Unannounced Medicines Management Inspection Report
1 August 2017

Brooklands

Type of Service: Nursing Home
Address: 42e Cloona Park, Dunmurry, Belfast, BT17 0HH
Tel No: 028 9060 1020
Inspector: Helen Daly

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 59 beds that provides care for patients with a range of healthcare needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Brooklands Heathcare Ltd **Responsible Individual(s):** Ms Therese Elizabeth Conway (Registration pending)	**Registered Manager:** Miss Maureen Munster
Person in charge at the time of inspection: Miss Maureen Munster	**Date manager registered:** 22 September 2015
Categories of care: Nursing Home (NH) I – old age not falling within any other category PH – physical disability other than sensory impairment PH (E) - physical disability other than sensory impairment – over 65 years TI – terminally ill	**Number of registered places:** 59

4.0 Inspection summary

An unannounced inspection took place on 1 August 2017 from 10.20 to 15.45.

This inspection was underpinned by 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 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 medicines administration, medicine records, storage and the management of controlled drugs.

Areas requiring improvement were identified. These included out of stock medicines, records of medicines received into the home and the management of inhaled medicines.

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	1

Details of the Quality Improvement Plan (QIP) were discussed with Miss Maureen Munster, 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

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 7 April 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 the inspector met with two patients, two relatives, two care assistants, two registered nurses and the registered manager.

A total of 15 questionnaires were provided for distribution to patients, their representatives and staff for completion and return to RQIA.

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

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 7 April 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and 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 19 August 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**: Regulation 13 (4) **Stated:** Second time	The registered person must implement a robust auditing system to monitor the management and administration of medicines.	**Met**
	Action taken as confirmed during the inspection: A revised auditing system had been introduced to monitor all aspects of medicines management. In addition monthly audits were completed by the nurse in charge on each floor. These audits were reviewed by the registered manager.	
Area for improvement 2 **Ref:** Regulation 13(4) **Stated:** First time	The registered person must ensure that the refrigerator temperatures are maintained within the accepted range.	**Met**
	Action taken as confirmed during the inspection: Two new medicine refrigerators had recently been obtained. Temperatures within the accepted range had been recorded.	

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		Validation of compliance
Area for improvement 1 **Ref:** Standard 28 **Stated:** First time	The registered person should review and revise the management of insulin as detailed in the report.	**Met**
	Action taken as confirmed during the inspection: The areas identified for improvement had been addressed on the ground floor. An unlabelled pen was observed on the first floor. The nurse in charge advised that this had been an oversight and would be addressed with all registered nurses. Due to the assurances provided this area for improvement was assessed as met.	
Area for improvement 2 **Ref:** Standard 29 **Stated:** First time	The registered person should ensure that obsolete personal medication records are cancelled and archived.	**Met**
	Action taken as confirmed during the inspection: The majority of obsolete personal medication records had been cancelled and archived.	

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.

The registered manager confirmed that registered nurses had been trained and deemed competent to manage medicines. Training had been provided by the community pharmacist in September 2016. Competency assessments were completed annually. Training on the management of thickening agents and emollient preparations had been provided for care assistants in January 2017 and March 2017.

There was evidence that 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.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. However, two medicines had been out of stock for up to four days recently. It was acknowledged that registered nurses had taken action but this had not been successful. An area for improvement was identified.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records were updated by two registered nurses. This safe practice was acknowledged.

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 by the registered manager in May 2017. Plans were in place to disseminate this training to all staff.

There were procedures in place to ensure the safe management of medicines during a patient's admission to the home and discharge from the home. However a number of records of receipt (for new patients, antibiotics and interim medicines) had not been maintained and hence audits could not be completed. An area for improvement was identified.

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.

Robust arrangements were observed for the management of high risk medicines e.g. warfarin and insulin. The use of separate administration charts was acknowledged.

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

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. Medicine refrigerators and oxygen equipment were checked at regular intervals. Registered nurses were reminded that prophylactic liquid antibiotics must be disposed of at their expiry. It was agreed that inhaler spacer devices would be cleaned/replaced.

Areas of good practice

There were examples of good practice in relation to staff training and the management of controlled drugs.

Areas for improvement

The registered person shall ensure that medicines are available for administration at all times.

The registered person shall ensure that records of medicines received into the home are accurately maintained.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

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

The majority of medicines examined had been administered in accordance with the prescriber's instructions. However, some discrepancies were observed in the administration of inhaled medicines and for some inhaled medicines dates of opening had not been recorded so audits could not be completed. There must be a clear audit trail to evidence that these medicines are being administered as prescribed. Dates of opening should be recorded on each inhaler and only one supply of each inhaler should be in use for each patient. An area for improvement was identified.

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.

When a patient was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, the dosage instructions were recorded on the personal medication record. Care plans were maintained. 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 or infection. The reason for and the outcome of administration were recorded in the daily progress notes.

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 patient was comfortable. Staff advised that most of the patients could verbalise any pain, and a pain assessment tool was used as needed. A care plan was maintained. Staff also advised that a pain assessment is completed as part of the admission process.

The management of swallowing difficulty was examined. For those patients prescribed a thickening agent, this was recorded on their personal medication record and included details of the fluid consistency. Care plans and speech and language assessments were in place. Administration was being recorded.

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.

With the exception of the records for medicines received into the home, medicine records were well maintained and facilitated the audit process.

Practices for the management of medicines were audited throughout the month by the staff and management.

Following discussion with the registered manager and staff, it was evident that when applicable, other healthcare professionals are contacted in response to medication related issues.

Areas of good practice

There were examples of good practice in relation to the management of pain and distressed reactions.

Areas for improvement

The registered person shall review and revise the management of inhaled medicines.

	Regulations	Standards
Total number of areas for improvement	1	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.

Staff were heard to be kind and courteous in their conversations with patients. Patients were observed to be relaxed and comfortable.

We observed the administration of some of the lunchtime medicines. The medicines were administered as discreetly as possible and patients were given time to take their medicines. One relative advised that their mother needed a long time to take their medicines and that registered nurses were very patient.

Of the questionnaires that were issued, two were returned from relatives and one was returned from staff. The responses from relatives indicated that they were very satisfied with all aspects of the care in relation to the management of medicines. One issue which was raised by the member of staff was discussed with a member of the management team for follow up.

Areas of good practice

Staff listened to patients and relatives 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.

Written policies and procedures for the management of medicines were in place. These were not reviewed at the inspection.

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 lead and safeguarding team.

A review of the audit records indicated that largely satisfactory outcomes had been achieved. The registered manager confirmed that any discrepancies would be investigated and discussed with the registered nurses for learning. As stated in Section 6.5 further monitoring of inhaled medicines is necessary.

Following discussion with the registered manager, registered nurses and care staff, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

Staff confirmed that any concerns in relation to medicines management could be raised with management. They advised that any resultant action was communicated with all staff.

Areas of good practice

There were examples of good practice in relation to the management of medicine incidents 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 QIP. Details of the QIP were discussed with Miss Maureen Munster, 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 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 QIP to Pharmacists@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

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 September 2017	The registered person shall ensure that medicines are available for administration at all times.
	Response by registered person detailing the actions taken: Ordering of medication system has been reviewed to ensure medications are reordered in a timely manner. Medication competencies are currently being reviewed for all nursing staff to include stock control.
Area for improvement 2 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 1 September 2017	The registered person shall review and revise the management of inhaled medicines to evidence that they are being administered as prescribed.
	Response by registered person detailing the actions taken: A recording and audit system has been implemented to ensure residents received the prescribed inhaled medication dosages.
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 29 **Stated:** First time **To be completed by:** 1 September 2017	The registered person shall ensure that records of medicines received into the home are accurately maintained.
	Response by registered person detailing the actions taken: All Nursing staff have undergone supervisions to ensure recording procedures are adhered to.

Please ensure this document is completed in full and returned to pharmacists@rqia.org.uk

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