Unannounced Medicines Management Inspection Report
3 January 2018

Brooklands

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

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 which is registered to provide nursing care for up to 18 patients. The nursing home is on the same site and under the same management as a residential care home.

3.0 Service details

Organisation/Registered Provider: Brooklands Healthcare Ltd **Responsible Individual:** Ms Therese Conway	**Registered Manager:** See box below
Person in charge at the time of inspection: Mrs Claire Coen	**Date manager registered:** Mrs Claire Coen, acting – no application
Categories of care: 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	**Number of registered places:** 18

4.0 Inspection summary

An unannounced inspection took place on 3 January 2018 from 09.25 to 13.30.

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 the administration of medicines, medicine records, care planning, communication with various healthcare professionals, working relationships within the home and the management of the ordering and supply of medicines.

Areas requiring improvement were identified in relation to the disposal of some controlled drugs and the management of insulin pen devices.

The patients spoken to advised that they had no concerns in relation to the management of their medicines and they spoke very positively about their care. Their comments included:
“Staff are excellent, nothing is too much bother.”

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
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Claire Coen, 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 14 August 2017. 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 - prior to the inspection, 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 we met with two patients, two registered nurses and the manager.

Ten questionnaires were provided for distribution to patients and their representatives for completion and return to RQIA. Staff were invited to share their views 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
- policies and procedures
- 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 person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 14 August 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and was 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 September 2016

<table>
<tr><th colspan="3">Areas for improvement from the last medicines management inspection</th></tr>
<tr><th colspan="2">Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</th><th>Validation of compliance</th></tr>
<tr><td>Area for improvement 1

Ref: Standard 28

Stated: First time</td><td>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</td><td rowspan="2">Met</td></tr>
<tr><td></td><td>Action taken as confirmed during the inspection:
The system of audit had been reviewed. A range of audits were undertaken by staff, management and the supplying pharmacist and mostly satisfactory outcomes were observed. Where a discrepancy was noted, appropriate action had been taken. Audits completed during the inspection resulted in satisfactory outcomes.</td></tr>
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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. 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. 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. Satisfactory arrangements were in place for the acquisition and storage of prescriptions.

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.

There were largely satisfactory arrangements in place to manage changes to prescribed medicines. Updates to personal medication records were usually verified by two registered nurses. It was agreed with staff and management that this would take place on every occasion to ensure accuracy in transcription.

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.

Robust arrangements were observed for the management of high risk medicines e.g. insulin and 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 mostly denatured and rendered irretrievable prior to disposal. However, all Schedule 4 (Part1) controlled drugs must be denatured prior to disposal, including zopiclone and zolpidem. Staff were not aware of this. An area for improvement under standards was identified.

Medicines were largely stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and organised, however some records were in need of archiving, registered nurses were aware that this was necessary and had plans to ensure this took place in a timely manner. Medicine refrigerators and oxygen equipment were checked at regular intervals. Although the current refrigerator temperature was satisfactory, maximum refrigerator temperatures had been in excess of the required range of 2-8°C in recent weeks. This indicates that the thermometer is not being reset. This

procedure was demonstrated and staff agreed to ensure that this takes place daily after monitoring storage temperatures.

The temperature of the medicines storage area had sometimes exceeded the upper limit of 25˚C for the storage of medicines. The manager agreed to address this issue immediately by reducing the temperature of the under floor heating in this area and to continue to monitor and address this issue as necessary.

There were mostly satisfactory systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. However, the two insulin pen devices in use were not marked with the date of opening and one had been available for use for longer than 28 days after opening, when this product must be discarded. There was no evidence this medicine had been administered since expiry. An area for improvement under standards was identified.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal, the management of medicines on admission and obtaining acute and new medicines promptly.

Areas for improvement

Areas for improvement were identified in relation to ensuring that the disposal of Schedule 4 (Part 1) controlled drugs is reviewed and ensuring that insulin pen devices, with a limited shelf-life after opening, are not used after expiry.

	Regulations	Standards
Total number of areas for improvement	0	2

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 as to when doses of weekly, monthly or three monthly medicines were due.

The management of distressed reactions, swallowing difficulty and pain were reviewed. The relevant information was recorded on the patient's care plan, personal medication record and records of administration.

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. The majority of medicines were marked with the date of opening.

Practices for the management of medicines were audited throughout the month by the staff and management. In addition, audits were completed by the community pharmacist. Running stock balances were being maintained for several medicines, not contained within the monitored dosage system, to assist staff in monitoring their administration. This is good practice.

Following observation, discussion with the staff and examination of records, it was evident that other healthcare professionals are contacted when required to meet the needs of patients.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, care planning, the administration of medicines, audit procedures and communication between patients, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

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.

Throughout the inspection, good relationships were observed between the staff and the patients. Staff were noted to be friendly and courteous; they treated the patients with dignity. Staff were observed assisting patients with lunch and with activities. The home was observed to be clean and warm.

Patients spoken to at the inspection advised that they had no concerns in relation to the management of their medicines and that requests for medicines prescribed on a 'when required' basis were responded to promptly. They spoke very positively about their care.

Their comments included:
"Staff are excellent, nothing is too much bother," and "I love it here."
"I've no complaints."

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

None of the questionnaires left in the home to facilitate feedback from patients and relatives were returned prior to the issue of this report.

Areas of good practice

There was evidence that staff listened to and valued patients and took account of their views. Good relationships were observed between staff and patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

Written policies and procedures for the management of medicines were in place. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to them.

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

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.

Following discussion with the registered nurses, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management. They confirmed that any concerns in relation to medicines management were raised with management. They stated that there were good working relationships and that management were open and approachable and willing to listen.

No members of staff shared their views by completing the online questionnaire prior to the issue of this report.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships. There were clearly defined roles and responsibilities for staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Claire Coen, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with 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.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed via the Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 3 February 2018	The registered person shall review the disposal of Schedule 4 (Part 1) controlled drugs to ensure that these are denatured prior to disposal. Ref: 6.4
	Response by registered person detailing the actions taken: All registered nurses informed that all controlled drugs must be denatured prior to disposal, this will be monitored and reviewed by the home manager. Discussion was held with the pharmacist to ensure that a stock of denaturing kits is available at all times.
Area for improvement 2 **Ref**: Standard 30 **Stated:** First time **To be completed by:** 3 February 2018	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. Ref: 6.4
	Response by registered person detailing the actions taken: All Registered Nurses were reminded of their responsibility with regard to administration of insulin through supervision. A review of insulin management was undertaken which addressed and an audit system introduced to monitor compliance

Please ensure this document is completed in full and returned via the Web Portal

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