Unannounced Medicines Management Inspection Report
13 April 2016

Bryansburn

96-100 Bryansburn Road, Bangor, BT20 3RG
Tel No: 028 9127 5182
Inspector: Helen Daly

1.0 Summary

An unannounced inspection of Bryansburn took place on 13 April 2016 from 09:50 to 13:40.

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.

The management of medicines supported the delivery of safe, effective and compassionate care and the service was found to be well led in that respect. The outcome of the inspection found no areas of concern though one area for improvement was identified and is set out in the quality improvement plan (QIP) within this report.

Is care safe?

One recommendation in relation to denaturing controlled drugs prior to disposal was made.

Is care effective?

No requirements or recommendations were made.

Is care compassionate?

No requirements or recommendations were made.

Is the service well led?

No requirements or recommendations were 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. Recommendations made prior to April 2015 relate to the DHSSPS Nursing Homes Minimum Standards, February 2008.

1.1 Inspection outcome

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

Details of the QIP within this report were discussed with Mr Eldho Joy, Nurse in Charge, 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 unannounced care inspection

There were no further actions required to be taken following the inspection on 7 March 2016.

2.0 Service details

Registered organisation/registered persons: Mrs Briege Agnes Kelly & Mr James Kelly	**Registered manager:** See box below
Person in charge of the home at the time of inspection: Mr Eldho Joy (Registered Nurse)	**Date manager registered:** Mrs Briege Agnes Kelly – Acting Manager – No application required
Categories of care: NH-DE	**Number of registered places:** 35

3.0 Methods/processes

Prior to inspection the following records were analysed:

- recent inspection reports and returned QIPs
- recent correspondence with the home

Prior to the inspection, it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection.

We met with two of the registered nurses and a member of the care team.

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 care inspection

The most recent inspection of the home was an unannounced care inspection dated 7 March 2016. No requirements or recommendations had been made.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 14 May 2013

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 13 (4) **Stated:** First time	The registered manager must closely monitor the administration of Ebixa oral solution.	**Met**
	Action taken as confirmed during the inspection: Audit trails were carried out on a random selection of medicines twice each month. The audits carried out on five supplies of Ebixa oral solution produced satisfactory outcomes.	
Last medicines management inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref**: Standard 37 **Stated:** First time	The registered manager should develop a written epilepsy management plan for relevant patients. A copy of the plan should be maintained on the medicines' file to facilitate prompt administration.	**Met**
	Action taken as confirmed during the inspection: Written epilepsy management plans for relevant patients were in place. Details were recorded on the personal medication records and medication administration records.	
Recommendation 2 **Ref**: Standard 38 **Stated:** First time	The registered manager should ensure that the necessary improvements on the personal medication records are implemented.	**Met**
	Action taken as confirmed during the inspection: The areas identified for improvement had been addressed.	

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 and for care staff who had been delegated medicine related tasks. The impact of training was monitored through medication audits, team meetings, supervision and annual appraisal. Competency assessments were completed annually. Refresher training in medicines management was provided in the last year. The most recent training in relation to medicines management had been provided by the manager in February 2016.

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. Two medicines were out of stock on the day of the inspection; one dose of each had been omitted. The nurse in charge had been made aware and appropriate corrective action had been taken; supplies were due to be received before the end of the day.

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 and discharge from 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.

Discontinued or expired medicines were disposed of appropriately. Discontinued controlled drugs in Schedule 2 and Schedule 3 were denatured and rendered irretrievable prior to disposal. However, there was evidence that controlled drugs in Schedule 4 (Part 1) were not being denatured prior to their disposal. Controlled drugs in Schedule 4 (Part 1) should be denatured and rendered irretrievable prior to disposal. A recommendation was made.

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. However, the consistent recordings for the maximum and minimum refrigerator temperatures indicated that the thermometers were not being reset after the temperatures had been checked. Guidance was provided to the nurse in charge who advised that all staff would be made aware. It was agreed that this would be closely monitored.

Areas for improvement

Controlled drugs in Schedule 4 (Part 1) should be denatured and rendered irretrievable prior to disposal. A recommendation was made.

Number of requirements	0	Number of recommendations	1

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, 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, 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 on some but not all occasions. It was agreed that this would be recorded on all occasions. Care plans were 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 only some patients could verbalise their pain and pain assessment tools were used as needed. Care plans were maintained. Staff also advised that a pain assessment was completed as part of the admission process.

The management of swallowing difficulty was examined. For those patients prescribed a thickening agent, this was recorded on their personal medication record and included details of the prescribed fluid consistency. Each administration was recorded and care plans and speech and language assessment reports were in place.

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. They included prompts for medicines which were to be administered outside the times of the usual medicine rounds.

Practices for the management of medicines were audited on week two and week three of the four week medicine cycle. In addition, a quarterly audit was completed by the community pharmacist.

Following discussion with the nurse in charge and one of the registered nurses on duty it was evident that when applicable, other healthcare professionals are contacted in response to patient need in relation to medicines management.

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 administration of medicines to patients was completed in a caring manner, patients were given time to take their medicines and medicines were administered as discreetly as possible.

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?

Written policies and procedures for the management of medicines were in place. Following discussion with the registered nurses on duty 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. No medicine related incidents had been reported since the last medicines management inspection. The nurse in charge advised that he was familiar with how to identify and manage medication related incidents should any be identified in future.

A review of the home's 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 and one member of the care team, 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. They advised that any resultant action was communicated to the care team.

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

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Mr Eldho Joy (Nurse in Charge) 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 provider/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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider/s 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 the DHSSPS Care Standards for Nursing Homes (2015). They promote current good practice and if adopted by the registered provider/s may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The provider/s will review and approve the QIP to confirm that these actions have been completed by the registered manager. 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 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 person/manager 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 person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendation	
Recommendation 1 **Ref:** Standard 31 **Stated:** First time **To be completed by:** 16 May 2016	Controlled drugs in Schedule 4 (Part 1) should be denatured and rendered irretrevabale prior to disposal. **Response by registered person detailing the actions taken:** Following the unannounced medicines inspection of Bryansburn undertaken on 13 April 2016, I agree with the factual accuracy of the report however, we noted in Section 4.5. IS CARE COMPASSIONATE, No areas of improvement identified BUT number of recommendation is 1? As for our areas of Improvement in section4.3; where we had 1 recommendation in regards with the Controlled drugs in Scheduled 4 (Part 1): • I can confirm that all Registered Nurses of Bryansburn Care Home are immediately made aware of this recommendation. • That all prescribed Controlled drugs in Scheduled 4 (Part 1) are denatured by 2 Trained Nurses and rendered irretrievable prior to disposal. Yours sincerely, LUZ AGNES JAINAR Home Manager

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