Unannounced Medicines Management Inspection Report
17 May 2017

Brooklands

Type of Service: Nursing Home
Address: 10 Newry Road, Kilkeel, BT34 4DT
Tel no: 028 4176 4968
Inspector: Cathy Wilkinson

1.0 Summary

An unannounced inspection of Brooklands took place on 17 May 2017 from 11.10 to 14.15.

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 for improvement identified.

Is care effective?

The management of medicines supported the delivery of effective care. There were systems in place to ensure patients were receiving their medicines as prescribed. There were no areas for improvement identified.

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. The patient we spoke to raised no concerns about their care. There were no areas for improvement identified

Is the service well led?

The service was found to be well led with respect to the management of medicines. Written policies and procedures for the management of medicines were in place which supported the delivery of care. Systems were in place to enable management to identify and share learning from any medicine related incidents and medicine audit activity. There were no areas of improvement identified.

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.

For the purposes of this report, the term 'patients' will be used to described those living in Brooklands which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mrs Aimee Estrada, Nursing Sister, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

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 21 April 2017.

2.0 Service details

Registered organisation/registered person: Brooklands Healthcare Ltd Mrs Therese Conway (Acting)	**Registered manager:** Mrs Deborah Campbell
Person in charge of the home at the time of inspection: Mrs Aimee Estrada, Nursing Sister	**Date manager registered:** 24 August 2012
Categories of care: NH-PH, RC-I, NH-LD(E), NH-MP(E), NH-LD, NH-PH(E), RC-DE, NH-DE, NH-I, NH-MP	**Number of registered places:** 57

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 one patient, the nursing sister, two staff nurses and the administrator.

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.

Fifteen questionnaires were issued to patients, patients' representatives and staff with a request that they were returned within one week from the date of this inspection.

A sample of the following records was examined:

- medicines requested and received
- personal medication records
- medicine administration records
- 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 21 April 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP is due to be returned by 9 June 2017. 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 23 January 2017

Last medicines management inspection statutory requirements		**Validation of compliance**
Requirement 1 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 23 February 2017	The registered provider must ensure that the processes in place for the management of controlled drugs are robust.	**Met**
	Action taken as confirmed during the inspection: The processes in place for the management of controlled drugs were robust. There was evidence that the registered manager had sought further advice from the community pharmacist.	
Last medicines management inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref:** Standard 28 **Stated:** First time **To be completed by:** 23 February 2017	The registered provider should review the completion of the medicines round on the first floor to ensure that it is completed in a timely manner and times of administration are accurately recorded.	**Met**
	Action taken as confirmed during the inspection: The medicine round on the first floor was completed at the commencement of this inspection. The registered nurses advised that the process had been reviewed and that the round was now completed in a timely manner.	
Recommendation 2 **Ref:** Standard 30 **Stated:** First time **To be completed by:** 23 February 2017	The registered provider should ensure that the refrigerator temperature is accurately recorded.	**Met**
	Action taken as confirmed during the inspection: The temperature had been accurately recorded and was within the required range.	

Recommendation 3 **Ref:** Standard 30 **Stated:** First time **To be completed by:** 23 February 2017	The registered provider should ensure that the date of opening is recorded on limited shelf life medicines.	**Met**
	Action taken as confirmed during the inspection: The date of opening had been recorded on all limited shelf life medicines that were examined during this inspection.	
Recommendation 4 **Ref:** Standard 28 **Stated:** First time **To be completed by:** 23 February 2017	The registered provider should review the audit process to ensure that all areas of the management of medicines are routinely monitored.	**Met**
	Action taken as confirmed during the inspection: The outcome of this inspection indicated that the audit process had included all areas of the management of medicines.	

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 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 March 2017.

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 updated by two registered nurses. This safe practice was acknowledged.

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 eg 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. 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 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 medicines were due.

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 assessment tool was used several times a day and held on the medicines file. A care plan was maintained.

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 and included extra records to record the site of application of transdermal patches.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for medicines not contained within the monitored dosage system.

Following discussion with the registered manager and staff, it was evident that other healthcare professionals are contacted when required to meet the needs of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	**Number of recommendations**	0

4.5 Is care compassionate?

The morning medication round had been completed prior to the commencement of the inspection. No medicines were observed to be administered to patients during the duration of the inspection.

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.

We spoke to one patient who advised that the staff were very good and raised no concerns have care in the home.

As part of the inspection process, we issued questionnaires to patients, patients' representatives and staff. One patient's representatives completed and returned questionnaires within the specified timeframe. The responses were recorded as 'very satisfied' with the management of medicines in the home.

One comment stated:
"Staff nurses are very approachable and very caring…family could not fault the attention he receives."

One member of staff also completed a questionnaire. The responses were very positive and raised no concerns about the management of medicines in the home.

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. Management advised that these were reviewed regularly. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to staff.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents.

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 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 for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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.

The Regulation and Quality Improvement Authority

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

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews