



# Unannounced Medicines Management Inspection Report 19 November 2018



## Brooklands Healthcare Antrim

**Type of Service: Nursing Home**  
**Address: Nursing Unit, 50 Bush Road, Antrim, BT41 2QB**  
**Tel No: 028 9446 0444**  
**Inspector: Rachel Lloyd**

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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 registered to provide care for up to 18 patients with various needs as detailed in section 3.0. The nursing home is on the same site as a residential care home.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Brooklands Healthcare Ltd  <b>Responsible Individuals:</b> Ms Therese Elizabeth Conway	<b>Registered Manager:</b> See box below
<b>Person in charge at the time of inspection:</b> Ms Julie Cruz, Acting Manager (from 19 November 2018)	<b>Date manager registered:</b> Mrs Claire Coen (Acting – no application required)
<b>Categories of care:</b> Nursing Homes (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> 18

### 4.0 Inspection summary

An unannounced inspection took place on 19 November 2018 from 09.50 to 13.35.

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 management and governance, medicine records, medicine storage and the management of controlled drugs.

No areas for improvement were identified.

Patients were relaxed and comfortable in the home and good relationships with staff were evident. Patients were complimentary regarding the management of their medicines and the 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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Julie Cruz, Manager, as part of the inspection process and can be found in the main body of the report.

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 June 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 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 we met with three patients, one registered nurse and the manager.

We provided the manager with 10 questionnaires to distribute to patients and their representatives, for completion and return to RQIA. 'Have we missed you?' cards were left in the foyer of the home to inform patients/their representatives of how to contact RQIA, to tell us of their experience of the quality of care provided. We asked the 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
- policies and procedures

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 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 June 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 3 January 2018

Areas for improvement from the last medicines management inspection		
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
<b>Area for improvement 1</b> <b>Ref:</b> Standard 28 <b>Stated:</b> First time	The registered person shall review the disposal of Schedule 4 (Part 1) controlled drugs to ensure that these are denatured prior to disposal.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This was confirmed during examination of the record of disposal of medicines and discussion with the registered nurse.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time	The registered person shall review the management of insulin to ensure that pen devices are marked with the date of opening and are not used after expiry.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This was evidenced during the inspection. The date of opening of each insulin pen device was also included on a revised insulin administration sheet as a further prompt for staff.	

### 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. The impact of training was monitored through observation, supervision and annual appraisal. Refresher training in medicines management and training on the new monitored dosage system was provided in the last year. Competency assessments were completed annually.

In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Staff advised of the procedures to identify and report any potential shortfalls in medicines. Antibiotics and newly prescribed medicines had been received into the home without delay.

There were satisfactory arrangements in place to manage changes to prescribed medicines. These were detailed in policies and procedures. Personal medication records were updated by two registered nurses which is good practice.

There were satisfactory procedures in place to ensure the safe management of medicines during a patient's admission to 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.

Satisfactory arrangements were observed for the management of high risk medicines e.g. warfarin, injections and transdermal opioid patches. The use of separate administration charts was acknowledged.

Discontinued or expired medicines were disposed of appropriately.

Medicines were stored safely and securely. Medicine storage areas were clean, tidy and well organised. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. Medicine refrigerators and oxygen equipment were checked at regular intervals.

To ensure that medicines are stored in accordance with the manufacturer's instructions the temperature of the medicines storage area must be maintained at a maximum of 25°C. Records examined for the previous four months indicate that this was exceeded on a number of occasions. This had been discussed at the last medicines management inspection. The manager advised that an air conditioning unit had arrived in the home and plans were in place for this to be fitted. The manager confirmed by telephone on 13 December 2018 that this had taken place.

## Areas of good practice

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

## Areas for improvement

No areas for improvement were identified.

	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 sample of medicines examined had been administered in accordance with the prescriber's instructions. 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. A small number of minor discrepancies were highlighted to the registered nurse for attention within audit processes.

The management of distressed reactions, pain and dysphagia were reviewed and found to be satisfactory. A few minor points were highlighted for attention with the registered nurse who addressed these immediately or agreed to follow up after the inspection.

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 discussed with the patient and reported to the prescriber.

Medicine records were well maintained and facilitated the audit process. Staff were commended on the standard of record keeping and areas of good practice were acknowledged. These included the use of separate colour coded personal medication records for antibiotics and topical preparations and antibiotic administration sheets.

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

Following discussion with the staff on duty and a review of the care plans, 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 medicine records and the administration 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 observed the administration of medicines to a small number of patients. The registered nurse engaged the patients in conversation and explained that they were having their medicines.

Throughout the inspection, it was found that there were good relationships between the staff and the patients. It was clear from discussion and observation of staff, that the staff were familiar with the patients' likes and dislikes. Patients were observed to be relaxed and comfortable.

We spoke with three patients who were satisfied with the care provided and the staff in the home and the management of their medicines.

Comments included:

"I haven't a bad thing to say. I'm happy."

Ten questionnaires were left in the home to facilitate feedback from patients and their representatives. Four were returned within the specified timescale (two weeks). They all indicated that they were very satisfied with the care provided.

One stated, "Very happy with the staff and the care".

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

## Areas of good practice

There was evidence that 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.

Written policies and procedures for the management of medicines were in place. They were not reviewed on this occasion. Following discussion with staff it was evident that they were familiar with policies and procedures and that any updates were highlighted to them.

There were arrangements in place for the management of any medicine related incidents. Staff confirmed that they knew how to identify and report incidents and were aware that medicine incidents may need to be reported to the safeguarding team.

A review of the audit records indicated that mostly satisfactory outcomes had been achieved. Where a discrepancy had been identified, there was evidence of the action taken.

Following discussion with the registered nurses on duty, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management. We were advised that there were effective communication systems in the home, to ensure that all staff were kept up to date. The staff on duty discussed a recent shortage of care staff, which they stated was due to a high turnover and difficulty in recruitment, which has at times resulted in low morale amongst staff. However, staff stated that management were approachable and listened to concerns. This was discussed with the manager.

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, 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
<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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