# Unannounced Medicines Management Inspection Report
# 23 January 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 23 January 2017 from 10.40 to 15.30.

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?**

Improvement was necessary to ensure that the management of medicines supported the delivery of safe care and positive outcomes for patients. Although the staff administering medicines were trained and competent, the administration of the medicines on the morning of the inspection was delayed by several hours for some patients. This could impact on their health and well-being. The arrangements in place for the management of controlled drugs were not robust. The storage of medicines which require refrigeration and those with a short shelf life also need to be reviewed. One requirement and three recommendations were made.

**Is care effective?**

The management of medicines supported the delivery of effective care. Appropriate arrangements were in place for the management of distressed reactions. Care plans and pain assessment tools were used for the relevant patients. No requirements or recommendations were made.

**Is care compassionate?**

The management of medicines supported the delivery of compassionate care. Staff interactions were observed to be compassionate and caring which promoted the delivery of positive outcomes for patients. Patients consulted with confirmed that they were administered their medicines appropriately. No requirements or recommendations were made.

**Is the service well led?**

Improvement was required to ensure that the service was well led with respect to the management of medicines. Systems were in place to enable management to identify and share learning from any medicine related incidents and medicine audit activity. However, the audit process should be reviewed to ensure that the issues identified during this inspection are routinely monitored. One recommendation was 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.

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** | 1 | 4 |

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Deborah Campbell, Registered 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.

## 1.2 Actions/enforcement taken following the most recent premises inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 18 October 2016.

## 2.0 Service details

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|---|---|
| **Registered organisation/registered person:**<br>Brooklands Healthcare Ltd<br>Mrs Therese Conway (Acting) | **Registered manager:**<br>Mrs Deborah Campbell |
| **Person in charge of the home at the time of inspection:**<br>Mrs Deborah Campbell | **Date manager registered:**<br>24 August 2012 |
| **Categories of care:**<br>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:**<br>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 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:

- 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 18 October 2016

The most recent inspection of the home was an announced premises inspection. The completed QIP was returned and approved by the premises inspector. This QIP will be validated by the premises inspector at their next inspection.

## 4.2 Review of requirements and recommendations from the last medicines management inspection 8 January 2016

| Last medicines management inspection recommendations | | Validation of compliance |
|---|---|---|
| **Recommendation 1**<br><br>**Ref**: Standard 28<br><br>**Stated:** First time | The administration of inhaled medicines and those which are administered via a pump dispenser should be closely monitored to ensure that they are being administered as prescribed. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Inhaled medicines and those that are administered via a pump dispenser are monitored daily through running stock balances. | |

## 4.3 Is care safe?

Improvement is required to ensure that medicines are managed safely. On the day of the inspection, the morning medicine round (on the first floor) was not completed until 13.15. The time recorded for the administration of all medicines was 10.00. The registered nurse on duty returned to commence the lunch-time medicines round at 14.15. As the time of administration of the morning medicines had not been accurately recorded the nurse did not know the actual time of administration which could lead to the inappropriate dosage intervals, in particular for paracetamol-containing products and antibiotics. One of the medicines administered during this time was required to be administered within a specific time interval to ensure that the patient's condition was appropriately managed. It was noted that this patient's medicines were delayed by more than one hour. The delay in the administration of medicines could impact on the health and well-being of patients. The completion of the medicines round on the first floor

should be reviewed and revised to ensure that it is completed in a timely manner and that administration records are accurate. A recommendation was made.

The nurse on the first floor was responsible for administering medicines to all 34 patients. The registered manager advised that usually she would assist with the medicines round, however this had not occurred on the day of the inspection. See also Section 4.6

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 for senior care staff that administer medicines in the residential care unit. 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 provided in the last year.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available. 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.

Improvement is required in the management of controlled drugs. 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. The running balances for two controlled drugs were inaccurate. The entries for the administration had not been made on the day before the inspection. It was evident from the previous corrections made in the controlled drugs record book that the reconciliation checks are not robust. Controlled drugs that were currently prescribed for patients were also being destroyed at the end of the medicine cycle. The registered provider must ensure that the processes in place for the management of controlled drugs are robust. A requirement was made.

Appropriate arrangements were in place for administering medicines in disguised form.

Discontinued or expired medicines were disposed of appropriately. Discontinued controlled drugs were denatured and rendered irretrievable prior to disposal.

Medicines were generally stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. Medicine refrigerators and oxygen equipment were checked at daily, however at the time of the inspection the minimum recorded temperature of the refrigerator was -1.9$^{o}$C which is outside of the required range (2$^{o}$C to 8$^{o}$C). Staff had recorded the temperature as +1.9$^{o}$C. The date of opening had not been recorded on any of the insulin pens in use and on some of the eye drops. These medicines have a limited shelf life once opened. The registered provider should ensure that the refrigerator temperature is accurately recorded and that the date of opening is recorded on limited shelf life medicines. Two recommendations have been made.

**Areas for improvement**

The completion of the medicines round on the first floor should be reviewed and revised to ensure that it is completed in a timely manner and that administration records are accurate. A recommendation was made.

The registered provider must ensure that the processes in place for the management of controlled drugs are robust. A requirement was made.

The registered provider should ensure that the refrigerator temperature is accurately recorded. A recommendation was made.

The registered provider should ensure that the date of opening is recorded on limited shelf life medicines. A recommendation was made.

| Number of requirements | 1 | Number of recommendations | 3 |
|---|---|---|---|

## 4.4 Is care effective?

The sample of medicines examined had been administered in accordance with the prescriber's instructions. There were arrangements in place to alert staff of when doses of weekly, monthly or three monthly 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. A care plan was maintained. These medicines were used very infrequently in the home.

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. A pain assessment 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.

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 medicines not contained within the blister pack system. In addition, a quarterly audit was completed by the community pharmacist.

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?

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 administration of medicines to one patient was observed during the inspection. The nurse administering the medicines spoke to the patient in a kind and caring manner. The patient was given time to swallow each medicine.

We spoke to two patients who expressed no concerns about their care in the home. 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 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?

As discussed in section 4.3, the completion of the morning medicine round was prolonged. The registered manager advised that this was not a usual occurrence; however no remedial action was taken once this issue was highlighted. No guidance or direction was given to staff to attempt to resolve the issue. The registered manager should ensure that the staff know how to communicate any difficulties so that they can be resolved in a timely manner.

Written policies and procedures for the management of medicines were in place.

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.

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. However, due to the findings of this inspection, the audit process should be reviewed to ensure that all of the areas highlighted in this report are also routinely monitored. A recommendation was made.

Following discussion with the registered manager and registered nurses, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management. However as detailed above registered nurses need to more proactive in seeking help if the medicines round is delayed.

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

**Areas for improvement**

The audit process should be reviewed and revised to ensure that all areas of the management of medicines are routinely monitored. A recommendation was made.

| Number of requirements | 0 | Number of recommendations | 1 |
|---|---|---|---|

## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Deborah Campbell, 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

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| **Statutory requirements** | |
| **Requirement 1**<br><br>**Ref**: Regulation 13(4)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>23 February 2017 | The registered provider must ensure that the processes in place for the management of controlled drugs are robust. |
| | **Response by registered provider detailing the actions taken:**<br>Staff ensure that CD register is now part of the end of shift/s handover thus ensuring that all counts are correct and correspond. |
| **Recommendations** | |
| **Recommendation 1**<br><br>**Ref**: Standard 28<br><br>**Stated:** First time<br><br>**To be completed by:**<br>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. |
| | **Response by registered provider detailing the actions taken:**<br>Times of administration are clearly defined and monitored regularly by the Home Manager. Nurses have been supervised in relation to accurately recording times of administration. |
| **Recommendation 2**<br><br>**Ref**: Standard 30<br><br>**Stated:** First time<br><br>**To be completed by:**<br>23 February 2017 | The registered provider should ensure that the refrigerator temperature is accurately recorded. |
| | **Response by registered provider detailing the actions taken:**<br>Staff have been advised through supervision that the fridge temperatures should read between 2 – 8 degrees and where this is not the case this must be reported to the manager. |
| **Recommendation 3**<br><br>**Ref**: Standard 30<br><br>**Stated:** First time<br><br>**To be completed by:**<br>23 February 2017 | The registered provider should ensure that the date of opening is recorded on limited shelf life medicines. |
| | **Response by registered provider detailing the actions taken:**<br>All staff are now aware that eardrops and eyedrops have a 28 day life after opening and must be discarded. Pharmacist record on MARS sheet and labels the limited shelf life of any medicines that they prepare. |
| **Recommendation 4**<br><br>**Ref**: Standard 28<br><br>**Stated:** First time<br><br>**To be completed by:**<br>23 February 2017 | The registered provider should review the audit process to ensure that all areas of the management of medicines are routinely monitored. |
| | **Response by registered provider detailing the actions taken:**<br>The CD register is now part of the nurses handover process and any discrepancies will be identified promptly. The managers monthly audit will closely monitor all areas of management identified in the inspection process. |

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