



The Regulation and
Quality Improvement
Authority

Braefield
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Ballymena
BT42 3LA

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Unannounced Medicines Management Inspection of Braefield

4 June 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 medicines management inspection took place on 4 June 2015 from 10:30 to 13:45.

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 some areas for improvement were identified and discussed with the nurse in charge.

Recommendations made prior to April 2015 relate to DHSSPS Nursing Homes Minimum Standards, February 2008.

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

Other than those actions detailed in the QIP there were no further actions required to be taken following the last medicines management inspection on 16 April 2012.

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	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Care Circle Ltd Mr Ciaran Henry Sheehan	Registered Manager: Mrs Lesley McKillen
Person in Charge of the Home at the Time of Inspection: Mr Jogin George, Nurse in Charge	Date Manager Registered: 24 July 2014
Categories of Care: NH-DE, NH-I, NH-PH, NH-PH(E), RC-I	Number of Registered Places: 50
Number of Patients Accommodated on Day of Inspection: 46	Weekly Tariff at Time of Inspection: £593

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.

1. 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 last medicines management inspection.

During the inspection the inspector met the registered nurses and senior care assistants on duty.

The following records were examined during the inspection:

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

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an announced finance inspection dated 14 April 2014. At the time of this inspection the draft QIP had just been issued and had not yet been returned. There were no outstanding issues from the finance inspection which required follow up during this inspection.

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

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 13(4) Stated twice	Records of calibration checks for blood glucose meters must be maintained.	Met
	Action taken as confirmed during the inspection: Calibration checks are completed weekly or monthly as appropriate and records are maintained.	
Requirement 2 Ref: Regulation 13(4) Stated twice	Refrigerator temperatures must be maintained within the recommended limits for the cold storage of medicines.	Met
	Action taken as confirmed during the inspection: Refrigerator temperatures had been maintained within the required range.	

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 3 Ref: Regulation 13(4) Stated once	<p>Unwanted medicines must be taken to facilities that are licensed or permitted to receive them, in accordance with the requirements of The Controlled Waste Regulations (Northern Ireland) 2002, as amended.</p> <p>Action taken as confirmed during the inspection:</p> <p>Appropriate arrangements are in place for the disposal of medicines.</p>	Met
Requirement 4 Ref: Regulation 13(4) Stated one	<p>The registered manager must ensure that there is a system in place to record the administration of thickened fluids.</p> <p>Action taken as confirmed during the inspection:</p> <p>The administration of thickened fluids is appropriately recorded.</p>	Met
Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 37 Stated twice	<p>The arrangements for the management of warfarin should be reviewed to ensure the following:</p> <ul style="list-style-type: none"> • written confirmation of warfarin dosage regimes is held on file; • two nurses are involved in recording warfarin dosage regimes on warfarin administration records; and • a daily stock balance for warfarin is maintained. • <p>Action taken as confirmed during the inspection:</p> <p>The arrangements in place for the management of warfarin were satisfactory.</p>	Met

Last Inspection Recommendations		Validation of Compliance
Recommendation 2 Ref: Standard 37 Stated twice	<p>The date and time of opening should be routinely recorded on all medicines.</p> <p>Action taken as confirmed during the inspection:</p> <p>The date and time of opening had been recorded on the majority of medicines that were audited during the inspection.</p>	Met
Recommendation 3 Ref: Standard 37 Stated once	<p>The range of audits undertaken by staff in the home should be expanded to include liquids, inhaled medicines and food supplements.</p> <p>Action taken as confirmed during the inspection:</p> <p>A robust audit system is in place.</p>	Met
Recommendation 4 Ref: Standard 37 Stated once	<p>The registered manager should ensure that there are standard operating procedures covering all areas of the management of controlled drugs.</p> <p>Action taken as confirmed during the inspection:</p> <p>Standard operating procedures for the management of controlled drugs were in place.</p>	Met
Recommendation 5 Ref: Standard 38 Stated once	<p>The registered manager should ensure that hand-written entries on the medicine administration records are signed and verified by two nurses.</p> <p>Action taken as confirmed during the inspection:</p> <p>The type of medicine administration records that are used in the home have been changed and therefore this requirement is no longer applicable.</p>	No longer applicable

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

Medicines are being administered in accordance with the prescribers' instructions. The audit trails performed on a variety of randomly selected medicines at the inspection provided satisfactory outcomes.

Systems are in place to manage the ordering of prescribed medicines to ensure adequate supplies are available and to prevent wastage.

The process for the ordering and receipt of medicines was reviewed. A copy of prescriptions is received and checked against the order. There are arrangements in place to ensure short falls in medicine supplies are reported and the supply obtained in a timely manner.

All of the medicines examined at the inspection were available for administration and were labelled appropriately.

Medicine records were legible and accurately maintained so as to ensure that there is a clear audit trail. Records of the ordering, receipt, administration, non-administration, disposal and transfer of medicines are maintained. New medicine entries on personal medication records had been signed by two registered nurses to ensure the accuracy of the entry. This is safe practice. When a variable dose of medicine had been prescribed, the actual quantity administered had been recorded. The good practice of maintaining separate administration records for analgesics and antibiotics was acknowledged.

Controlled drug record books and records of the shift handover stock reconciliation checks of controlled drugs were well maintained.

Appropriate arrangements are in place for the disposal of medicines. The waste transfer note is held on file. Controlled drugs are denatured by two registered nurses prior to disposal.

Is Care Effective? (Quality of Management)

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

Medicines are managed by staff who have been trained and deemed competent to do so. An induction process is in place. The impact of training is monitored through supervision and appraisal.

There are arrangements in place to audit the practices for the management of medicines. Running stock balances are maintained for analgesics. Staff perform a daily medication audit and one patient's medicines are audited each day. A monthly end of box audit is also completed for all patients' medication. A review of the audit records indicated that largely satisfactory outcomes had been achieved. The audit process is facilitated by the good practice of recording the date and time of opening on the medicine container.

There has been one incident reported since the last medicines management inspection this had been managed appropriately.

Is Care Compassionate? (Quality of Care)

Staff had knowledge and understanding of the range of distressed behaviour that residents with dementia may experience and the reasons why such behaviour may occur and how to respond. Staff recognised where behaviour may be caused by pain. Staff were trained to use a pain assessment tool to determine if residents with dementia were in pain and respond effectively to the need for pain relief.

The records for a small number of patients who are prescribed medicines on a "when required" basis for the management of distressed reactions were observed. In each instance, the care plan detailed the circumstances under which the medicine was to be administered. The parameters for administration of anxiolytic/antipsychotic medicines were recorded on the personal medication records. The medicines administration records indicated that the medicines were being administered in accordance with the prescribers' instructions. From discussion with the registered nurse, it was concluded that staff are familiar with circumstances when to administer anxiolytic/ antipsychotic medicines. Staff had the knowledge to recognise signs, symptoms and triggers which may cause a change in a patient's behaviour and are aware that this change may be associated with pain.

Medicines which are prescribed to manage pain are recorded on the personal medication record. Examination of the administration of medicines which are prescribed to treat or prevent pain indicated that these medicines had been administered as prescribed. This included regularly prescribed controlled drug patches and analgesics which are prescribed for administration on a "when required" basis. From discussion with the registered nurse, it was evident that staff are aware of the signs, symptoms and triggers of pain in patients. In each instance, there was a care plan in place which detailed the management of the patient's pain. The care plan had been evaluated each month. A pain assessment tool is in use for patients who cannot verbally express pain.

Evidence of the prescriber's instruction was in place for one patient who requires covert administration of medicines.

Areas for Improvement

The administration of lidocaine plasters was discussed. The registered nurse was advised that it is good practice to record the removal of the plaster. The pouch containing the plasters should also be sealed and the date of opening recorded. It was agreed that this would be addressed.

The reason for administration and outcome of administration of medicines prescribed on a "when required" basis for the management of distressed reactions were sometimes not recorded. This was discussed with the registered nurses on duty who agreed that this would be addressed.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Additional Areas Examined

Medicines are being stored safely and securely in accordance with statutory requirements and manufacturers' instructions.

It was observed that the oxygen cylinders in use had not been chained to the wall. This was highlighted to the registered nurse who advised that this would be rectified following the inspection.

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.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	<i>LMcKellen</i>	Date Completed	17-6-15
Registered Person	<i>Cian Sheehan</i>	Date Approved	
RQIA Inspector Assessing Response	<i>Cathy Wilson</i>	Date Approved	24/6/15

Please provide any additional comments or observations you may wish to make below:

Please complete in full and returned to pharmacists@rgia.org.uk from the authorised email address