assistants, Unit Sisters/Charge /Senior Nurses, with a follow up audit by the Nurse Manager. Refresher training in the use of thickening agents for Nursing/Care & Kitchen staff took place in the home on 29/06/15 with another session to be arranged for those staff members unable to attend.
Requirement 3 **Ref:** Regulation 13 (4) **Stated:** First time **To be Completed by:** **11 July 2015**	The registered person must ensure that controlled drugs in Schedule 4 (Part 1) are denatured prior to their disposal.
	Response by Registered Person(s) Detailing the Actions Taken: Diazepam tablets are denatured prior to their disposal. All medications are denatured by the Pharmacist alongside a second Nurse. Schedule 4 drugs are being segregated from all other medications prior to denaturing. This issue was addressed immediately after Inspection.
Requirement 4 **Ref:** Regulation 13 (4) **Stated:** First time **To be Completed by:** **11 July 2015**	The registered person must put robust systems in place to ensure that all medicines are stored at the correct temperature.
	Response by Registered Person(s) Detailing the Actions Taken: This issue was addressed with immediate effect. Temperatures are recorded daily and included as part of the daily audit procedure.

Recommendations	
Recommendation 1 **Ref**: Standard 29 **Stated:** First time **To be Completed by:** **11 July 2015**	It is recommended that the registered person ensures that the reason for and outcome of each administration of anxiolytic medicines (which are prescribed to be administered 'when required' for the management of distressed reactions) is recorded on all occasions.
	Response by Registered Person(s) Detailing the Actions Taken: . Nursing Staff have been advised the importance of documenting the reason for and the outcome of each administration of any anxiolytic drug in the individuals care plan as part of the daily progress notes. Manager has updated audit to include same.

Registered Manager Completing QIP	Maureen Munster	**Date Completed**	29.07.15
Registered Person Approving QIP	Therese Conway	**Date Approved**	29.07.15
RQIA Inspector Assessing Response	Helen Daly	**Date Approved**	15/09/15

Please ensure the QIP is completed in full and returned to pharmacists@rqia.org.uk from the authorised email address