Unannounced Medicines Management Inspection Report
17 September 2018

Brooklands Healthcare Londonderry

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 a range of care needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Brooklands Healthcare Ltd **Responsible Individual:** Ms Therese Elizabeth Conway	**Registered Manager:** See below
Person in charge at the time of inspection: Ms Kim McKeever	**Date manager registered:** Mrs Kim McKeever - acting no application required
Categories of care: Nursing Homes (NH): 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 17 September 2018 from 11.00 to 15.00.

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 care planning and the management of controlled drugs.

Areas for improvement were identified in relation to governance arrangements, medicine administration records, the management of eye preparations and inhaled medicines.

Patients said they were comfortable 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	3	1

Details of the Quality Improvement Plan (QIP) were discussed with Mrs 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

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 2 July 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; 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.

We provided ten 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. Flyers providing details of how to raise any concerns were also left in the home.

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

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 2 July 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**
Area for improvement 1 **Ref**: Standard 29 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: The admission process was reviewed and all appropriate records had been completed.	
Area for improvement 2 **Ref**: Standard 30 **Stated:** First time	The registered person shall ensure that the storage of inhalers is reviewed and revised.	**Met**
	Action taken as confirmed during the inspection: The storage of inhalers had been reviewed and was found to be appropriate.	

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 any agency staff that are employed. 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.

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

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. The medicines systems had recently been changed in the weeks prior to this inspection and staff advised that there had been some teething problems but that they were working with the community pharmacist to resolve them.

A number of supplies of eye/ear drops which were out of date were removed from the medicines trolley during the inspection. The records indicated that some of these medicines were still in use and being administered to patients. Some of these eye drops were prescribed for the management of glaucoma. The administration of out of date eye drops could mean that the patient's condition is not being effectively managed. The manager was advised to report these incidents to the safeguarding teams in the relevant Trusts. Confirmation that this had been done was received by the inspector following the inspection. An area for improvement was identified.

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 satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records were updated by two registered nurses. This safe practice was acknowledged.

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 and insulin. The use of separate administration charts was acknowledged.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. The medicine refrigerator and oxygen equipment was checked at regular intervals.

Areas of good practice

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

Areas for improvement

The registered person must ensure that all medicines are removed from use and disposed of when the date of expiry is reached.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The majority of medicines examined had been administered in accordance with the prescriber's instructions. Discrepancies were noted in some supplies of inhaled medicines and these should be monitored to ensure they are being administered as prescribed. An area for improvement was identified.

It was found during the inspection that one supply of a medicine prescribed to manage dementia had been out of stock for nine days. The omission of this medicine has the potential to affect the well-being of the resident. This had not been reported to the manager or to RQIA. The manager was asked to investigate this incident and report to the relevant authorities including the safeguarding team in the Trust. Confirmation that this had been done was received by the inspector following the inspection. An area for improvement in relation to governance systems has been made in Section 6.7.

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 medicines were due.

The management of distressed reactions, pain and dysphagia was reviewed and found to be satisfactory.

Personal medication records were up to date and all of the required information had been recorded. Improvements in the maintenance of the medicine administration records were required. It was noted that there were unexplained omissions in the records. It was also evident from running stock balances, that some administrations of medicines had not been recorded. An area for improvement was identified.

Following discussion with the manager and staff, 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 management of pain and distressed reactions.

Areas for improvement

Areas for improvement were identified in relation to inhaled medicines and the completion of the medicine administration records.

	Regulations	Standards
Total number of areas for improvement	1	1

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 about the patients' medicines and medical requirements.

It was found that there were good relationships between the staff and the patients. Staff were noted to be friendly and courteous; they treated the patients with dignity. It was clear from discussion and observation of staff, that the staff were familiar with the patients' likes and dislikes.

We spoke with two patients who said that they were generally happy in the home and were complimentary about staff. They said that their rooms were comfortable. Some of their personal circumstances were discussed and shared with the manager for consideration after the inspection.

None of the questionnaires that were issued were returned within the specified time frame for inclusion in this report (two weeks). 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 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.

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 are 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 the policies and procedures and that any updates were highlighted to staff.

The outcome of this inspection indicates that the governance systems within the home should be reviewed. Although there are systems in place to audit medicines, they are not effective in identifying all discrepancies. As stated in Section 6.5, the omission of one medicine for nine days had not been reported to the manager for resolution and further reporting to the relevant authorities. Discrepancies in the medicine administration sheets and out of date medicines had not been identified. Registered nurses should be reminded of their roles and responsibilities in relation to medicines management. An area for improvement was identified.

There were no responses to the online staff questionnaire.

Areas of good practice

Staff stated that there were good working relationships within the home.

Areas for improvement

An area for improvement was identified in relation to governance arrangements.

	Regulations	Standards
Total number of areas for improvement	1	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 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 the Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 17 October 2018	The registered person shall ensure that all medicines are removed from use and disposed of when the date of expiry is reached. Ref: 6.4
	Response by registered person detailing the actions taken: New protocol of all eyedrops in use to be removed and replaced during monthly order of drugs
Area for improvement 2 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 17 October 2018	The registered person shall ensure that the medicine administration records are fully and accurately completed. Ref: 6.5
	Response by registered person detailing the actions taken: Senior nurses to complete spotchecks on daily basis, reporting all findings and addressing discrepencies. manager to complete random spot checks throughout the month
Area for improvement 3 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 17 October 2018	The registered person shall ensure that there are robust governance arrangements in place for the management of medicines. Ref: 6.7
	Response by registered person detailing the actions taken: Detailed monthly audit to be completed by manager to ensure good practice for medicine management
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:** 17 October 2018	The registered person shall monitor inhaled medicines to ensure that they are administered as prescribed. Ref: 6.5
	Response by registered person detailing the actions taken: Senior nurses to complete daily spotcheck audits to ensure administration and report any discrepencies

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

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