The Regulation and Quality Improvement Authority

Inspector: Cathy Wilkinson
Inspection ID: IN023552

Bramblewood Care Centre
RQIA ID: 1668
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Unannounced Medicines Management Inspection of Bramblewood Care Centre

17 August 2015

1. Summary of Inspection

An unannounced medicines management inspection took place on 17 August 2015 from 11:05 to 13:10.

Overall on the day of the inspection the management of medicines was found to be safe, effective and compassionate. The outcome of the inspection found no significant areas of concern though one area for improvement was identified and this is set out in the quality improvement plan (QIP) within this report.

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

1.1 Actions/Enforcement Taken Following the Last Inspection

Following the last inspection on 14 April 2015, areas of concern were identified and were discussed with the senior pharmacy inspector. It was decided that they would be initially addressed through a further medicines management inspection.

An urgent actions letter was issued to the registered manager at the end of the last inspection that detailed issues which required immediate attention to ensure that the specified patient was receiving medicines as prescribed. This was addressed following the inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

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: 33	**Weekly Tariff at Time of Inspection:** £593

3. Inspection Focus

The inspection on 14 April 2015 had shown that robust arrangements were not in place for all aspects of the management of medicines and improvements were necessary. This inspection sought to assess progress with the issues raised during and since the last medicines management inspection and to determine if the following standards have been met:

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

4. Methods/Process

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

Prior to the inspection, the inspector reviewed the management of 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
Medicine 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 medicines management inspection dated 14 April 2015. The completed QIP was returned and approved by the pharmacist inspector.

5.2 Review of Requirements and Recommendations from the Last Medicines Management Inspection 14 April 2015

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 1 **Ref: Regulation 13(4)** **Stated once**	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.	**Met**
	Action taken as confirmed during the inspection: This was confirmed following the last medicines management inspection.	
Requirement 2 **Ref: Regulation 13(4)** **Stated once**	The registered person must closely monitor liquid medicines to ensure that they are administered as prescribed.	**Met**
	Action taken as confirmed during the inspection: Liquid medicines have been included in the routine audit programme and the deputy manager has audited liquids regularly.	
Requirement 3 **Ref: Regulation 13(4)** **Stated once**	The registered person must ensure that there is a robust audit procedure in place.	**Met**
	Action taken as confirmed during the inspection: Audits have been completed daily for the 'patient of the day', weekly by the registered nurses and the manager has completed a full monthly audit. The community pharmacist has also completed an external audit quarterly. The outcomes of these audits have been satisfactory. There was a system in place to give feedback to staff on the outcome of the audits.	

Last Inspection Statutory Requirements	Validation of

		Compliance
Requirement 4 **Ref: Regulation 13(4)** **Stated once**	The registered person must ensure that there is a method of assessing pain and that this pain assessment is documented appropriately.	**Met**
	Action taken as confirmed during the inspection: Pain assessment tools have been introduced for the majority of patients and there was evidence that they have been used regularly.	
Last Inspection Recommendations		**Validation of Compliance**
Recommendation 1 **Ref: Standard 29** **Stated once**	It is recommended that the registered person should ensure that a complete record of all medicines received into the home is maintained.	**Met**
	Action taken as confirmed during the inspection: All medicines examined during the inspection had been appropriately receipted.	
Recommendation 2 **Ref: Standard 29** **Stated once**	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.	**Met**
	Action taken as confirmed during the inspection: The MARs sheets examined during this inspection had been satisfactorily completed.	
Recommendation 3 **Ref: Standard 26** **Stated once**	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.	**Carried forward**
	Action taken as confirmed during the inspection: The registered manager advised that the management of distressed reactions had been reviewed following the last medicines management inspection. There were no patients that currently required "when required" anxiolytic medicines, therefore this requirement could not be fully examined. This requirement has been carried forward to be examined at the next inspection.	
Last Inspection Recommendations		**Validation of**

		Compliance
Recommendation 4 **Ref: Standard 26** **Stated once**	It is recommended that the registered person should ensure that pain management is considered in the management of distressed reactions.	**Carried forward**
	Action taken as confirmed during the inspection: As stated in requirement 3, this requirement could not be examined. It has been carried forward to be examined at the next inspection.	
Recommendation 5 **Ref: Standard 28** **Stated once**	It is recommended that the registered person should ensure that the effectiveness of administering pain relief is assessed.	**Met**
	Action taken as confirmed during the inspection: The effectiveness of pain relief had been recorded on the back of the MARs sheets.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

A number of audits were performed on randomly selected medicines and these produced satisfactory outcomes. A number of liquid medicines were audited and showed no discrepancies. This indicated that these medicines had been administered as prescribed. All medicines that were audited were in stock and available for administration. The registered manager advised that issues observed previously with regard to medicines being unavailable had been resolved.

The records of two patients who had recently been admitted to the home were examined. There was written confirmation of the medicines regimes from the prescribers and the audits completed on these patients' medicines were satisfactory.

Medicine records were legible and generally accurately maintained so as to ensure that there was a clear audit trail. Personal medication records were up to date and contained all of the required information. MARs were fully maintained. When medicines were recorded as omitted the reason for the omission was documented on the reverse of the MARs. The records of medicines received were satisfactory.

The controlled drugs record book had generally been fully and accurately completed. Some minor discrepancies and amendments regarding Schedule 3 and 4 controlled drugs were discussed with the registered manager.

Is Care Effective? (Quality of Management)

Written policies and procedures for the management of medicines were up to date and covered all aspects of medicines management. Up to date Standard Operating Procedures (SOPs) were 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. Following the last medicines management inspection, further training for all staff in the management of medicines had been provided. Supervision and staff counselling sessions had also been completed. Evidence of these sessions was provided for inspection. A full nurses' meeting had been held to discuss all of the issues raised at the last inspection and a further meeting is planned for September 2015.

The internal audit process included recording running stock balances of medicines not contained within the blister pack system, auditing medicines belonging to the "patient of the day", a monthly audit completed by the manager and an external audit completed quarterly. No significant discrepancies were noted in these audits.

Is Care Compassionate? (Quality of Care)

At the time of the inspection, there were no patients prescribed anxiolytic medicines for the management of distressed reactions. The registered manager advised that the management of these medicines had been reviewed and revised; however the two recommendations made previously could not be examined and were carried forward to the next inspection.

The records of two 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 recorded on the back of the MARs. There was evidence that the outcome of administering the medicines had been evaluated. There were pain assessment tools held on file for the majority of patients. For two recently admitted patients, no pain assessments had been completed, one of these patients was prescribed a controlled drugs patch for the relief of pain. This was discussed with the registered manager.

Areas for Improvement

The registered person should ensure that pain assessments are completed as part of the admission procedure when appropriate. A recommendation was made.

Number of Requirements:	**0**	**Number of Recommendations:**	**3**

6. Quality Improvement Plan

The issue 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 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 DHPSS (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 The Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 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 person/registered manager 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 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

Recommendations	
Recommendation 1 **Ref: Standard 26** **Stated: First time** **To be Completed by: Ongoing**	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: This has been discussed with the nursing team and when needed any residents with distressed reactions will have the outcome of the administration of medicines recorded
Recommendation 2 **Ref: Standard 26** **Stated: First time** **To be Completed by: Ongoing**	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: Pain management is taken into consideration when residents display distressed reactions .Each resident has a pain management tool in place and a PRN protocol in place if required
Recommendation 3 **Ref: Standard 28** **Stated: First time** **To be Completed by: 17 September 2015**	It is recommended that the registered person ensures that pain assessments are completed as part of the admission procedure when appropriate.
	Response by Registered Person(s) Detailing the Actions Taken: This is now in place

Registered Manager Completing QIP	Jacqueline Bowen	**Date Completed**	02.09.15
Registered Person Approving QIP		**Date Approved**	7/9/15.
RQIA Inspector Assessing Response		**Date Approved**	

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

The Regulation and Quality Improvement Authority

RQIA Inspector Assessing Response	Cathy Wilkinson	**Date Approved**	08/09/2015