Unannounced Medicines Management Inspection Report
12 September 2016

Brookmount

Type of Service: Nursing Home
Address: 4 Lower Newmills Road, Coleraine, BT52 2JR
Tel No: 028 7032 9113
Inspector: Cathy Wilkinson

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Brookmount took place on 12 September 2016 from 10.40 to 15.00.

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. There were no areas of improvement identified.

Is care effective?

Improvement was required to ensure that the management of medicines supports the delivery of effective care. The sample of personal medication records that were examined were not always up to date and accurate. The medicine administration records (MARs sheets) had not been fully and accurately completed. Discrepancies in the audits that were completed during this inspection indicated that medicines were not always administered as prescribed. Three areas of improvement were identified and three requirements were 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. Patients consulted with confirmed that they were administered their medicines appropriately. There were no areas of improvement identified.

Is the service well led?

Improvement is required to ensure that the service is well led with respect to the management of medicines. The issues raised during this inspection had not been identified by staff and management of the home. Robust governance systems were not in place. An effective medicines auditing system must be in place that identifies any discrepancies in the administration of medicines and records the action taken by management to address these. The registered person should ensure that the QIP is regularly reviewed as part of the quality improvement process to ensure sustained compliance with regulations and minimum standards. Two areas of improvement were identified and one requirement and one recommendation were made.

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.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015 relate to DHSSPS Nursing Homes Minimum Standards, February 2008.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	4	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Ann Bannister, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection. A serious concerns meeting was held in the Regulation and Quality Improvement Authority (RQIA) Belfast Office with Sheena McCallion, Director of Housing and Care (representing Mr Gerald Kelly, Registered Person), Muriel Sands, Housing and Care Services Manager and Ann Bannister, Registered Manager. At this meeting, a full account of the actions taken, or planned to be taken, to ensure that robust systems for the management of medicines were in place was provided.

Following this meeting RQIA decided to give the management of the home a period of time to address the concerns and drive the necessary improvement.

RQIA will continue to monitor the quality of service provided in Brookmount and will carry out an inspection to assess compliance.

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 5 January 2016.

2.0 Service details

Registered organisation/registered person: Apex Housing Association Mr Gerald Kelly	**Registered manager:** Mrs Ann Bannister
Person in charge of the home at the time of inspection: Mrs Ann Bannister	**Date manager registered:** 19 May 2014
Categories of care: NH-LD(E), NH-I	**Number of registered places:** 48

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 two patients, two registered nurses and the registered manager.

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 (MARs)
- 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 5 January 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 16 September 2013

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 13 (4) **Stated:** Second time	The necessary improvements must be made in the standard of maintenance of the medication administration records to ensure that: • Signatures for the administration are not omitted • Hand-written updates are verified by two nurses.	**Partially Met**

	Action taken as confirmed during the inspection: Examination of the MARs sheets indicated that there are gaps in the record where the administration of medicines had not been recorded. Handwritten updates are usually verified by two nurses. Following the serious concerns meeting on 19 September 2016 and the assurances provided by the senior management it was decided that this requirement will be stated for a third and final time.	
Requirement 2 **Ref**: Regulation 13 (4) **Stated:** First time	The manager must ensure that the maximum and minimum refrigerator temperatures in both treatment rooms are accurately monitored and recorded daily and maintained within the acceptable range of 2^{o}C to 8^{o}C.	**Met**
	Action taken as confirmed during the inspection: The refrigerator temperatures are monitored daily and were within the acceptable range.	
Requirement 3 **Ref**: Regulation 13 (4) **Stated:** First time	The manager should ensure that all oxygen cylinders and their trolleys are chained to a wall when not in use.	**Met**
	Action taken as confirmed during the inspection: Oxygen cylinders were observed to be appropriately stored.	
Last medicines management inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref**: Standard 38 **Stated:** First time	The manager should ensure that any updates to the personal medication records that are not made by the general practitioner are signed and verified by two nurses.	**Met**
	Action taken as confirmed during the inspection: Updates are usually signed by two registered nurses.	

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. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. Refresher training in the management of medicines was planned for September 2016.

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 and handwritten entries on medication administration records were generally updated by two registered nurses.

There were procedures in place to ensure the safe management of medicines during a patient's admission to 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 and insulin. The use of separate administration charts was acknowledged.

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. One insulin pen was observed to still have the needle attached. Staff were reminded that all sharps should be appropriately and promptly disposed of. 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.

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 medicine records had been satisfactorily maintained; the controlled drug record book and the records of receipts and disposal of medicines had all been fully and accurately completed. The personal medication records were written and verified by two nurses. The majority of updates had also been verified by two nurses. However, it was noted that some entries had not been cancelled from the record once the course was completed or the medicine discontinued. These records may be used by other healthcare professionals and must be up to date and accurate at all times. A requirement was made.

Improvement is still required in the completion of the MARs sheets. Gaps in the records were noted and a record of the administration of some medicines was not made. Following the serious concerns meeting with representatives of the registered person, the requirement made previously with regards to the completion of MARs sheets has been stated for a third and final time.

A significant number of audits that were completed produced unsatisfactory outcomes. There was a surplus of some medicines, indicating that although the medicine had been recorded as administered, the medicine had not been administered as prescribed. The registered person must ensure that all medicines are administered in strict accordance with the prescriber's instructions. A requirement was made.

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.

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.

Areas for improvement

The registered person must ensure that personal medication records are up to date and accurate at all times. A requirement was made.

The MARs sheets must be fully and accurately completed; signatures for the administration of medicines must not be omitted. This requirement was stated for a third and final time.

The registered person must ensure that medicines are administered as prescribed. A requirement was made.

Number of requirements	3	Number of recommendations	0

4.5 Is care compassionate?

The administration of medicines to several patients was observed during the inspection. The nurse administering the medicines spoke to the patients in a kind and caring manner. Patients were given time to swallow each medicine. Extra time and attention was given to patients who had difficulty swallowing some of the medicines. Medicines were prepared immediately prior to their administration from the container in which they were dispensed.

Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Patients were treated courteously, with dignity and respect. Good relationships were evident.

The patients spoken to said that they had no concerns in relation to the management of their medicines and were very complimentary of 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. They were not examined during this inspection.

There were 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.

Practices for the management of medicines were audited throughout the month by the staff and management. Each patient's records and medicines are audited every month. Running stock balances for medicines not contained within the blister pack system are also recorded. The majority of the running balances that were checked during the inspection were incorrect and the entries recorded for the administration of medicines on these records did not correspond with the MARs sheets. The issues found during this inspection had not been highlighted by the audits completed by the management in the home. This indicated that the audit process was not robust. The registered person must ensure that an effective medicines auditing system is in place that identifies any shortfalls in the management of medicines, and records the action taken by management to address these. A requirement was made.

The requirement stated for the second time at the last medicines management inspection had still not been effectively addressed. To ensure that this and the other requirements are fully addressed and the improvement sustained, it was advised that the QIP should be regularly reviewed as part of the quality improvement process. A recommendation was made.

Following discussion with the home manager, registered nurses and care staff, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management. However, the outcome of this inspection indicated that competency assessments for the registered nurses should be reviewed. A recommendation was made.

Staff confirmed that any concerns in relation to medicines management were raised with management.

Areas for improvement

The registered person must ensure that an effective medicines auditing system is in place that identifies any discrepancies in the administration of medicines and records the action taken by management to address these. A requirement was made.

The registered person should ensure that the QIP is regularly reviewed as part of the quality improvement process. A recommendation was made.

The registered person should review the competency of the registered nurses in the management of medicines.

Number of requirements	1	Number of recommendations	2

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Ann Bannister, Registered 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

Statutory requirements

Requirement 1 **Ref**: Regulation 13(4) **Stated:** Third and final time **To be completed by:** 12 October 2016	The necessary improvements must be made in the standard of maintenance of the medication administration records to ensure that: • signatures for the administration are not omitted • hand-written updates are verified by two nurses.
	Response by registered provider detailing the actions taken: A daily audit has been introduced for staff to sign to verify that they have checked, updated and signed all kardex and MARS sheets for all medicines administered by them during their shift. All handwritten updates are verified by 2 nurses and checked at handover, and all changes are recorded on Epicare. A check on these areas has been included in the updated audit process.
Requirement 2 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 12 October 2016	The registered provider must ensure that personal medication records are up to date and accurate at all times.
	Response by registered provider detailing the actions taken: The handover procedures have been updated to ensure amendments to personal medication records are documentated in the communication book, recorded on Epicare and discussed at handover. Any changes to prescribed medication is also recorded in the daily communication book, recorded in Epicare and discussed at handover. A check on these areas

	has been included in thr updated audit process.
Requirement 3 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 12 October 2016	The registered person must ensure that all medicines are administered in strict accordance with the prescriber's instructions.
	Response by registered provider detailing the actions taken: A medication review has been completed by relavent GPs. The audit processes have been reviewed and new audit tools (daily audit, monthly audit and quarterly audit) will be introduced following appropriate training by the training adviser week commencing 24th October 2016.These measures will ensure that all requirements are regularly reviewed as part of the audit process and issues arising are addressed.
Requirement 4 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 12 October 2016	The registered person must ensure that an effective medicines auditing system is in place that identifies any discrepancies in the administration of medicines and records the action taken by management to address these.
	Response by registered provider detailing the actions taken: The audit process has been reviewed and new audit tools (daily audit, monthly audit and quarterly audit) will be introduced following training ensuring that all relavent areas for audit are included and the audit is appropriate to ensure that any discrepancies in the administration of medicines and records are identified and action taken.
Recommendations	
Recommendation 1 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 12 October 2016	The registered person should ensure that the QIP is regularly reviewed as part of the quality improvement process.
	Response by registered provider detailing the actions taken: The QIP will be a standard item on the agenda for all Staff meetings until the next pharmacy inspection. The Qip will be reviewed and updated as part of the Reg 29 visit report.
Recommendation 2 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 12 October 2016	The registered person should review the competency of the registered nurses in the management of medicines.
	Response by registered provider detailing the actions taken: A competency review is in progress and refresher training has been provided on 26th September 2016 for all registered nurses on the administration of medication and the importance of appropriate recordkeeping.

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

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