Unannounced Medicines Management Inspection Report
1 September 2016

Brooklands

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

1.0 Summary

An unannounced inspection of Brooklands took place on 1 September 2016 from 09.55 to 15.15.

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 the management of medicines supported the delivery of safe care and positive outcomes for patients. Staff administering medicines were trained and competent. There were systems in place to ensure the management of medicines was in compliance with legislative requirements and standards. It was evident that the working relationship with the community pharmacist, the knowledge of the staff and their proactive action in dealing with any issues enables the systems in place for the management of medicines to be robust. There were no areas of improvement identified.

Is care effective?

The management of medicines supported the delivery of effective care. There were systems in place to ensure patients were receiving their medicines as prescribed. One area of improvement was identified in relation to effective auditing of some medicines not included in the monitored dosage system and a recommendation 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. There were no areas of improvement identified.

Is the service well led?

The service was found to be well led with respect to the management of medicines. Written policies and procedures for the management of medicines were in place which supported the delivery of care. Systems were in place to enable management to identify and cascade learning from any medicine related incidents and medicine audit activity. There were no areas of improvement identified.

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.

For the purposes of this report, the term ‘patients’ will be used to described those living in Brooklands which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Wendy Megarrell, Clinical Governance Manager, and Ms Sharon McCreery (Deputy 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

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 28 April 2016.

2.0 Service details

Registered organisation/registered person: Brooklands Healthcare Ltd Ms Therese Elizabeth Conway (Acting)	**Registered manager:** Mrs Elizabeth Bonello
Person in charge of the home at the time of inspection: Ms Sharon McCreery (Deputy Manager)	**Date manager registered:** 17 February 2016
Categories of care: NH-I, NH-PH, NH-PH(E), NH-TI, RC-DE	**Number of registered places:** 62

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 the clinical governance manager, the deputy manager, one registered nurse, one team leader and one senior care assistant.

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 28 April 2016

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 their next inspection.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 3 November 2015

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 13(4) **Stated:** First time	The registered person must implement a robust auditing system to ensure that all medicines are being administered as prescribed.	**Met**
	Action taken as confirmed during the inspection: A comprehensive auditing system has been established. This facilitated audit for the majority of medicines, resulting in satisfactory audit outcomes and indicated that medicines had been administered as prescribed. However, the method of audit for some medicines not included the monitored dosage system was not accurate e.g. Laxido sachets. Although a running balance was in place, it was not always accurately maintained and it was advised that recording the date of opening and completing end of box audits may provide more accurate data. Additionally, medicines not included in the monitored dosage system e.g. liquids should be included more frequently. This requirement has been met, however a recommendation regarding the audit of medicines not included in the monitored dosage system was made.	

Requirement 2 **Ref**: Regulation 13(4) **Stated:** First time	The registered person must ensure that written confirmation of current medication regimes is obtained for all patients prior to or on admission.	**Met**
	Action taken as confirmed during the inspection: This was evidenced for several examples of recent admissions examined.	
Last medicines management inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref**: Standard 18 **Stated:** First time	The management of medicines which are prescribed to be administered "when required" for the management of distressed reactions should be reviewed and revised as detailed in the report.	**Met**
	Action taken as confirmed during the inspection: This was evidenced in the examples examined; care plans were in place and reviewed regularly. Previous regular use of these medicines had been referred to the prescriber for review. The reason for and outcome of each administration was recorded.	
Recommendation 2 **Ref**: Standard 4 **Stated:** First time	The systems in place for the management of pain should be reviewed and revised as detailed in the report.	**Met**
	Action taken as confirmed during the inspection: This was evidenced in the examples examined. Pain management had been assessed for all patients. Care plans were in place and reviewed regularly. A pain assessment tool was used regularly.	

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, senior care assistants 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 has been provided by the community pharmacist since the last inspection.

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.

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.

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

Appropriate arrangements were in place for administering medicines in disguised form.

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. 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. The thermometer in the nursing unit medicine refrigerator had broken in the last few days; however a replacement was on order. It was agreed that the temperature would be monitored in the interim.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	**Number of recommendations**	0

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.

There was evidence that time critical medicines had mostly been administered at the correct time. However, two recent discrepancies were discussed and it was evident that staff were aware and that action had been taken as necessary to prevent a recurrence. There were revised 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 reason for and the outcome of administration were recorded. A care plan was maintained.

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.

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. Each administration was recorded and care plans and speech and language assessment reports were in place.

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 largely facilitated the audit process.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for several medicines including nutritional supplements and inhaled medicines. In addition, a regular audit was completed by the community pharmacist. Medicines not included in the monitored dosage system e.g. liquid and sachets were not always being audited effectively. A recommendation was made (see section 4.2).

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

Areas for improvement

The audit of medicines not included in the monitored dosage system e.g. liquids and laxative sachets should be reviewed to ensure that the method of audit is robust and effective. A recommendation was made.

Number of requirements	0	**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.

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

4.6 Is the service well led?

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

There were robust 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 audit records indicated that largely satisfactory outcomes had been achieved. Where a discrepancy had been identified, there was evidence of the action taken and learning which had resulted in a change of practice.

The requirements and recommendations made at the last medicines management inspection had been addressed.

Following discussion with the 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 were raised with management. They advised that any resultant action was communicated with all nursing and care staff.

Areas for improvement

No areas for improvement were identified during the inspection.

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 Ms Wendy Megarrell, Clinical Governance Manager, and Ms Sharon McCreery (Deputy 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 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 to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations 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	
Recommendations	
Recommendation 1 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 1 October 2016	The registered provider should ensure that the audit of medicines not included in the monitored dosage system e.g. liquids and laxative sachets is reviewed to ensure that the method of audit is robust and effective
	Response by registered provider detailing the actions taken: A monthly audit of non blistered medication is completed. Dates are recorded on opening and closure of medication.

Please ensure this document is completed in full and returned to pharmacists@rqia.org.uk from the authorised email address

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