Bramblewood Care Centre
RQIA ID: 1668
201 Gransha Road
Bangor
BT19 7RB

Inspector: Cathy Wilkinson
Inspection ID: IN021907

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Unannounced Medicines Management Inspection of Bramblewood Care Centre

14 April 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced medicine management inspection took place on 14 April 2015 from 10:45 to 14:30.

Overall on the day of the inspection it was found that improvements in the management of medicines were necessary in order for care to be safe, effective and compassionate. Areas for improvement are set out in the Quality Improvement Plan (QIP) appended to this report.

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. RQIA will continue to monitor any recommendations made under the 2008 standards until compliance is achieved. Please also refer to section, 5.2 and 6.2 of this report.

This inspection was underpinned by the Department of Health, Social Services and Public Safety (DHSSPS) Nursing Homes Minimum Standards (2015).

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the last inspection on 3 July 2013.

1.2 Actions/Enforcement Resulting from this Inspection

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

Areas of concern were discussed with the senior pharmacy inspector and it was decided that they will be initially addressed through a medicines management monitoring inspection.

An urgent actions letter was left with the registered manager at the end of the inspection that detailed issues which required immediate attention to ensure that the specified patient was receiving medicines as prescribed. These actions are required to be addressed without delay to ensure the safety and wellbeing of the patient.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	4	5

The details of the QIP within this report were discussed with Ms Jacqueline Bowen, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: HC One Ltd / Ms Paula Keys	**Registered Manager:** Ms Jacqueline Bowen
Person in Charge of the Home at the Time of Inspection: Ms Jacqueline Bowen	**Date Manager Registered:** 1 April 2015
Categories of Care: NH-I, NH-PH, NH-PH(E), NH-TI	**Number of Registered Places:** 38
Number of Patients Accommodated on Day of Inspection: 34	**Weekly Tariff at Time of Inspection:** £581

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the last medicines management inspection and to determine if the following standards and themes have been met:

Standard 28: Management of Medicines
Standard 29: Medicines Records
Standard 31: Controlled Drugs

Theme 1: Medicines prescribed on a "when required" basis for the management of distressed reactions are administered and managed appropriately.

Theme 2: Medicines prescribed for the management of pain are administered and managed appropriately.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to the inspection, the inspector reviewed the management of medicine related incidents reported to RQIA since the previous medicines management inspection.

During the inspection, the inspector met with the registered manager and staff on duty.

The following records were examined during the inspection:

Medicines requested and received
Personal medication records
Medicines administration records
Medicines disposed of or transferred
Controlled drug record book
Medicine audits
Policies and procedures
Care plans
Training records.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 31 December 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Medicines Management Inspection

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref**: Standard 37	The registered manager should closely monitor inhaled medicines as part of the home's routine audit process to ensure that they are being administered as prescribed.	**Met**
	Action taken as confirmed during the inspection: No discrepancies were noted on the audits completed on inhaled medicines during this inspection. Running stock balances were observed to be recorded on the medicine administration records (MARs) indicating that the administration of these medicines is being monitored.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

A number of audits were performed on randomly selected medicines and most produced satisfactory outcomes. However, the evidence seen indicated that some liquid preparations were not being administered as prescribed. Significant audit discrepancies were noted in four supplies of liquid medicines and large excess quantities of these medicines were observed although the MARs indicated that they had been administered.

The audits of medicines belonging to Patient A were discussed with the registered manager. It was noted that this patient had not been administered their medicines as prescribed. Excess quantities were noted in the audits completed on liquid medicines and doses of four medicines had been missed as the medicines had been out of stock. For one of these (paracetamol suspension) the medicine had been out of stock for 10 days. This is unacceptable. The evidence from the MARs suggests that this patient requires paracetamol regularly to manage pain. There was no evidence that this patient's pain had been assessed since admission to the home. It was noted that the prescribed strength of opioid patch had been increased in the days following this time period. This patient had also been administered the incorrect dose of omeprazole for several weeks following admission.

An urgent actions letter detailing action required to be taken immediately to ensure that the medicines for Patient A were being safely managed, was issued to the registered manager at the end of the inspection.

Medicine records were legible and generally accurately maintained so as to ensure that there was a clear audit trail. Personal medication records were generally up to date and contained all of the required information. MARs were generally fully maintained, however there was evidence from the completed audits that on occasion, medicines were recorded as administered when they had been omitted. When medicines were recorded as omitted the reason for the omission was documented on the reverse of the MARs. The record of medicines received was satisfactory for medicines received as part of the monthly medicine cycle. Medicines received outside of this timeframe were not always recorded. The record of medicines disposed of was satisfactory.

The controlled drugs record book had generally been fully and accurately completed. One omission was noted and discussed with the registered manager for correction. Controlled drugs are reconciled twice daily at each shift change.

Is Care Effective? (Quality of Management)

Written policies and procedures for the management of medicines are up to date and cover all aspects of medicines management. Up to date Standard Operating Procedures (SOPs) are in place.

The registered manager advised that a record of the training and development activities completed by the nursing staff in relation to the management of medicines is maintained. A sample of training records was provided for inspection. There is regular staff appraisal and competency assessment with respect to medicines management.

The internal audit process includes recording running stock balances of medicines not contained within the blister pack system, a monthly audit completed by the manager and an external audit completed quarterly.

One medication related incident has been reported since April 2014. This incident was managed appropriately. The evidence from this inspection indicates that not all medicine incidents may be identified through the internal audit process. The registered person must ensure that there is a robust audit procedure in place. Any discrepancies noted must be reported appropriately and any learning resulting from the incident should be implemented.

Is Care Compassionate? (Quality of Care)

The medicines of one patient who was prescribed anxiolytic medicines for the management of distressed reactions were reviewed. The prescribed medicine was recorded on the personal medication record and the parameters for use were identified. The administration of the medicine was recorded on the MARs. A care plan was in place to direct the management of the distressed reactions. There was evidence that this was reviewed regularly. A behaviour chart had been commenced, however that administration of medicines had not been recorded on this chart. There was no evidence that the effectiveness of the medicines had been assessed and recorded.

The records of three patients who are prescribed medicines for the management of pain were reviewed. The name of the medicines and the parameters for administration had been recorded on the personal medication records. The administration had been recorded on the MARs and the reason for the administration was usually recorded on the back of the MARs. Two of the three patients had a care plan in place which detailed the management of the patients' pain. This care plan was evaluated monthly. There was no evidence that the outcome of administering the medicines had been evaluated. There was no evidence that a pain assessment tool had been used for any of the patients assessed. Some of these patients are unable to express pain. There was no evidence that staff had considered that patients may be experiencing pain and that this could contribute to distressed reactions. This was discussed with the registered manager who agreed that it was an area for improvement within the home.

During the inspection it was noted that patients had been changed to liquid medicines when issues with swallowing solid dosage form medicines was observed. One patient required medicines to be crushed prior to administration. The appropriateness of crushing medicines should be clarified with the appropriate healthcare professional. This was discussed and agreed with the registered manager.

A number of patients are prescribed medicines for the management of Parkinson's. The timing of the administration of these medicines was clearly recorded and there was evidence that staff recognised the importance of these medicines being administered in a timely manner.

As stated previously, there was evidence that Patient A had been without supplies of medicines, the incorrect dosage of one medicine had been administered and that the management of the patient's pain required improvement.

Areas for Improvement

The registered manager must review the medicines of Patient A to ensure that, all prescribed medicines are in stock, the correct dosage of all medicines is recorded and is being administered and discrepancies are investigated and reported to the appropriate persons. An urgent actions letter was issued to be addressed by 18 April 2014. A requirement was made.

The registered person must closely monitor liquid medicines to ensure that they are administered as prescribed. A requirement was made.

The registered person must ensure that there is a robust audit procedure in place. A requirement was made.

The registered person should ensure that a complete record of all medicines received into the home is maintained. A recommendation was made.

The registered person should closely monitor the completion of the MARs sheets to ensure that medicines have not been recorded as administered when they have been omitted. A recommendation was made.

The registered person should ensure that the management of distressed reactions is reviewed to ensure that the outcome of administration of medicines is recorded. A recommendation was made.

The registered person should ensure that pain management is considered in the management of distressed reactions. A recommendation was made.

The registered person must ensure that there is a method of assessing pain and that this pain assessment is documented appropriately. A requirement was made

The registered person should ensure that the effectiveness of administering pain relief is assessed. A recommendation was made

Number of Requirements:	**4**	**Number of Recommendations**	**5**

5.4 Additional Areas Examined

Medicines are safely and securely stored. There was sufficient storage space in the medicine trolleys and medicine cupboards. The temperature of the medicines refrigerator was monitored daily and maintained within the required range of 2^{o}C to 8^{o}C.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Jacqueline Bowen, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions 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 (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Department of Health, Social Services and Public Safety (DHSSPS) Nursing Homes Minimum Standards (2015). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered manager/registered person and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to **pharmacists@rqia.org.uk** and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 **Ref**: Regulation 13(4) **Stated: First time** **To be Completed by: 18 April 2015**	The registered person must review the medicines of Patient A to ensure that, all prescribed medicines are in stock, the correct dosage of all medicines is recorded and is being administered and discrepancies are investigated and reported to the appropriate persons.
	Response by Registered Person(s) Detailing the Actions Taken: Immediate measures were taken to make sure that all medications were in stock for Patient A and that the correct dose was documnted and given. All patients medications were checked following the Inspection to ensure correct stock. This is monitored on a daily basis as part of the daily checks .
Requirement 2 **Ref:** Regulation 13(4) **Stated: First time** **To be Completed by: 14 May 2015**	The registered person must closely monitor liquid medicines to ensure that they are administered as prescribed.
	Response by Registered Person(s) Detailing the Actions Taken: Liquid medicines are currently audited on a weekly basis .
Requirement 3 **Ref:** Regulation 13(4) **Stated: First time** **To be Completed by: 14 May 2015**	The registered person must ensure that there is a robust audit procedure in place.
	Response by Registered Person(s) Detailing the Actions Taken: The resident of the day has a stock count taken of their medicines on a daily basis. A daily documented check of the medication record sheets is being done to monitor for any discrepancies A monthly medication audit is completed and an action plan in place
Requirement 4 **Ref:** Regulation 13(4) **Stated: First time** **To be Completed by: 14 May 2015**	The registered person must ensure that there is a method of assessing pain and that this pain assessment is documented appropriately.
	Response by Registered Person(s) Detailing the Actions Taken: Where required each patient has a pain assessment tool in place which is completed prior to the administration of PRN analgesia . The effectiveness of the medication is also documented

Recommendations	
Recommendation 1 **Ref**: Standard 29 **Stated: First time** **To be Completed by:** **14 May 2015**	It is recommended that the registered person should ensure that a complete record of all medicines received into the home is maintained.
	Response by Registered Person(s) Detailing the Actions Taken: There is a procedure in place when receipting medication. This has been discussed at the nurse meeting 16.04.15 and during counselling with each nurse. It is monitored as part of the daily checks and as part of the monthly audit
Recommendation 2 **Ref**: Standard 29 **Stated: First time** **To be Completed by:** **14 May 2015**	It is recommended that the registered person should closely monitor the completion of the MARs sheets to ensure that medicines have not been recorded as administered when they have been omitted.
	Response by Registered Person(s) Detailing the Actions Taken: Counselling completed with the nurses regarding this
Recommendation 3 **Ref**: Standard 26 **Stated: First time** **To be Completed by:** **14 May 2015**	It is recommended that the registered person should ensure that the management of distressed reactions is reviewed to ensure that the outcome of administration of medicines is recorded.
	Response by Registered Person(s) Detailing the Actions Taken: Where a resident is having a distressed reaction, and a medication is administerd, when appropriate this is recorded on the ABC chart, if one is in use and in the daily notes and the outcome documented
Recommendation 4 **Ref**: Standard 26 **Stated: First time** **To be Completed by:** **14 May 2015**	It is recommended that the registered person should ensure that pain management is considered in the management of distressed reactions.
	Response by Registered Person(s) Detailing the Actions Taken: For residents having distressed reactions, an appropriate pain assessment tool is used to determine if analgesia is required and if so how effective it is
Recommendation 5 **Ref**: Standard 28 **Stated: First time** **To be Completed by:** **14 May 2015**	It is recommended that the registered person should ensure that the effectiveness of administering pain relief is assessed.
	Response by Registered Person(s) Detailing the Actions Taken: The effectiveness of analgesia is reviewed on the Medication record sheet and on the Pain assessmetn tool if required

Registered Manager Completing QIP	Jacqueline Bowen	**Date Completed**	Home Manager
Registered Person Approving QIP		**Date Approved**	19/5/2015
RQIA Inspector Assessing Response		**Date Approved**	5/6/15.

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