



The Regulation and  
Quality Improvement  
Authority

## **NURSING HOME MEDICINES MANAGEMENT MONITORING INSPECTION REPORT**

**Inspection No:** IN018475

**Establishment ID No:** 11289

**Name of Establishment:** Brooklands (Nursing Suite)

**Date of Inspection:** 30 January 2015

**Inspector's Name:** Helen Daly

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

## 1.0 GENERAL INFORMATION

<b>Name of home:</b>	Brooklands
<b>Type of home:</b>	Nursing
<b>Address:</b>	50 Bush Road Antrim BT41 2QB
<b>Telephone number:</b>	028 9446 0444
<b>E mail address:</b>	therese.conway.bhl@googlemail.com
<b>Registered Organisation/ Registered Provider:</b>	Brooklands Healthcare Limited Ms Therese Conway (Acting)
<b>Registered Manager:</b>	Ms Perla Balmes (Acting Manager)
<b>Person in charge of the home at the time of inspection:</b>	Ms Olive Ferris (Acting Manager)
<b>Categories of care:</b>	NH-I, NH-PH, NH-PH(E), NH-TI, RC-DE
<b>Number of registered places:</b>	62 (31 nursing and 31 residential)
<b>Number of residents accommodated on day of inspection:</b>	61 (29 nursing and 31 residential)
<b>Date and time of current medicines management inspection:</b>	30 January 2015 10:30 – 15:00
<b>Names of inspector:</b>	Helen Daly
<b>Date and type of previous medicines management inspection:</b>	20 June 2013 Unannounced

## 2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year is required.

This is the inspection report of an unannounced medicines management monitoring inspection to assess the quality of services being provided in the nursing suite only. The report details the extent to which the standards measured during inspection are being met.

### PURPOSE OF THE INSPECTION

The purpose of this visit was to determine what progress had been made in addressing the three requirements and five recommendations made during the previous medicines management inspection, to re-assess the home's level of compliance with legislative requirements and the DHSSPS Minimum Standards for Nursing Homes and to determine if the safety of patients, with respect to the management of medicines, could be assured.

### METHODS/PROCESS

Discussion with Ms Olive Ferris, Acting Manager, and staff on duty  
Audit trails carried out on a sample of randomly selected medicines  
Review of medicine records  
Observation of storage arrangements  
Spot-check on policies and procedures  
Evaluation and feedback

## HOW RQIA EVALUATES SERVICES

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standards (2008) and to assess progress with the issues raised during and since the previous inspection.

Standard 37: Management of Medicines

Standard Statement - Medicines are handled safely and securely

Standard 38: Medicine Records

Standard Statement - Medicine records comply with legislative requirements and current best practice

Standard 39: Medicines Storage

Standard Statement - Medicines are safely and securely stored

Standard 40: Administration of Medicines

Standard Statement - Medicines are safely administered in accordance with the prescribing practitioner's instructions

An outcome level was identified to describe the service's performance against each standard that the inspector examined. Table 1 sets the definitions that RQIA has used to categorise the service's performance:

**Table 1: Compliance statements**

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and being made within the inspection report.

### **3.0 PROFILE OF SERVICE**

Brooklands is a purpose built nursing home which provides accommodation and services on three floors.

There are two treatment rooms. This inspection took place in the nursing suite only.

The home offers spacious accommodation for a maximum of 62 persons requiring nursing and residential care over two floors. The majority of service facilities including the kitchen, laundry and staff facilities are located on the lower ground floor. A passenger lift ensures that facilities are accessible to all patients, residents and visitors.

Accommodation is provided in single bedrooms; each bedroom has en-suite shower facilities with sensor operated lighting. Furnishings include a profiling bed, a lockable bedside locker, drawers and a wardrobe.

In addition to the en-suite facilities, a range of fully equipped assisted bathrooms and shower facilities and toilets are located on both floors.

Car parking facilities are provided with designated spaces for disability access and emergency vehicles.

Ms Olive Ferris has recently been appointed to the manager's position in the home.

## 4.0 EXECUTIVE SUMMARY

An unannounced medicines management monitoring inspection of Brooklands (nursing suite) was undertaken by Helen Daly, RQIA Pharmacy Inspector, on 30 January 2015 between 10:30 and 15:00. This summary reports the position in the home at the time of the inspection.

The focus of this medicines management monitoring inspection was to determine the extent to which the previous requirements and recommendations had been addressed, to re-assess the home's level of compliance with the legislative requirements and the DHSSPS Minimum Standards for Nursing Homes and to determine if the safety of patients, with respect to the administration of medicines could be assured.

The inspector examined the arrangements for the medicines management within the nursing suite and focused on the four medicine standards in the DHSSPS Nursing Homes Minimum Standards (2008):

- Standard 37: Management of Medicines
- Standard 38: Medicine Records
- Standard 39: Medicines Storage
- Standard 40: Administration of Medicines

During the course of the inspection, the inspector met with the acting manager of the home, Ms Olive Ferris, and staff on duty. The inspector observed practices for medicines management, inspected storage arrangements for medicines, examined a selection of medicine records and conducted an audit of a sample of randomly selected medicines in the nursing suite only.

The three requirements and five recommendations made at the previous medicines management inspection on 20 June 2013 were examined during the inspection. Compliance was noted for all of the requirements and recommendations. The inspector's validation of compliance is included in Section 5.0 below. The acting manager and staff are commended for their ongoing efforts.

This inspection indicated that the arrangements for the management of medicines in Brooklands (nursing suite) are substantially compliant with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found no significant areas of concern though some areas for improvement were noted and discussed in detail with the acting manager.

The range of audit trails, which was performed on randomly selected medicines, indicated that a generally satisfactory correlation existed between the prescribed instructions, patterns of administration and stock balances of medicines. A small number of audit discrepancies were discussed with the acting manager; it was agreed that the audit activity would continue and include the highlighted medicines. Dates of opening had been recorded on the majority of medicine containers.

There is a system of ongoing training and competency assessment for registered nurses and care staff.

Standard Operating Procedures for the management of controlled drugs had been reviewed and revised. Controlled drugs in Schedules 2, 3 and 4 (Part 1) are now denatured in the home prior to their disposal.

Records had been maintained in a mostly satisfactory manner. The personal medication records and medication administration records were observed to be well maintained. In the interests of safe practice the time of removal of Versatis patches should be recorded and this was discussed. Two registered nurses are now involved in the disposal of medicines and both nurses sign the entries in the disposal book. The date of transfer of medicines out of the home is recorded.

Storage was secure, tidy and organised. Satisfactory readings for the room temperature of medicine storage areas and medicines refrigerator temperatures were observed. The acting manager was reminded that oxygen cylinders must be stored safely.

The management of warfarin, medicines prescribed for Parkinson's Disease and medicines prescribed for distressed reactions was reviewed and found to be satisfactory.

The inspection attracted no requirements or recommendations and therefore a quality improvement plan has not been appended on this occasion.

The inspector would like to thank the acting manager and staff for their assistance and co-operation throughout the inspection.



## 5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 20 June 2013:

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	<p>The registered manager must ensure that Schedule 4 (Part 1) controlled drugs are denatured in the home prior to their disposal.</p> <p><b>Stated once</b></p>	<p>A separate book is used to record the disposal of controlled drugs.</p> <p>The review of this disposal book indicated that controlled drugs in Schedule 4 (Part 1) are denatured prior to their disposal. Two registered nurses are involved in the process.</p>	<b>Compliant</b>
2	13(4)	<p>The registered manager must confirm that the treatment room temperatures are maintained at or below +25°C.</p> <p><b>Stated once</b></p>	<p>The treatment room temperature is monitored and recorded each day. The records indicate that the temperature is being maintained at or below 25°C.</p>	<b>Compliant</b>
3	13(4)	<p>The registered manager must ensure that staff take appropriate corrective action if refrigerator temperatures outside the accepted range are observed.</p> <p><b>Stated once</b></p>	<p>The maximum, minimum and current temperature of the medicines refrigerator are monitored and recorded each day.</p> <p>The records indicate that the temperature is being maintained within the accepted range of 2°C and 8°C.</p>	<b>Compliant</b>

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	37	<p>Two nurses should be involved in the disposal of medicines and both nurses should sign the entry in the disposal book.</p> <p><b>Stated twice</b></p>	<p>A review of the disposal book indicated that two registered nurses are involved in the disposal of medicines and that both nurses sign the entries in the disposal book.</p>	<p><b>Compliant</b></p>
2	37	<p>Two nurses should verify and sign all transcriptions involving warfarin dosage directions.</p> <p><b>Stated once</b></p>	<p>The records for one patient were reviewed. Two registered nurses had verified and signed the updated dosage regimen and date for the next blood test.</p>	<p><b>Compliant</b></p>
3	37	<p>The registered manager should review the Standard Operating Procedures for the management of controlled drugs to ensure that they reflect the home's practice.</p> <p><b>Stated once</b></p>	<p>The Standard Operating Procedures had been reviewed and revised and now indicate that controlled drugs are denatured in the home prior to their disposal.</p>	<p><b>Compliant</b></p>

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
4	38	<p>The registered manager should closely monitor the standard of maintenance of the personal medication records to ensure that the areas identified for improvement are implemented.</p> <p><b>Stated once</b></p>	<p>The acting manager advised that the personal medication records are reviewed at least monthly during the medication order process.</p> <p>The records which were reviewed had been maintained in a satisfactory manner.</p>	<b>Compliant</b>
5	38	<p>The date of transfer of medicines out of the home with patients/patients' representatives should be accurately recorded in the medication transfer book.</p> <p><b>Stated once</b></p>	<p>The review of the medication discharge book confirmed that the date of transfer of medicines out of the home is being recorded.</p>	<b>Compliant</b>

## **6.0 QUALITY IMPROVEMENT PLAN**

As no requirements or recommendations were made following the inspection a Quality Improvement Plan has not been appended on this occasion. The registered manager/provider is asked to complete and return a copy of the comments page at the end of the report for our records by **12 March 2015**.

Enquiries relating to this report should be addressed to:

**Helen Daly  
Pharmacist Inspector  
The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
Belfast  
BT1 3BT**



No requirements or recommendations resulted from the **medicines management monitoring inspection** of **Brooklands (Nursing Suite)** which was undertaken on **30 January 2015** and I agree with the content of the report.

Please provide any additional comments or observations you may wish to make below:

<b>NAME OF REGISTERED MANAGER COMPLETING</b>	Acting Manager Mary Mc Aleese
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING</b>	Therese Conway

<b>Approved by</b>	<b>Date</b>
Helen Daly	29 May 2015