# Unannounced Medicines Management Inspection Report
# 19 August 2016

# Brooklands

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

## 1.0 Summary

An unannounced inspection of Brooklands took place on 19 August 2016 from 10.15 to 14.50.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

**Is care safe?**

There was evidence that some areas of the management of medicines supported the delivery of safe care and positive outcomes for patients. Staff administering medicines had been trained and deemed competent. However a requirement in relation to the cold storage of medicines and a recommendation in relation to the management of insulin were made.

**Is care effective?**

Most areas of the management of medicines supported the delivery of effective care. However a requirement regarding the auditing arrangements was stated for a second time and a recommendation in relation to personal medication records was made.

**Is care compassionate?**

The management of medicines supported the delivery of compassionate care. Staff interactions were observed to be compassionate, caring and timely which promoted the delivery of positive outcomes for patients. Patients consulted with confirmed that they were administered their medicines appropriately. There were no areas of improvement identified.

**Is the service well led?**

Written policies and procedures for the management of medicines were in place which supported the delivery of care. Limited systems were in place to enable management to identify and cascade learning from any medicine related incidents as the audit process was not robust. Although requirements and recommendations were not made in this section, due to the findings observed in the other domains it was concluded that improvements in the governance arrangements within the home were necessary.

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.

## 1.1 Inspection outcome

| | Requirements | Recommendations |
|---|---|---|
| **Total number of requirements and recommendations made at this inspection** | 2 | 2 |

Details of the Quality Improvement Plan (QIP) within this report 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.

## 1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection on 14 April 2016.

## 2.0 Service details

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|---|---|
| **Registered organisation/registered person:**<br>Brooklands Healthcare Ltd<br>Ms Therese Elizabeth Conway | **Registered manager:**<br>Miss Maureen Munster |
| **Person in charge of the home at the time of inspection:**<br>Miss Maureen Munster | **Date manager registered:**<br>22 September 2015 |
| **Categories of care:**<br>NH-I, NH-PH, NH-PH(E), NH-TI | **Number of registered places:**<br>59 |

## 3.0 Methods/processes

Prior to inspection the following records were analysed:

- 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

We met with one patient, one care assistant, one registered nurse and the registered manager.

A poster indicating that the inspection was taking place was displayed in the lobby of the home and invited visitors/relatives to speak with the inspector. No one availed of this opportunity during the inspection.

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
- policies and procedures
- care plans
- training records
- medicines storage temperatures

## 4.0 The inspection

## 4.1 Review of requirements and recommendations from the most recent inspection dated 14 April 2016

The most recent inspection of the home was an unannounced care inspection. A QIP was not issued as no requirements or recommendations were made.

## 4.2 Review of requirements and recommendations from the last medicines management inspection dated 11 June 2015

| Last medicines management inspection statutory requirements | | Validation of compliance |
|---|---|---|
| **Requirement 1**<br><br>**Ref:** Regulation 13 (4)<br><br>**Stated:** First time | The registered person must implement a robust auditing system to monitor the management and administration of medicines. | **Partially Met** |
| | **Action taken as confirmed during the inspection**:<br>The registered manager advised that a new auditing system had been introduced but that the level of audit activity had reduced recently due to staffing issues.<br><br>The findings of this inspection indicated that the auditing system was not robust as poor audit outcomes were observed for the same medicines as at the last inspection.<br><br>This requirement was stated for a second time. | |

| | | |
|---|---|---|
| **Requirement 2**<br><br>**Ref:**<br>Regulation 13 (4)<br><br>**Stated:** First time | The registered person must review and revise the management of thickening agents to ensure that robust systems are in place. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Improvements in the management of thickening agents were observed at this inspection. Care plans and speech and language assessments were observed to be in place. Records of prescribing were maintained on the personal medication records. Registered nurses recorded the administration of thickening agents on the medication administration records. Some omissions in the records of administration completed by care assistants were observed. The registered manager agreed that this would be closely monitored.<br><br>Due to the improvements made and the assurances provided by the registered manager this requirement has not been stated for a second time. | |
| **Requirement 3**<br><br>**Ref:**<br>Regulation 13 (4)<br><br>**Stated:** First time | The registered person must ensure that controlled drugs in Schedule 4 (Part 1) are denatured prior to their disposal. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>The registered manager and registered nurse confirmed that controlled drugs in Schedule 4 (Part 1) were denatured prior to their disposal. It was agreed that this would be clearly documented in the controlled drug record book and disposal book. | |
| **Requirement 4**<br><br>**Ref:**<br>Regulation 13 (4)<br><br>**Stated:** First time | The registered person must put robust systems in place to ensure that all medicines are stored at the correct temperature. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>This requirement referred to the temperature of the treatment rooms. The room temperature was being monitored in both treatment rooms and was observed to be below 25$^{o}$C. | |

| Last medicines management inspection recommendations | | Validation of compliance |
|---|---|---|
| **Recommendation 1**<br><br>**Ref:** Standard 29<br><br>**Stated:** First time | 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. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>The registered manager advised that this practice was observed however it could not be verified at this inspection as there had been no recent administrations of these medicines. | |

## 4.3 Is care safe?

Medicines were managed by staff who have been trained and deemed competent to do so. An induction process was in place for registered nurses and for care staff who had been delegated medicine related tasks. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. Refresher training in the management of external preparations and thickening agents was provided by the community pharmacist in July 2016.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. The registered manager confirmed that she would be made aware of any potential shortfalls in medicines.

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.

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.

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.

Improvements in the management of insulin were necessary. It was acknowledged that records for the prescribing and administration of insulin had been accurately maintained. However, one insulin pen was unlabelled, a needle was observed on a second insulin pen and dates of opening had not been recorded on a number of pens. A recommendation was made.

Mostly satisfactory arrangements were in place for the management of warfarin. Dosage directions were received in writing. Transcribing involved two members of staff and daily running stock balances were being maintained. However, obsolete dosage directions had not been cancelled and archived; the registered manager advised that this would be addressed.

Discontinued or expired medicines were disposed of appropriately. The registered manager confirmed that all controlled drugs in Schedules 2, 3 and 4 (Part 1) were denatured and rendered irretrievable prior to disposal. It was agreed that this would be clearly documented in the controlled drug record book.

Improvements in the storage arrangements for medicines were necessary. The medicine trolleys were securely chained to the wall in both dining rooms but some medicines, including insulin, thickening agents, external preparations and nutritional supplements were observed on top of the trolley and on a bench making them readily assessable to all staff, patients and visitors. The registered manager advised that this was not usual practice and would be addressed without delay. Out of date eye preparations were observed in the medicines trolley on the first floor; the registered manager advised that eye preparations were usually replaced at the start of each new medication cycle. The current cycle had commenced on 15 August 2016. Assurances were provided that both these issues would be addressed before the end of the day and hence a requirement was not made.

The records for the temperature of the medicine refrigerators in both treatment rooms indicated that the temperature had not been maintained within the required range in both refrigerators. The thermometers were reset during the inspection but unsatisfactory readings continued to be observed. The registered provider must ensure that the refrigerator temperatures are maintained within the accepted range. A requirement was made.

**Areas for improvement**

The registered person must ensure that the refrigerator temperatures are maintained within the accepted range. A requirement was made.

The registered person should review and revise the management of insulin. A recommendation was made.

| Number of requirements | 1 | Number of recommendations | 1 |
|---|---|---|---|

## 4.4 Is care effective?

The majority of the audits which were completed on a sample of medicines indicated that the medicines had been administered in accordance with the prescriber's instructions. However, discrepancies in the administration of inhaled medicines and liquid form medicines were observed. In addition a number of audits could not be completed as dates of opening had not been recorded. These audit outcomes were similar to those observed at the last medicines management inspection indicating that the home's audit system was not robust. The requirement regarding the home's auditing system was stated for a second time.

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. 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. The registered manager advised that these medicines had not been required by any patients recently. She confirmed that the reason for and outcome of administration was recorded when they were used.

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 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.

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.

Medicine records were well maintained and facilitated the audit process. However as observed at the last medicines management inspection obsolete personal medication records had not been cancelled and archived. A recommendation was made.

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 for improvement**

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

The registered person should ensure that obsolete personal medication records are cancelled and archived. A recommendation was made.

| Number of requirements | 1 | Number of recommendations | 1 |
|---|---|---|---|

## 4.5 Is care compassionate?

The administration of medicines to patients was completed in a caring manner, patients were given time to take their medicines and medicines were administered as discreetly as possible.

One patient we spoke to advised that she was very happy in the home and that staff could not do enough for her.

Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

**Areas for improvement**

No areas for improvement were identified during the inspection.

| Number of requirements | 0 | Number of recommendations | 0 |
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## 4.6 Is the service well led?

Written policies and procedures for the management of medicines were in place. The registered manager advised that they are reviewed regularly and that all updates were shared with staff.

There were arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. Incidents reported since the last medicines management inspection were discussed; there was evidence of the action taken and learning implemented.

A review of the home's audit records indicated that mostly satisfactory outcomes had been achieved. However, where a discrepancy had been identified, there was no evidence of the action taken and learning which had resulted in a change of practice. The registered manager advised that the level of audit activity had decreased in recent months due to staff shortages. As stated in Section 4.4 the requirement regarding audit activity which was made at the last medicines management inspection was stated for the second time.

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

One of the requirements which was made at the last medicines management inspection had not been addressed. To ensure that requirements and recommendations are fully addressed and the improvement sustained, it was suggested that the QIP should be regularly reviewed as part of the quality improvement process.

Staff confirmed that any concerns in relation to medicines management were raised with management. They advised that any resultant action was communicated with all nursing and care staff. The registered manager advised that she regularly discusses medicine related issues with staff.

**Areas for improvement**

Although requirements and recommendations were not made in this section, due to the findings observed in the other domains, it was evident that improvements in the governance arrangements in the home were necessary.

| Number of requirements | 0 | Number of recommendations | 0 |
|---|---|---|---|

## 5.0 Quality improvement plan

Any issues 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 failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider 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 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

## 5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. 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.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

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| **Statutory requirements** | |
| **Requirement 1**<br><br>**Ref**: Regulation 13(4)<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>18 September 2016 | The registered person must implement a robust auditing system to monitor the management and administration of medicines. |
| | **Response by registered provider detailing the actions taken:**<br>This has been re-addressed by the Registered Manager. Closer monitoring of management including administration and audit of medications is currently in progress, and will continue as per stated requirement. |
| **Requirement 2**<br><br>**Ref:** Regulation 13(4)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>18 September 2016 | The registered person must ensure that the refrigerator temperatures are maintained within the accepted range. |
| | **Response by registered provider detailing the actions taken:**<br>New external thermometers are in place and the internal temperature gauges have been readjusted. Daily monitoring has shown both fridges are now maintaining an acceptable range. |
| **Recommendations** | |
| **Recommendation 1**<br><br>**Ref:** Standard 28<br><br>**Stated:** First time<br><br>**To be completed by:**<br>18 September 2016 | The registered person should review and revise the management of insulin as detailed in the report. |
| | **Response by registered provider detailing the actions taken:**<br>As per stated recommendation, it has been communicated to all Registered Nurses responsible for administration of medication, that Insulin pens must be labelled by the pharmacy before use, should be dated upon initial opening and needles are to be removed immediately after use. Monitoring of same has shown that this is within current practice. |
| **Recommendation 2**<br><br>**Ref:** Standard 29<br><br>**Stated:** First time<br><br>**To be completed by:**<br>18 September 2016 | The registered person should ensure that obsolete personal medication records are cancelled and archived. |
| | **Response by registered provider detailing the actions taken:**<br>All obsolete personal medication records have been cancelled, removed and archived. |


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