Unannounced Medicines Management Inspection Report
3 January 2018

Brooklands

Type of Service: Nursing Home
Address: 25 Northland Road, Londonderry, BT48 7NF
Tel No: 028 7126 3987
Inspector: Catherine Glover

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 with 45 beds that provides care for patients with needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Brooklands Healthcare Ltd **Responsible Individual:** Ms Therese Conway	**Registered Manager:** Mrs Christine Donnell
Person in charge at the time of inspection: Mrs Kim McKeever (Acting Manager)	**Date manager registered:** 1 April 2005
Categories of care: Nursing Homes I – old age not falling within any other category PH – physical disability other than sensory impairment	**Number of registered places:** 45 A maximum of 10 persons in category NH-PH.

4.0 Inspection summary

An unannounced inspection took place on 3 January 2018 from 11.20 to 14.15.

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 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 administration, staff training and competency and governance arrangements.

Areas requiring improvement were identified in relation to the storage of inhalers and the admission process with regards to medicines.

Patients said they were happy in the home and that the staff were good.

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 Ms Kim McKeever, 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

No further actions were required to be taken following the most recent inspection on 28 July 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 reported to RQIA since the last medicines management inspection.

During the inspection we met with two patients, one patient's relative, two registered nurses and the manager.

Ten questionnaires were provided for distribution to patients and their representatives. 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 (MARs)
- controlled drug record book
- medicine audits
- care plans
- training records
- medicines storage temperatures

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 28 July 2017

The most recent inspection of the home was an unannounced care inspection. There were no areas for improvement made as a result of the inspection.

6.2 Review of areas for improvement from the last medicines management inspection dated 10 October 2016

There were no areas for improvement made as a result of the last medicines management inspection.

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. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. Refresher training in medicines management was provided in the last year and is planned again for the coming months. Staff also completed training in the management of gastrostomy tubes.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. The delay in obtaining food supplements following recommendations from the dietician was discussed in detail and the manager advised that she was planning to review the process. 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 largely satisfactory arrangements in place to manage changes to prescribed medicines. Updates to personal medication records and medication administration records (MARs) sheets were usually verified by two registered nurses. It was discussed and agreed with staff and management that this would take place on every occasion to ensure accuracy in transcription.

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

The procedures in place to ensure the safe management of medicines during a patient's admission to the home were reviewed. The medicines belonging to one patient could not be audited as the date of opening of the medicines had not always been recorded and an accurate receipt record had not been made on the administration sheets. Care plans had not yet been completed for this patient who had a range of care needs. This was discussed with the manager and registered nurse who agreed that this would be addressed following the inspection. The admission process with regards to medicines should be reviewed to ensure that all records are completed in a timely manner. An area for improvement was identified.

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.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. The storage of inhalers should be reviewed to ensure that they are stored so that they are labelled with the patient's name and in such a way as to minimise cross-contamination. An area for improvement was identified.

The medicine refrigerators and oxygen equipment were checked at regular intervals. There were a large number of oxygen cylinders in the home at the time of the inspection due to the Christmas and New Year period. The storage of the cylinders was discussed with the manager who agreed that it would be reviewed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff, training, supervision and appraisal, adult safeguarding and controlled drugs.

Areas for improvement

The admission process with regards to medicines should be reviewed to ensure that all records are completed in a timely manner.

The storage of inhalers should be reviewed and revised.

	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 of when doses of weekly and monthly medicines were due.

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. A pain assessment tool was completed several times per day. A care plan was maintained. Staff also advised that a pain assessment is completed as part of the admission process.

The management of PEG tubes was reviewed. A comprehensive regime was held on file detailing the feed times and water flushes. The fluid balance charts had not been fully completed and this was discussed with the staff and manager who agreed that this would be kept under review.

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. Areas of good practice were acknowledged.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for some medicines. In addition, a quarterly audit was completed by the community pharmacist.

Following discussion with the manager and staff and a review of the care files, 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 in relation to the standard of record keeping and the administration of medicines.

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 not observed during this inspection, however staff were knowledgeable regarding patients' wishes and preferences.

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. The home was observed to be clean and warm.

None of the questionnaires that were issued were returned within the timeframe for inclusion in this report.

We spoke to two patients who said that they were happy in the home and that the staff were good.

We spoke to one patient's relative who stated that she was happy with the care provided to her relative and would be happy to discuss any concerns with the manager and staff if they arose.

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.

Areas of good practice

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
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. They were not reviewed in detail during this inspection.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. Medicine related incidents reported since the last medicines management inspection were discussed. There was evidence of the action taken and learning implemented following 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 manager and registered nurses, 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.

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
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 Ms Kim McKeever, 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 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 29 **Stated:** First time **To be completed by:** 3 February 2018	The registered person shall ensure that the admission process with regards to medicines is reviewed to ensure that all records are completed in a timely manner. Ref: 6.4
	Response by registered person detailing the actions taken: Admission documentation reviewed. New Process commenced, RN's informed of new process. Home manager will monitor and review post admission to ensure new process adhered to.
Area for improvement 2 **Ref**: Standard 30 **Stated:** First time **To be completed by:** 3 February 2018	The registered person shall ensure that the storage of inhalers is reviewed and revised. Ref: 6.4
	Response by registered person detailing the actions taken: New storage arrangements put in place. Home manager will monitor and review to ensure safe storage arrangements are effectively maintained.

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

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