NURSING HOME
MEDICINES MANAGEMENT MONITORING INSPECTION REPORT

Inspection No:	**IN021296**
Establishment ID No:	**1478**
Name of Establishment:	**Brooklands (Kilkeel)**
Date of Inspection:	**5 March 2015**
Inspectors' Names:	**Judith Taylor & Rachel Lloyd**

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:	10 Newry Road Kilkeel BT34 4DT	
Telephone number:	028 4176 4968	
Email address:	therese.conway.bhl@googlemail.com	
Registered Organisation/ Registered Provider:	Brooklands Healthcare Ltd Ms Therese Elizabeth Conway	
Registered Manager:	Ms Deborah Campbell	
Person in charge of the home at the time of inspection:	Ms Deborah Campbell	
Categories of care:	<u>Ground Floor:</u> NH-DE = 13 NH-MP(E) = 1 RC-DE = 9	<u>First Floor:</u> NH-I = 27 NH-LD = 2 NH-LD(E) = 1 NH-PH = 1 NH-PH(E) = 2 RC-I =1
Number of registered places:	57 (nursing = 47 and residential = 10)	
Number of patients accommodated on day of inspection:	54 (nursing = 44 and residential = 10)	
Date and time of current medicines management inspection:	5 March 2015 10:30 – 15:05	
Names of inspectors:	Judith Taylor & Rachel Lloyd	
Date and type of previous medicines management inspection:	6 March 2014 Unannounced Monitoring Inspection	

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 monitoring 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 previous inspection of this home on 6 March 2014 had shown that robust arrangements for the management of medicines were not in place. The purpose of this visit was to determine what progress had been made in addressing the requirements and recommendation made during the previous medicines management inspection, to re-assess the home's level of compliance with legislative requirements and the DHSSPS Minimum Standards for Nursing Homes and to determine if the safety of patients, with respect to the administration of medicines, could be assured.

METHODS/PROCESS

Discussion with Ms Deborah Campbell, 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

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

Standard 40: Administration of Medicines
Standard Statement - Medicines are safely administered in accordance with the prescribing practitioner's instructions

An outcome level was identified to describe the service's performance against each standard that the inspectors 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 a purpose built two-storey nursing home situated in its own grounds on the outskirts of Kilkeel. All local amenities are nearby in Kilkeel town. Respite services are regularly provided.

The bedroom accommodation comprises single and double bedrooms, and an adequate number of bath/shower/toilet facilities are appropriately located throughout the home.

A range of rooms including dining rooms, and a variety of sitting rooms, are positioned throughout the home. A kitchen, laundry, toilet/washing facilities, treatment room, staff accommodation and offices are also available.

Scenic views of the Mourne Mountains can be viewed from the nursing home. An enclosed courtyard area is available, and car parking spaces are available to the front of the building.

The home is registered as a nursing home and can provide care under the following categories:

Nursing Care

DE	Dementia
I	Old age not falling into any other category
LD	Learning disability
LD(E)	Learning disability over 65 years
MP(E)	Mental disorder excluding learning disability or dementia over 65 years
PH	Physical disability other than sensory impairment
PH(E)	Physical disability other than sensory impairment over 65 years

Residential Care

DE	Dementia
I	Old age not falling into any other category

4.0 EXECUTIVE SUMMARY

An unannounced medicines management monitoring inspection of Brooklands was undertaken by Judith Taylor and Rachel Lloyd, RQIA Pharmacist Inspectors, on 5 March 2015 between 10:30 and 15:05. This summary reports the position in the home at the time of the inspection.

The previous inspection of this home on 6 March 2014 had shown that robust arrangements for the management of medicines were not in place. The focus of this medicines management monitoring inspection was to determine the extent to which the previous requirements and recommendations had been addressed, to re-assess the home's level of compliance with the legislative requirements and the DHSSPS Minimum Standards for Nursing Homes and to determine if the safety of patients, with respect to the administration of medicines could be assured.

The inspectors examined the arrangements for the medicines management within the home and focused on the four medicine standards in the DHSSPS Nursing Homes Minimum Standards (2008):

- Standard 37: Management of Medicines
- Standard 38: Medicine Records
- Standard 39: Medicines Storage
- Standard 40: Administration of Medicines

During the course of the inspection, the inspectors met with the registered manager of the home, Ms Deborah Campbell and with the registered nurses on duty. The inspectors 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 the inspection found no areas of concern; however, some areas for improvement were noted.

The five requirements and nine recommendations made at the previous medicines management inspection on 6 March 2014 were examined during the inspection. The inspectors' validation of compliance can be observed in the tables following this summary. Four requirements and six recommendations have been assessed as compliant and one requirement and three recommendations have been assessed as substantially compliant. The registered manager and staff are commended for the progress made. The improvements made must be sustained and developed in order to ensure the safety and well-being of the patients.

Staff had been provided with further training since the previous inspection and this included specific training for care staff who have been delegated medicine related tasks. A list of names of those care staff who have been deemed competent was also provided at the inspection.

The audit process had been further developed and is more effective at ensuring staff are adhering to policies and procedures and identifying areas for improvement. However, as some discrepancies were observed in the audit trails performed on liquid medicines including calcium supplements, close monitoring of the administration of these medicines is necessary and a requirement has been made.

The majority of medicine records have been well maintained and the good standard of record keeping was acknowledged. This readily facilitated the audit process. Significant improvement was noted in the maintenance of records completed by care staff, in relation to thickening agents and external preparations. Occasionally staff hand write medication administration records (MARs); this process should involve two trained staff, to ensure accuracy of the transcribing, with both staff signing each medicine entry. The start date of the record should also be recorded. A recommendation has been made.

The storage arrangements for medicines were satisfactory.

In addition to the areas raised in the previous quality improvement plan, the management of medicines prescribed on a 'when required' basis for distressed reactions was examined for four patients. The parameters for administration were recorded on the patients' personal medication record and MAR, and the reason for the administration and outcome of the administration was recorded on most occasions. However, a care plan for these patients was not in place and a recommendation has been made.

The inspection attracted a total of one requirement and two recommendations which are detailed in the Quality Improvement Plan.

The inspectors 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 the previous medicines management inspection on 6 March 2014:

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
1	13(4)	The registered manager must put robust arrangements in place for the management of external preparations to ensure that records are fully and accurately completed. **Stated twice**	Improvement was evidenced in the management of external preparations. New records had been implemented for completion by care staff; these are checked by registered nurses on a weekly basis.	Compliant
2	13(4)	The registered manager must ensure that an up to date epilepsy management plan is in place for one patient. **Stated once**	An epilepsy management plan was made available at the inspection.	Compliant
3	13(4)	The registered manager must investigate the observations made in the management of one patient's medicine regimen and forward a written report of the findings to RQIA. **Stated once**	A written report was received by RQIA following the previous medicines management inspection.	Compliant

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
4	13(4)	The registered manager must ensure that a record of the administration of thickened fluids is maintained on every occasion. **Stated once**	The registered manager had developed and implemented a specific record which is completed by care staff. Several of these records were inspected and these clearly indicated that thickened fluids were being administered throughout the day. It was however, noted that one patient's record was incomplete and this was discussed.	Substantially compliant
5	13(4)	The registered manager must ensure that a permanent record of the denaturing of controlled drugs is maintained. **Stated once**	The practice of using sticky notes to denote when a medicine has been denatured has ceased. The registered manager has introduced a separate book to record the denaturing of controlled drugs in Schedules 2, 3 and 4 (Part 1).	Compliant

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
1	37	The registered manager should ensure that the required consistency level of the thickened fluid is accurately recorded on the personal medication record and administration record. **Stated once**	The prescribed consistency level of thickened fluids was recorded on all of the personal medication records and administration records selected at the inspection.	**Compliant**
2	37	The registered manager should provide staff with further training to ensure there is knowledge and understanding of external preparations. **Stated once**	Following the previous medicines management inspection, training in the management of external preparations had been provided on 18 April 2014. The registered manager advised that further training for this year was planned.	**Compliant**
3	37	The registered manager should maintain a list of the names, signatures and initials of the care staff deemed competent to manage delegated medicine related tasks. **Stated once**	This list was made available at the inspection.	**Compliant**

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
4	37	The registered manager should further develop the audit process to ensure it covers the areas identified in this report. **Stated once**	A significant improvement was noted in the audit process. Daily, weekly and monthly audits are undertaken. Running stock balances are maintained for most solid dosage medicines i.e. tablets, some inhaled medicines, capsules, sachets and patches, which are not supplied in the 28 day blister packs. As some discrepancies were observed in liquid medicines this area of medicines management must be reviewed. **A requirement regarding liquid medicines has been made**	**Substantially compliant**
5	38	The registered manager should ensure that each patient's personal medication record is checked for accuracy at the beginning of each new medicine cycle. **Stated once**	Staff confirmed that this is the expected practice. The outcomes of the audit trails showed good correlation between the majority of personal medication records and printed medication administration records. A few anomalies were highlighted for corrective action at the inspection.	**Substantially compliant**
6	38	The registered manager should ensure the new MAR sheets are reviewed prior to the beginning of each new medicine cycle, to ensure that the date is accurate. **Stated once**	This recommendation had been made in relation to using the correct printed and dated MAR for the medicine cycle. The sample of MARs examined at the inspection had been dated correctly.	**Compliant**

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
7	39	The registered manager should closely monitor the storage of oxygen to ensure all cylinders are chained to the wall. **Stated once**	All of the oxygen cylinders in the home were securely chained to the wall.	**Compliant**
8	39	The registered manager should closely monitor the administration and storage of lidocaine plasters as detailed in the report. **Stated once**	The registered manager had introduced a daily running stock balance for lidocaine patches. The date of opening was recorded on the stock balance form and the audit trails produced satisfactory outcomes. There was no evidence of any lidocaine plasters being used after the expiry date had been reached. However, two opened sachets had not been sealed following the removal of the lidocaine plaster. This was rectified during the inspection and further discussed with the registered manager who advised of the corrective action planned.	**Substantially compliant**
9	39	The registered manager should put systems in place to ensure that inhaler spacer devices are cleaned / replaced in accordance with the manufacturers' instructions. **Stated once**	The registered manager confirmed that these are cleaned on a regular basis. The spacer devices examined at the inspection were suitable for use.	**Compliant**

6.0 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 **Ms Deborah Campbell, 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 MONITORING INSPECTION

BROOKLANDS (KILKEEL)
5 MARCH 2015

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

The specific actions set out in the Quality Improvement Plan were discussed with **Ms Deborah Campbell, 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 and recommendations contained within the Quality Improvement Plan 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 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 action 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 closely monitor the administration of liquid medicines; any further discrepancies must be investigated and reported to RQIA. **Ref: Sections 4.0 & 5.0**	One	Daily monitoring of the administration of liquid medicines is completed and audited regularly by the Home Manager	5 April 2015

RECOMMENDATIONS

These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	37	The registered manager should ensure that a care plan is maintained for each patient who is prescribed medicines on a 'when required' basis, for the treatment of distressed reactions. **Ref: Section 4.0**	One	Any resident displaying distressed reactions has a care plan formulated to meet their needs which includes reference to prescribed medication.	5 April 2015
2	38	The registered manager should ensure that when staff handwrite medication administration records, the start date is recorded and two trained staff initial the medicine entry on every occasion. **Ref: Section 4.0**	One	A training update has been arranged for 27th March 2015 which will include standards required for completing medication administration records. Any new or re-written medication administration records are signed and witnessed by 2 staff members. This is regularly monitored by the Home Manager.	5 April 2015

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 and return to pharmacists@rqia.org.uk:

NAME OF REGISTERED MANAGER COMPLETING QIP	DEBORAH CAMPBELL
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	16/4/15
B.	Further information requested from provider		x		