



# Unannounced Medicines Management Inspection Report 24 August 2018



## Brooklands Healthcare Dunmurry

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

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Assurance, Challenge and Improvement in Health and Social Care

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

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Brooklands Healthcare Ltd  <b>Responsible Individual(s):</b> Ms Therese Elizabeth Conway	<b>Registered Manager:</b> Miss Maureen Munster
<b>Person in charge at the time of inspection:</b> Miss Maureen Munster	<b>Date manager registered:</b> 22 September 2015
<b>Categories of care:</b> 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	<b>Number of registered places:</b> 47

### 4.0 Inspection summary

An unannounced inspection took place on 24 August 2018 from 10.30 to 15.00.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 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 and the management of controlled drugs.

No areas for improvement were identified at the inspection.

The patients we spoke with were complimentary regarding the staff and care provided in the home.

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
<b>Total number of areas for improvement</b>	0	0

Details of the Quality Improvement Plan (QIP) were discussed with Miss Maureen Munster, Registered Manager, and Mrs Jane Bell, Regional 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 26 April 2018. 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 home was reviewed. This included the following:

- recent inspection reports
- recent correspondence with the home
- the management of medicine related incidents; it was ascertained that no incidents involving medicines had been 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 three patients, one visitor, one domestic assistant, two care assistants, two registered nurses, the regional manager and the registered manager.

We provided the registered manager with 10 questionnaires to distribute to patients and their representatives, for completion and return to RQIA. We left 'Have we missed you?' cards in the foyer of the home to inform patients/their representatives, how to contact RQIA to tell us of their experience of the quality of care provided. Flyers providing details of how to raise concerns were also left in the home.

We asked the registered manager to display a poster which invited staff to share their views and opinions by completing an online questionnaire.

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 registered manager and regional manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 26 April 2018

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 1 August 2017

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
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The registered person shall ensure that medicines are available for administration at all times.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the medication administration records indicated that patients had a continuous supply of their prescribed medicines. Potential out of stocks were being managed appropriately.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The registered person shall review and revise the management of inhaled medicines to evidence that they are being administered as prescribed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The audits carried out on inhaled medicines produced satisfactory outcomes indicating that they were being administered as prescribed. Running stock balances were maintained for some inhaled medicines.	

<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 29  <b>Stated:</b> First time	The registered person shall ensure that records of medicines received into the home are accurately maintained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Accurate records of medicines received into the home were observed.	

### 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. Training had been provided by the community pharmacist in May 2018. Competency assessments were completed annually. Records were available for inspection. The registered manager advised that a comprehensive induction and detailed handover was provided for agency and bank nurses. Care assistants had received training and been deemed competent to administer thickening agents and emollient preparations.

In relation to safeguarding, the registered manager advised that staff were aware of the regional procedures and who to report any safeguarding concerns to. On-line training had been provided for staff and further face-to-face training was planned.

There were systems in place to ensure that patients had a continuous supply of their prescribed medicines. There was evidence that antibiotics and newly prescribed medicines had been received into the home without delay.

There were procedures in place to ensure the safe management of medicines during a patient's admission to the home and to manage medication changes. Personal medication records were verified and signed by two registered nurses. This safe practice was acknowledged.

Mostly satisfactory arrangements were observed for the management of high risk medicines e.g. insulin and warfarin. The use of separate administration charts was acknowledged. Although two registered nurses were involved in each administration of warfarin and stock balances were maintained an error in the administration of warfarin on one occasion was observed at the inspection. This was brought to the attention of the registered manager and regional manager who agreed to investigate the incident and to take appropriate corrective action. Due to the assurances provided an area for improvement was not specified at this time.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in controlled drug record books. Checks were performed on controlled drugs which require safe custody at the end of each shift.

Satisfactory arrangements were in place for the safe disposal of discontinued or expired medicines.

The majority of medicines were stored safely and securely and in accordance with the manufacturer's instructions. However, the temperature of the refrigerator on the first floor had regularly been outside the accepted range since May 2018. In addition the date of reconstitution had not been recorded on one prophylactic liquid antibiotic. It was replaced during the inspection. These issues had been identified at a recent audit which had been completed by the registered manager and they were discussed with the registered nurses for corrective action. The registered manager advised that all registered nurses would receive a supervision and the storage of medicines would continue to be monitored. Due to the assurances provided an area for improvement was not specified at this time.

### Areas of good practice

There were examples of good practice in relation to staff training, competency assessment, the management of medicines on admission and controlled drugs.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 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. Three apparent discrepancies were discussed in detail with the registered manager for ongoing monitoring and follow up. 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 the change may be associated with pain. Care plans were maintained. The registered manager and registered nurses advised that these medicines were rarely needed and had not been used in recent months. Registered nurses were aware that the reason for and outcome of any administration should be recorded.

The management of pain and swallowing difficulty was examined. Satisfactory systems were in place.

A small number of patients refused their medicines. Registered nurses advised that the prescribers had been consulted and that their advice was followed.

Medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included the separate records for the administration of “when required” analgesia.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for nutritional supplements and some medicines which were not supplied in the monitored dosage system. In addition, a quarterly audit was completed by the community pharmacist.

Following discussion with the registered manager and registered nurses, it was evident that, when applicable, other healthcare professionals were contacted in response to medication related issues. Staff advised that they had good working relationships with healthcare professionals involved in patient care.

**Areas of good practice**

There were examples of good practice in relation to the standard of record keeping, care planning and the administration of the majority of medicines.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.**

We did not observe the administration of medicines during the inspection.

Throughout the inspection, it was found that there were good relationships between the staff and the patients. Patients were observed to be relaxed and comfortable. Staff were noted to be friendly and courteous; they treated the patients with dignity. It was clear from discussion and observation of staff, that the staff were familiar with the patients’ likes and dislikes. Patients were being encouraged to attend activities. The registered manager advised that a knitting club had recently been set up which was being attended by both relatives and patients.

We spoke with three patients who were complimentary regarding the care provided and staff in the home. Comments included:

“It is great here.”

“I have no complaints. I have a lovely room. The food is great.”

We spoke with one visitor who was happy with the care provided in the home.

As part of the inspection process, we issued 10 questionnaires to patients and their representatives, none were returned within the specified time frame.



Any comments from patients and their representatives in questionnaires received after the return date (two weeks) will be shared with the registered manager for information and action as required.

### 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
<b>Total number of areas for improvement</b>	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.**

We discussed arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. Arrangements were in place to implement the collection of equality data within Brooklands.

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

Registered nurses advised that they knew how to identify and report incidents. In relation to the regional safeguarding procedures, registered nurses advised that they were aware that medicine incidents may need to be reported to the safeguarding team.

The governance arrangements for medicines management were examined. Management advised of the auditing processes completed by both staff and management. Areas identified for improvement were detailed in an action plan which was shared with staff to address. As detailed in Section 6.4 the registered manager advised that she was disappointed that the findings of her recent audit in relation to the refrigerator and antibiotic had not been addressed because these issues had been discussed with staff.

Following discussion with the registered nurses and care assistants, it was evident that they were familiar with their roles and responsibilities in relation to medicines management. They advised that any concerns in relation to medicines management were raised with the registered manager and that any resultant action was communicated with all staff without delay.

The staff we met with spoke positively about their work and advised there were good working relationships in the home with staff and the registered manager. They stated they felt well supported in their work.

We were advised that there were effective communication systems in the home, to ensure that all staff were kept up to date.

No online questionnaires were completed by staff within the specified time frame (two weeks).

### Areas of good practice

There were examples of good practice in relation to governance arrangements and the management of medicine incidents. There were clearly defined roles and responsibilities for staff.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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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