NURSING HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**IN020622**
Establishment ID No:	**1176**
Name of Establishment:	**Brooklands**
Date of Inspection:	**11 November 2014**
Inspector's Name:	**Judith Taylor**

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

Name of home:	Brooklands
Type of home:	Nursing Home
Address:	25 Northland Road Londonderry BT48 7NF
Telephone number:	(028) 7126 3987
E mail address:	jarlathc@conwaygroup.co.uk
Registered Organisation/ Registered Provider:	Brooklands Healthcare Ltd Mr Jarlath Conway
Registered Manager:	Mrs Christine Donnell
Person in charge of the home at the time of Inspection:	Mrs Christine Donnell
Categories of care:	NH-I, NH-PH
Number of registered places:	45
Number of patients accommodated on day of inspection:	44
Date and time of current medicines management inspection:	11 November 2014 10:30 -14:30
Name of inspector:	Judith Taylor
Date and type of previous medicines management inspection:	20 April 2011 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 inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements and current minimum standards, through a process of evaluation of available evidence.

RQIA aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the management of medicines in the home, and to determine and assess the home's implementation of the following:

The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003

The Nursing Homes Regulations (Northern Ireland) 2005

The Department of Health, Social Services and Public Safety (DHSSPS) Nursing Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

METHODS/PROCESS

Discussion with Mrs Christine Donnell, Registered Manager, and registered nurses 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

This unannounced inspection was undertaken to examine the arrangements for the management of medicines within the home, and to examine the steps being taken to improve the standards in place for the management of medicines since the previous inspection.

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

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

Table 1: Compliance statements

Guidance - Compliance statements		
Compliance statement	**Definition**	**Resulting Action in Inspection Report**
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	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
3 - Moving towards compliance	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
4 - Substantially compliant	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
5 - Compliant	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 registered to provide nursing care for up to 45 patients in the Nursing I (old age not falling within any other category) and Nursing PH (physical disability other than sensory impairment) categories of care.

The home is conveniently located on the Northland Road, a short distance from the centre of the city of Londonderry.

The accommodation consists of four floors, the basement, the ground floor and floors one and two. There are a selection of single and double bedrooms (a number with en-suite*),* sitting rooms on the ground and first floor; patient designated smoking area, bathroom /shower/toilet facilities, a main kitchen, a dining room, laundry, staff accommodation and offices.

Car parking facilities are provided at the front and rear of the home.

Mrs Christine Donnell has been the registered manager since 2002.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Brooklands was undertaken by Judith Taylor, RQIA Pharmacist Inspector, on 11 November 2014 between 10:30 and 14:30. This summary reports the position in the home at the time of the inspection.

The purpose of this inspection was to consider whether the service provided to patients was in compliance with legislative requirements and current minimum standards, through a process of evaluation of the available evidence. The inspector examined the arrangements for medicines management within the home and focused on three medicine standards in the DHSSPS Nursing Homes Minimum Standards (2008):

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

During the course of the inspection, the inspector met with the registered manager of the home, Mrs Christine Donnell and with the registered nurses on duty. The inspector observed practices for medicines management in the home, inspected storage arrangements for medicines, examined a selection of medicine records and conducted an audit of a sample of randomly selected medicines.

This inspection indicated that the arrangements for the management of medicines in Brooklands are substantially compliant with legislative requirements and best practice guidelines. The outcomes of this inspection found no areas of concern although some areas for improvement were noted.

The one requirement and two recommendations made at the previous medicines management inspection on 20 April 2011 were examined during the inspection. The outcomes of compliance can be observed in the tables following this summary. The requirement is no longer applicable and both recommendations have been complied with.

Since the previous inspection RQIA has monitored the management of medicines in the home through the reporting of any medicine incidents, any information that may be received from trusts or other sources and discussion with other inspectors.

Several areas of good practice were observed and acknowledged throughout the inspection as detailed in the report. The registered manager and staff are commended for their efforts.

The management of medicines is well controlled and includes written policies, procedures and separate standard operating procedures for controlled drugs. These had been updated in the last year.

There is a programme of training specific to medicines in this home and records of training and competency are maintained.

The stock control of medicines requires review as four medicines had been out of stock in the last two weeks. Whilst it was acknowledged there was difficulty in obtaining a supply from the manufacturer for two medicines, the ongoing non-administration of the medicines had not been brought to the registered manager's attention or reported to the prescriber in a timely manner.

Practices for the management of medicines are audited throughout the month. A variety of medicines are selected for audit. With the exception of the out of stock medicines, the outcomes of the audit trails performed at this inspection indicated medicines are administered in accordance with the prescriber's instructions.

Medicines records had been maintained in the required manner and staff are commended for their efforts.

Suitable arrangements are in place for the storage of medicines.

The inspection attracted a total of one requirement which is detailed in the Quality Improvement Plan.

The inspector would like to thank the registered 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 April 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The necessary arrangements must be made to ensure that each medicine supplied in a 7-day blister pack is clearly identifiable. **Stated once**	The registered manager advised that 7-day packs are no longer accepted into the home.	**Not applicable**

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	37	The administration of nebules should be closely monitored. Inhaled medicines should be included in the monthly audit process. **Stated once**	One patient is prescribed salbutamol nebules on a 'when required' basis. These are infrequently used as the patient does not need them. There was evidence that inhaled medicines are included in the audit process.	**Compliant**
2	39	A larger capacity or second controlled drug cabinet should be obtained. **Stated once**	A second controlled drug cabinet had been obtained and is in current use.	**Compliant**

SECTION 6.0

STANDARD 37 - MANAGEMENT OF MEDICINES Medicines are handled safely and securely.	
Criterion Assessed: 37.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.	**COMPLIANCE LEVEL**
Inspection Findings:	
The registered manager maintains a satisfactory system for the management of medicines, in accordance with legislative requirements, professional standards and DHSSPS guidance. The procedures in place to confirm medicine regimes for new patients were discussed. This information is obtained at the pre-admission assessment and also by written confirmation from the prescriber. This was evidenced at the inspection. The process for obtaining prescriptions was reviewed. Repeat prescriptions are received into the home and checked before dispensing. A copy of each prescription is kept in the home. However, during the inspection it was noted that four medicines had been out of stock for several doses (Azilect, losartan, thiamine, ferrous fumarate). The registered manager had highlighted two of these at the beginning of the inspection and it was acknowledged there had been difficulty obtaining the supply from the manufacturer. It was established that the registered nurses had not brought this to the attention of the registered manager in a timely manner, when the short fall had been identified. This was further discussed at the inspection. The registered manager also advised of the difficulty in obtaining repeat medicines. Advice was given at the inspection. All medicines must be available for administration, and any shortfalls must be reported to the registered manager, as soon as possible and to the prescriber. A requirement is made. The outcomes of audit trails which were performed on a variety of randomly selected medicines showed good correlation between prescribed directions, administration records and stock balances of medicines.	Substantially compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

Suitable arrangements are in place for the management of thickening agents, warfarin and bisphosphonate medicines. The management of medicines prescribed on a 'when required' basis for distressed reactions was examined for one patient. A care plan is in place and the parameters for the administration are clearly recorded on the personal medication record. A reason for the administration and effect of the administration had been documented on each occasion. This is good practice. A small number of patients are prescribed medicines for Parkinson's disease. Staff advised they were aware of the 15 minute time frame per administration and further advised of the procedures in place to ensure this time frame is adhered to.	
Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Written policies and procedures for the management of medicines and standard operating procedures for controlled drugs are in place. These had been updated in the last year. There was evidence that staff had read and signed the updated policies and procedures and also RQIA's recent correspondence 'Medicine Update'. Care plans/protocols for the management of hypoglycaemia and epilepsy are in place.	Compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

Criterion Assessed: 37.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.	**COMPLIANCE LEVEL**
Inspection Findings:	
The registered manager provided evidence to indicate that she maintains a record of the training and development activities completed by registered nurses and care staff in relation to the management of medicines. General medicines management training is provided annually. The registered manager advised that e-learning modules for medicines management had also been recently implemented for completion by registered nurses. In addition, the registered nurses had received training on the management of diabetes and syringe drivers. Care assistants had been provided with training in the management of dysphagia (May 2014) and external preparations (June 2014). A list of the names, signatures and initials of registered nurses and care assistants authorised to administer medicines is maintained. Staff competency and capability in medicines management is assessed annually. A sample was provided at the inspection.	Compliant
Criterion Assessed: 37.4 The impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of staff.	**COMPLIANCE LEVEL**
Inspection Findings:	
The registered manager advised that the management of medicines is reviewed through annual staff appraisal and supervision sessions with staff. She also advised that team meetings which are held each month are used to evaluate training and raise any medicine related issues. She confirmed that the recent situation regarding out of stock medicines was to be discussed at the next team meeting which was scheduled for 12 November 2014.	Compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

Criterion Assessed: 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	**COMPLIANCE LEVEL**
Inspection Findings:	
The registered manager stated that medication errors and incidents would be routinely reported to RQIA in accordance with the policies and procedures. The most recent incidents were discussed at the inspection including the out of stock medicines which had been identified in the last week.	Compliant
Criterion Assessed: 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	**COMPLIANCE LEVEL**
Inspection Findings:	
All discontinued or expired medicines are placed into special waste containers by two registered nurses. The waste containers are removed by a clinical waste company in accordance with legislative requirements and DHSSPS guidelines. Copies of the waste transfer note were observed at the inspection. The registered nurses confirmed that controlled drugs are denatured in a denaturing kit prior to disposal. A separate record book specifically to note the denaturing and disposal of controlled drugs is in place. This is good practice.	Compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

Criterion Assessed: 37.7 Practices for the management of medicines are systematically audited to ensure they are consistent with the home's policy and procedures, and action is taken when necessary.	**COMPLIANCE LEVEL**
Inspection Findings:	
Medicines are audited throughout the month and an overarching audit is completed by the registered manager each month. There was evidence of the action taken when a discrepancy had been identified. The audits are performed on a variety of medicines which are not included in the 28 day blister packs e.g. inhaled medicines, eye preparations, liquids, sachets, nutritional supplements. A running stock balance is also maintained for several medicines. This is good practice. The audit process is readily facilitated by the good practice of recording the date and time of opening on medicine containers.	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	Substantially compliant

STANDARD 38 - MEDICINE RECORDS Medicine records comply with legislative requirements and current best practice.	
Criterion Assessed: 38.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.	**COMPLIANCE LEVEL**
Inspection Findings:	
Medicine records were legible, well kept, and had been constructed and completed to ensure a clear audit trail. Areas of good practice were acknowledged and included the following: • two registered nurses are involved in the writing and updating of personal medication records and medication administration records and also the administration of warfarin • paracetamol warnings are highlighted on personal medication records, in the instances where more than one medicine containing paracetamol is prescribed for the same patient • separate administration charts are maintained for warfarin and insulin • the removal of lidocaine patches is recorded • good filing systems are in place, as care plans and records pertaining to medicines were easily located	Compliant
Criterion Assessed: 38.2 The following records are maintained: • Personal medication record • Medicines administered • Medicines requested and received • Medicines transferred out of the home • Medicines disposed of.	**COMPLIANCE LEVEL**
Inspection Findings:	
Each of the above records is maintained in the home. A sample was selected for examination and this was found to be satisfactory. The good standard of record keeping was acknowledged.	Compliant

STANDARD 38 - MEDICINE RECORDS

Criterion Assessed: 38.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.	**COMPLIANCE LEVEL**
Inspection Findings:	
Examination of the controlled drug record book indicated that this had been maintained in the required manner.	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	Compliant

STANDARD 39 - MEDICINES STORAGE Medicines are safely and securely stored.	
Criterion Assessed: 39.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	**COMPLIANCE LEVEL**
Inspection Findings:	
Medicines are stored safely and securely and in accordance with the manufacturer's instructions. Staff are reminded that once opened, the sachet of lidocaine plasters must remain sealed. A small number of medicine labels had faded and should be replaced. It was agreed that this would be addressed after the inspection. There was sufficient storage space for medicines in the medicine trolleys and medicine cupboards. Satisfactory arrangements are in place for monitoring the temperature of medicine storage areas. Oxygen is stored and managed appropriately and signage is in place. Blood glucose meters are checked weekly and control solutions are replaced every three months as stated by the manufacturer.	Substantially compliant

STANDARD 39 - MEDICINES STORAGE

Criterion Assessed: 39.2 The key of the controlled drug cabinet is carried by the nurse-in-charge. Keys to all other medicine cupboards and trolleys are securely held by either the nurse-in-charge or by a designated nurse. The safe custody of spare keys is the responsibility of the registered manager.	**COMPLIANCE LEVEL**
Inspection Findings:	
The controlled drug cabinet keys are held separately from other medicine cupboard keys and are held by the registered nurse in charge of the shift. The registered manager is responsible for the management of spare medicine keys.	Compliant
Criterion Assessed: 39.3 Quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled on each occasion when responsibility for safe custody is transferred.	**COMPLIANCE LEVEL**
Inspection Findings:	
Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled at each handover of responsibility. Records of this activity are maintained. Schedule 4 controlled drugs are included in stock reconciliations, and although this is good practice, a discrepancy was observed in the stock balance of zopiclone tablets. This was reviewed at the inspection and the registered manager advised that this would be discussed at the upcoming team meeting, with regard to the completion of records. No further action is required at this time.	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	Substantially compliant

7.0 QUALITY IMPROVEMENT PLAN

All registered establishments and agencies are required to comply with The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the 2003 Order) and the subordinate regulations specific to the particular service being provided.

Registered providers/managers are also expected to ensure that their service operates in accordance with the minimum standards relevant to their establishment or agency that have been issued by the Department of Health, Social Services and Public Safety (DHSSPS).

Enforcement action is an essential element of the responsibilities of RQIA under the 2003 Order, and is central to the aim of RQIA to protect the safety of patients and to bring about sustained improvements in the quality of service provision.

In line with the principles set out in the Enforcement Policy, RQIA will normally adopt a stepped approach to enforcement where there are areas of concern. Any enforcement action taken by RQIA will be proportionate to the risks posed to patients and the seriousness of any breach of legislation.

The Quality Improvement Plan (QIP) appended to this report details the action required to ensure compliance with legislation and improvement in the quality of the service. These details were discussed with **Mrs Christine Donnell**, **Registered Manager**, as part of the inspection process. The registered provider must record comments on the QIP and return it to RQIA within the required timeframe.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement action. It should also be noted that under the 2003 Order, failure to comply with some regulations is considered to be an offence and RQIA has the power to prosecute in conjunction with other enforcement action, for example place conditions on registration.

Enquiries relating to this report should be addressed to:

Judith Taylor
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

QUALITY IMPROVEMENT PLAN

NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

BROOKLANDS (LONDONDERRY)
11 NOVEMBER 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan. Timescales for completion commence from the date of inspection.

The specific actions set out in the Quality Improvement Plan were discussed with **Mrs Christine Donnell**, **Registered Manager**, during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that the requirement contained within the Quality Improvement Plan is 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 your premises. 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.

STATUTORY REQUIREMENT **This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (NI) 2005.**					
NO.	**REGULATION REFERENCE**	**REQUIREMENT**	**NUMBER OF TIMES STATED**	**DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)**	**TIMESCALE**
1	13(4)	The registered manager must review the stock control of medicines to ensure that all medicines are available for administration as prescribed and any shortfalls are reported in a timely manner, to the prescriber. **Ref: Criterion 37.1**	One	Meeting held with nursing staff on 12.11.14 - highlighted that all out of stock drugs to be ordered 3-4 days before completion of cycle. If not dispensed on time nursing staff to report to nurse manager and GP. Pharmacist instructed to inform the Nurse in Charge of any problems dispensing prescribed drugs on time	12 December 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Christine Donnell
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Therese Conway

QIP Position Based on Comments from Registered Persons				**Inspector**	**Date**
		Yes	**No**		
A.	Quality Improvement Plan response assessed by inspector as acceptable	x		Judith Taylor	18/12/14
B.	Further information requested from provider				