



The Regulation and
Quality Improvement
Authority

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

MEDICINES MANAGEMENT POST - REGISTRATION INSPECTION REPORT

Inspection No:	IN021196
Establishment ID No:	12209
Name of Establishment:	Home Treatment House
Date of Inspection:	10 February 2015
Inspector's Name:	Frances Gault

1.0 GENERAL INFORMATION

Name of home:	Home Treatment House
Type of home:	Nursing Home
Address:	Old See House 603 Antrim Road Belfast BT15 4DX
Telephone number:	(028) 9061 0435
E mail address:	domenica.gilroy@belfasttrust.hscni.net
Registered Organisation/ Registered Provider:	Belfast Health and Social Care Trust Mr Martin Joseph Dillon
Registered Manager:	Bridget Stuart, Acting
Person in charge of the home at the time of Inspection:	Bridget Stuart, Acting
Categories of care:	NH – MP; NH – MP(E)
Number of registered places:	5
Number of patients accommodated on day of inspection:	3
Date and time of current medicines management inspection:	10 February 2015 11.00 – 12.30
Names of inspectors:	Frances Gault
Date and type of previous medicines management inspection:	Not applicable

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 announced 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 users 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's (DHSSPS) Nursing Homes Minimum Standards.

METHODS/PROCESS

Discussion with Ms Bridget Stuart, Acting Manager and the registered nurse 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 announced inspection was undertaken to examine the arrangements for the management of medicines within the home following its registration with RQIA in 2014.

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.

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

Standard 40: Administration of Medicines

Standard Statement - Medicines are safely administered in accordance with the prescribing practitioner's instructions

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 HOME

Home Treatment House is a purpose built; two storey facility situated at 603 Antrim Road, Belfast, BT14. The home is operated and managed by Belfast Health and Social Care Trust (BHSCT).

The home offers bright and spacious accommodation for a maximum of 5 patients who require acute mental health services and who are under the care of the Belfast Trust Home Treatment Service.

The home is registered for the following categories of care:

NH – MP - Mental Disorder excluding learning disability or dementia

NH – MP (E) - Mental Disorder excluding learning disability or dementia over 65

The bedrooms provided are all single rooms with en suite shower and toilet facilities. Each bedroom has been furnished with a single bed and a range of furniture providing storage for patients' personal possessions. Overhead and subtle optional lighting has been provided. There are two bedrooms on the ground floor to facilitate patients with a physical disability.

There is an assisted bathroom on the ground floor of the home, ensuring that bathing facilities are available for patients if they wish. Communal toilets are located throughout the home.

There is an open plan living/dining area on the ground floor. There is a domestic style kitchen adjacent to the dining area for patients who wish to prepare drinks and snacks.

Patients can access the enclosed garden from the living area. The enclosed garden includes a smoking area.

Car parking is available for patients and visitors.

4.0 EXECUTIVE SUMMARY

An announced medicines management inspection of Hone Treatment House was undertaken by Frances Gault, RQIA Senior Pharmacist Inspector, 10 February 2015 between 11.00 hours and 12.30 hours. This was the first medicines management inspection since registration. 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 and residents was in compliance with legislative requirements and current minimum standards, through a process of evaluation of the available evidence. The inspector examined the arrangements for medicines management within the home and focused on the four medicine standards in the DHSSPS Nursing Homes Minimum Standards (2008);

- Standard 37: Management of Medicines;
- Standard 38: Medicine Records;
- Standard 39: Medicines Storage;
- Standard 40: Administration of Medicines

This inspection concluded that the arrangements in place for medicines management in the home are substantially compliant with the minimum standards. The outcome of the medicines management inspection found no significant areas of concern though some areas for improvement were noted.

During the course of the inspection, the inspector met with Ms Bridget Stuart, acting manager, and the senior nurse. The inspector observed practices for the management of medicines 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.

The home has developed written policies and procedures in place for the management of medicines. However, these require further development to ensure they are specific to the home. A recommendation is made.

The results of a limited number of random medicine audits, carried out during the inspection, indicated that medicines are broadly being administered to patients in accordance with the prescribers' instructions. Some discrepancies were noted which were discussed with the management team. The responsible individual must introduce a monitoring system that covers all aspects of the management of medicines and a recommendation was made in respect of this.

Medicines were being stored safely and securely in accordance with legislative requirements.

The inspection attracted two recommendations. These are detailed in the Quality Improvement Plan.

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

5.0 FOLLOW-UP ON PREVIOUS ISSUES

This was the first medicines management inspection conducted in this home.

SECTION 6.0

STANDARD 37 – MANAGEMENT OF MEDICINES

Standard Statement:

Medicines are handled safely and securely

Inspection Findings:

The senior nurse advised that registered nurses, and where applicable, health care workers had received training and been deemed competent in the management of medicines. Health care workers have been trained to act as a witness in the management of controlled drugs and in the completion of records. Details of the training were available. However, due to the absence of the registered manager no evidence was available of individual training records. The acting manager was advised that records must be available for inspection.

Confirmation of current medication regimes is obtained through accessing the electronic records held in general practitioners surgeries. The medicines which new admissions had brought into the home were examined. These had been labelled appropriately.

The home has written policies and procedures in place for the management of medicines. However, these should be reviewed to ensure that they meet the specific needs of the home. Standard operating procedures should be in place to cover all aspects of the management of controlled drugs. A recommendation is made.

The arrangements in place for the disposal of medicines were discussed. Currently medicines no longer required are either returned to the patient or, with their consent, to the community pharmacist. The manager was informed that since the home is registered as a nursing home any transfer of waste prescribed medicines must be taken to licensed or permitted facilities. It was agreed that this would be implemented.

Staff advised of a recent near miss with respect to the receipt of a prescribed medicine. This had been managed appropriately but had not been reported as required to RQIA. This oversight has since been addressed.

The results of a limited number of random medicine audits, carried out during the inspection, indicated that medicines are broadly being administered to patients in accordance with the prescribers' instructions. Some discrepancies were noted which were discussed with the management team. A medicine auditing programme should be introduced. While it is acknowledged that patients are usually only in the home for a periods of weeks, it was suggested that this should occur when the patient is discharged. Depending on the outcomes more frequent audits should be introduced. A recommendation is made.

COMPLIANCE LEVEL: Moving towards compliance

STANDARD 38 – MEDICINE RECORDS

Standard Statement:

Medicine records comply with legislative requirements and current best practice

Inspection Findings:

A random sample of the following medicine records in the home were reviewed during the inspection:

- Personal medication records
- Medicines administered
- Medicines requested and received
- Medicines disposed of

The home has a sample signature and initials list of registered nurses and care staff who have been trained and deemed competent to manage medicines.

Personal medication records

These had been completed by two members of staff. Staff were reminded that the patient's date of birth should be included. Due to the small number of patients and their specific health care needs, staff have decided there is no need to personalise the records with a photograph of the patient.

Medicine administration records

These had been completed accurately with any non-administration explained.

Medicine receipt/discharge records

Individual records are kept for each patient and those sampled were accurate. Given that medicines may be obtained from different sources it was suggested that the receipt record should include this detail in the record.

COMPLIANCE LEVEL: Compliant

STANDARD 39: MEDICINES STORAGE

Standard Statement:

Medicines are safely and securely stored

Inspection findings:

All medicines were safely and securely stored.

Controlled drugs were being stored in controlled drugs cabinets that conformed to statutory requirements. Additional security arrangements are in place.

Quantities of controlled drugs subject to safe custody requirements are reconciled on each occasion when responsibility for safe custody is transferred.

The temperature range of the medicine refrigerator is documented each day. On occasion the temperature was outside the appropriate range of 2°C to 8°C. Management must ensure that staff document any corrective action taken when this occurs. No medicines are currently stored in the refrigerator. It was advised that all staff should know how to reset the thermometer.

Medical oxygen is stored as part of the emergency equipment. There should be appropriate signage in place to identify that oxygen is stored in the treatment room.

COMPLIANCE LEVEL: Substantially compliant

STANDARD 40: ADMINISTRATION OF MEDICINES

Standard statement:

Medicines are safely administered in accordance with the prescribing practitioner's instructions

Inspection findings:

Consultants may recommend treatment to general practitioners in relation to patients' medication. Staff advised that changes would not occur until a new prescription and the labelled medicine has been obtained. This may mean a delay in the change to treatment. They were advised, in the short term, if a dose has been changed that does not mean the need for a change to the medicine form or strength, a dated and signed note could be attached to the personal medication record to advise staff that the dose on the personal medication record is correct and the medicine label would be amended when a new supply is obtained. This procedure should be agreed with the prescribers and Trust.

COMPLIANCE LEVEL: Compliant

6.0 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 Ms B Stuart, Acting 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:

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

Frances Gault
Senior Pharmacist

Date



QUALITY IMPROVEMENT PLAN

NURSING HOME
ANNOUNCED MEDICINES MANAGEMENT INSPECTION

HOME TREATMENT HOUSE
10 FEBRUARY 2015

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

The specific actions set out in the Quality Improvement Plan were discussed with **Ms Bridget Stuart, Acting Manager**, either during or after 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.

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 responsible individual should ensure that the medicine policy and standard operating procedures reflect the procedures within the home. Ref: Section 37	One	The medicine policy & standard operating procedures have been reviewed & amended to reflect procedures within the home.	10 May 2015
2	37	The responsible individual should introduce a medicine auditing system and ensure it covers all aspects of the management of medicines. Ref: Section 37	One	The responsible manager will review the current audit process & amend to ensure it covers all aspects of medicine management. However this will not be completed by 10 March 2015. The Trust will endeavour to complete this by 10 May 2015	10 March 2015

The registered provider/manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

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

SIGNED: *M. Dillon*
 NAME: M. Dillon
 Registered Provider
 DATE: 17.4.15

SIGNED: *B. Swann*
 NAME: B. Swann
 Registered Manager
 DATE: _____

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

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	X		Written clarification that auditing process has been implemented received on 29/5/15 Frances Gault	15/6/15
B.	Further information requested from provider				