



NURSING HOME MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No: IN020621

Establishment ID No: 1422

Name of Establishment: Brooklands

Date of Inspection: 20 October 2014

Inspectors' Names: Cathy Wilkinson & Judith Taylor

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
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1.0 GENERAL INFORMATION

Name of home:	Brooklands
Type of home:	Nursing Home
Address:	66 Hospital Road Magherafelt BT45 5EG
Telephone number:	(028) 7963 4490
E mail address:	jarlathc@conwaygroup.co.uk
Registered Organisation/ Registered Provider:	Brooklands Healthcare Limited Mr Jarlath Conway
Registered Manager:	Mrs Deirdre Mary Monaghan
Person in charge of the home at the time of inspection:	Mrs Deirdre Mary Monaghan
Categories of care:	NH-LD, NH-TI, NH-I, NH-PH, NH-PH(E), RC-I, RC-DE, RC-MP(E), RC-PH(E),
Number of registered places:	55
Number of patients accommodated on day of inspection:	52
Date and time of current medicines management inspection:	20 October 2014 10:35 – 14:10
Name of inspectors:	Cathy Wilkinson & Judith Taylor
Date and type of previous medicines management inspection:	6 December 2012 Unannounced

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year is required.

This is the inspection report of an unannounced medicines management inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements and current minimum standards, through a process of evaluation of available evidence.

RQIA aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the management of medicines in the home, and to determine and assess the home's implementation of the following:

The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003

The Nursing Homes Regulations (Northern Ireland) 2005

The Department of Health, Social Services and Public Safety (DHSSPS) Nursing Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

METHODS/PROCESS

Discussion with Mrs Deirdre Monaghan (Registered Manager) and registered nurses and staff on duty

Audit trails carried out on a sample of randomly selected medicines

Review of medicine records

Observation of storage arrangements

Spot-check on policies and procedures

Evaluation and feedback

This unannounced inspection was undertaken to examine the arrangements for the management of medicines within the home, and to examine the steps being taken to improve the standards in place for the management of medicines since the previous inspection.

HOW RQIA EVALUATES SERVICES

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standards (2008) and to assess progress with the issues raised during and since the previous inspection.

Standard 37: Management of Medicines

Standard Statement - Medicines are handled safely and securely

Standard 38: Medicine Records

Standard Statement - Medicine records comply with legislative requirements and current best practice

Standard 39: Medicines Storage

Standard Statement - Medicines are safely and securely stored

An outcome level was identified to describe the service's performance against each criterion that the inspectors examined. Table 1 sets the definitions that RQIA has used to categorise the service's performance:

Table 1: Compliance statements

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and being made within the inspection report.

3.0 PROFILE OF SERVICE

Brooklands is a purpose built home registered to provide nursing and residential care. It is located close to the Mid Ulster Hospital and is convenient to the facilities of the town of Magherafelt.

Accommodation is provided over two floors with access to the first floor via a passenger lift and stairs. There are 51 single and two double bedrooms with a range of lounges and dining areas throughout the building.

Laundry and catering facilities are also provided. There is ample car parking space available.

The home was first registered on 01 September 1992 and following renovations in 2011 can accommodate a maximum of 55 persons, including an eight bed residential dementia care unit.

The home is registered in the following categories of care:

Residential Care

RC-DE	Residential Dementia Care
RC- I	Old age not falling into any other category
RC-MP (E)	Mental disorder excluding learning disability or dementia
RC-PH (E)	Physical disability other than sensory over 65 years

Nursing Care

NH- I	Old age not falling into any other category
NH-PH (E)	Physical disability other than sensory over 65 years
NH-PH	Physical disability other than sensory under 65 years
NH-TI	Terminally ill
NH-LD	Learning Disability under 65 years

Mrs Deirdre Monaghan has been the registered manager since July 2014.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Brooklands was undertaken by Cathy Wilkinson and Judith Taylor, RQIA Pharmacist Inspectors, on 20 October 2014 between 10:35 and 14:10. This summary reports the position in the home at the time of the inspection.

The purpose of this inspection was to consider whether the service provided to patients was in compliance with legislative requirements and current minimum standards, through a process of evaluation of the available evidence. The inspectors examined the arrangements for medicines management within the home and focused on three medicine standards in the DHSSPS Nursing Homes Minimum Standards (2008):

- Standard 37: Management of Medicines
- Standard 38: Medicine Records
- Standard 39: Medicines Storage.

During the course of the inspection, the inspectors met with the registered manager of the home, Mrs Deirdre Monaghan and with the registered nurses and staff on duty. The inspectors

observed practices for medicines management in the home, inspected storage arrangements for medicines, examined a selection of medicine records and conducted an audit of a sample of randomly selected medicines.

This inspection indicated that the arrangements for the management of medicines in Brooklands are substantially compliant with legislative requirements and best practice guidelines. The outcomes of this inspection found no areas of concern although some areas for improvement were noted.

The three requirements and four recommendations made at the previous medicines management inspection on 6 December 2012 were examined during the inspection. The outcomes of compliance can be observed in the tables following this summary. Two requirements and three recommendations had been complied with. One requirement has been assessed as substantially compliant. One recommendation has been assessed as not compliant.

Since the previous inspection RQIA has monitored the management of medicines in the home through the reporting of any medicine incidents and discussion with other inspectors.

Several areas of good practice were observed and acknowledged throughout the inspection as detailed in the report. These included a robust audit system, separate charts for pain management, administration of insulin and antibiotics. Personal medication records and medicine administration records were well maintained.

There is a programme of training and records of training and competency are maintained.

This disposal of medicines requires review by the registered manager and the policy and procedures should reflect current practice and be in line with waste management legislation.

The storage of medicines is satisfactory.

The management of medicines for distressed reactions should be reviewed to ensure that a care plan is developed and the effect of any administration is recorded.

The inspection attracted a total of one requirement and two recommendations. The requirements and recommendations are detailed in the Quality Improvement Plan.

The inspectors would like to thank the registered manager and staff for their assistance and co-operation throughout the inspection.

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 6 December 2012:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	<p>The storage arrangements for medicines must be reviewed to ensure that the medicine refrigerator temperatures are maintained within the accepted range, and any deviation is reported to the registered manager for corrective action.</p> <p>Stated twice</p>	<p>The medicines refrigerators temperatures were monitored daily and were mostly within the required range. Some small deviation was observed on the ground floor and the registered manager advised that this would be monitored.</p>	<p>Substantially compliant</p>
2	13(4)	<p>The registered manager must investigate the observations made in two eye drops. A written report of the findings and action taken must be forwarded to RQIA on or before 14 December 2012.</p> <p>Stated once</p>	<p>This report was received by RQIA.</p>	<p>Compliant</p>
3	13(4)	<p>The name of the enteral feed, flush and flow rate must be recorded on the patient's personal medication record.</p> <p>Stated once</p>	<p>These details had been recorded.</p>	<p>Compliant</p>

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	37	<p>The registered manager should review the auditing arrangements for medicines to ensure that a variety of medicine formulations is included.</p> <p>Stated once</p>	A comprehensive audit process is in place.	Compliant
2	37	<p>The registered manager should update the homes medicines management policies to include procedures for the new arrangements for the disposal of medicines.</p> <p>Stated once</p>	The disposal of medicines requires review and the policies and procedures should be updated to ensure that they are reflective of current practice. This recommendation has been subsumed into a requirement.	Not compliant
3	38	<p>The registered manager should ensure that where a nurse transcribes new medicine details onto personal medication records, two nurses are involved on each occasion and both nurses sign the entry.</p> <p>Stated once</p>	This is the usual practice within the home.	Compliant
4	37,38	<p>The total daily fluid intake should be recorded on the fluid intake charts for the patient administered medicines and fluids via an enteral feeding tube.</p> <p>Stated once</p>	The total fluid intake had been recorded.	Compliant

SECTION 6.0

STANDARD 37 - MANAGEMENT OF MEDICINES Medicines are handled safely and securely.

Criterion Assessed: 37.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.	COMPLIANCE LEVEL
Inspection Findings: The registered manager maintains a satisfactory system for the management of medicines, in accordance with legislative requirements, professional standards and DHSSPS guidance. Staff advised that written confirmation of current medicine regimes is obtained from a health or social care professional for new admissions to the home. The process for obtaining prescriptions was reviewed. Not all prescriptions are received and checked before dispensing, however a copy of the most recent prescription is kept in the home. The management of warfarin was examined. Warfarin dosage regimes are received in writing. Two nurses are involved in recording new regimes onto warfarin administration records. A daily stock balance record for warfarin is maintained. No discrepancies were observed in the audit trails performed on warfarin during this inspection. The outcomes of audit trails which were performed on a variety of randomly selected medicines showed good correlation between prescribed directions, administration records and stock balances of medicines.	<p style="text-align: center;">Compliant</p>

STANDARD 37 - MANAGEMENT OF MEDICINES

<p>Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Policies and procedures for the management of medicines and standard operating procedures for controlled drugs were in place. The policy for the disposal of medicines and controlled drugs must be reviewed to ensure that is reflective of current practice and is in accordance with legislative requirements. A requirement has been made.</p>	<p>Substantially compliant</p>
<p>Criterion Assessed: 37.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Staff who manage medicines are trained and competent. A record is kept of all medicines management training including induction. Staff have completed training in the management of syringe drivers, subcutaneous fluids and PEG tubes. The pharmacist provided update medicines management training in September 2014.</p> <p>A list of the names, signatures and initials of staff authorised to administer medicines is maintained.</p>	<p>Compliant</p>
<p>Criterion Assessed: 37.4 The impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of staff.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>There is regular staff appraisal and competency assessment with respect to medicines management. Staff appraisal is undertaken every year and supervisions sessions are held throughout the year. A record is kept of all staff appraisals and competency assessments.</p>	<p>Compliant</p>

STANDARD 37 - MANAGEMENT OF MEDICINES

Criterion Assessed: 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	COMPLIANCE LEVEL
Inspection Findings: The registered manager stated that medication errors and incidents would be routinely reported to RQIA in accordance with the home's policies and procedures.	Compliant
Criterion Assessed: 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	COMPLIANCE LEVEL
Inspection Findings: This disposal of pharmaceutical waste must be reviewed and revised. At present not all medicines are being disposed of in accordance with current legislation. The registered manager must ensure that all pharmaceutical waste is appropriately disposed of. A requirement has been made.	Moving towards compliance
Criterion Assessed: 37.7 Practices for the management of medicines are systematically audited to ensure they are consistent with the home's policy and procedures, and action is taken when necessary.	COMPLIANCE LEVEL
Inspection Findings: A system to audit the management of medicines is in place. Audit trails are performed on a regular basis, by the registered manager and staff and any discrepancies are investigated and discussed. The audit process is readily facilitated by the good practice of recording the date and time of opening on medicine containers.	Compliant
INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL Substantially compliant

STANDARD 38 - MEDICINE RECORDS

Medicine records comply with legislative requirements and current best practice.

Criterion Assessed: 38.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.	COMPLIANCE LEVEL
Inspection Findings:	
Medicine records were legible, well kept, and had been constructed and completed to ensure a clear audit trail.	Compliant
Criterion Assessed: 38.2 The following records are maintained: <ul style="list-style-type: none"> • Personal medication record • Medicines administered • Medicines requested and received • Medicines transferred out of the home • Medicines disposed of. 	COMPLIANCE LEVEL
Inspection Findings:	
Each of the above records is maintained in the home. A sample was selected for examination and was found to be satisfactory. The good standard of record keeping was acknowledged.	Compliant
Criterion Assessed: 38.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.	COMPLIANCE LEVEL
Inspection Findings:	
The controlled drugs record books had been fully and accurately completed.	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

STANDARD 39 - MEDICINES STORAGE
Medicines are safely and securely stored.

Criterion Assessed: 39.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	COMPLIANCE LEVEL
Inspection Findings:	
<p>Medicines are stored safely and securely and in accordance with the manufacturer's instructions. There was sufficient storage space for medicines in the medicine trolleys and medicine cupboards.</p> <p>Refrigerator temperatures were recorded on a daily basis, and temperatures were usually within the accepted range of 2°C to 8°C for medicines which required cool storage.</p> <p>Oxygen is stored and managed appropriately and signage is in place.</p> <p>Staff were reminded that lidocaine patches should be sealed in the pouch once opened.</p>	<p align="center">Compliant</p>

STANDARD 39 - MEDICINES STORAGE

<p>Criterion Assessed: 39.2 The key of the controlled drug cabinet is carried by the nurse-in-charge. Keys to all other medicine cupboards and trolleys are securely held by either the nurse-in-charge or by a designated nurse. The safe custody of spare keys is the responsibility of the registered manager.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>The controlled drug cabinet key is held separately from other medicine cupboard keys and is held by the registered nurse or senior care assistant in charge of the shift. The registered manager is responsible for the management of spare medicine keys.</p>	<p>Compliant</p>
<p>Criterion Assessed: 39.3 Quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled on each occasion when responsibility for safe custody is transferred.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled at each handover of responsibility and records of balance checks were inspected and found to be satisfactory.</p>	<p>Compliant</p>
<p>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

7.0 ADDITIONAL AREAS EXAMINED

Management of medicines for distressed reactions

The records in place for the use of 'when required' anxiolytic and antipsychotic medicines in the management of distressed reactions were examined for two patients. A care plan was not in place for one patient and this should be addressed. The parameters for administration were clearly recorded on the personal medication records. The administration of these medicines is infrequent. When administered, the reason for the administration and the effect of the administration should be recorded on each occasion.

The management of medicines for distressed reactions should be reviewed to ensure that a care plan is developed and the effect of any administration is recorded. A recommendation is made.

8.0 QUALITY IMPROVEMENT PLAN

All registered establishments and agencies are required to comply with The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the 2003 Order) and the subordinate regulations specific to the particular service being provided.

Registered providers/managers are also expected to ensure that their service operates in accordance with the minimum standards relevant to their establishment or agency that have been issued by the Department of Health, Social Services and Public Safety (DHSSPS).

Enforcement action is an essential element of the responsibilities of RQIA under the 2003 Order, and is central to the aim of RQIA to protect the safety of patients and to bring about sustained improvements in the quality of service provision.

In line with the principles set out in the Enforcement Policy, RQIA will normally adopt a stepped approach to enforcement where there are areas of concern. Any enforcement action taken by RQIA will be proportionate to the risks posed to patients and the seriousness of any breach of legislation.

The Quality Improvement Plan (QIP) appended to this report details the action required to ensure compliance with legislation and improvement in the quality of the service. These details were discussed with **Mrs Deirdre Monaghan, Registered Manager**, as part of the inspection process. The registered provider must record comments on the QIP and return it to RQIA within the required timeframe.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement action. It should also be noted that under the 2003 Order, failure to comply with some regulations is considered to be an offence and RQIA has the power to prosecute in conjunction with other enforcement action, for example place conditions on registration.

Enquiries relating to this report should be addressed to:

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



QUALITY IMPROVEMENT PLAN

NURSING HOME

UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

BROOKLANDS (MAGHERAFELT)

20 OCTOBER 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan. Timescales for completion commence from the date of inspection.

The specific actions set out in the Quality Improvement Plan were discussed with **Mrs Deirdre Monaghan, Registered Manager**, during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

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 (NI) 2005.

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	13(4)	The registered manager must review and revise the management of pharmaceutical waste to ensure that it is appropriately disposed of. Ref: Criterion 37.6	One	Pharmaceutical waste disposal has been reviewed and is now being disposed of into a pharmacy waste bin which is collected by the Home's pharmacy provider for disposal. This pharmacy provider has the license to dispose of this type of waste.	20 November 2014

RECOMMENDATIONS

These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	37	The registered manager should ensure that the policy for the disposal of medicines and controlled drugs is reviewed to ensure that is reflective of current practice and is in accordance with legislative requirements. Ref: Criterion 37.2	One	The policy for the disposal of pharmaceutical waste including controlled drugs has been reviewed and reflects how the home disposes of this type of waste	20 January 2015
2	37	The management of medicines for distressed reactions should be reviewed to ensure that a care plan is developed and the effect of any administration is recorded. Ref: Section 7.0	One	Patients/residents requiring prescribed medications for distressed reactions have been reviewed and care plans are in place for these patients/residents. Staff are recording the effect of any administration when required on the patients/residents records.	20 November 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Deirdre Monaghan
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Therese Conway

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	Yes		Cathy Wilkinson	11/12/2014
B.	Further information requested from provider				