The Regulation and Quality Improvement Authority

Unannounced Medicines Management Inspection Report
12 December 2017

Fruithill Nursing Home

Type of Service: Nursing Home
Address: 20 Fruithill Park, Andersonstown, Belfast, BT11 8GD
Tel No: 028 9061 7717
Inspector: Rachel Lloyd

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for

2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 35 patients (see section 3.0).

3.0 Service details

Organisation/Registered Provider: Fruithill Nursing Home **Responsible Individual:** Ms Orla Frances Sheehan	**Registered Manager:** Miss Veronica Sousa
Person in charge at the time of inspection: Mrs Veronica Sousa	**Date manager registered:** 24 January 2017
Categories of care: Nursing Homes (NH): I – Old age not falling within any other category LD – Learning disability PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years TI – Terminally ill	**Number of registered places:** 35 There shall be a maximum of two patients accommodated in category NH-LD. The home is approved to provide care on a day basis only to 2 persons.

4.0 Inspection summary

An unannounced inspection took place on 12 December 2017 from 10.10 to 14.45.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 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.

The inspection assessed progress with any areas for improvement identified during and since the last medicines management inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the administration and storage of medicines, medicine records, care planning, communication with various healthcare professionals, working relationships within the home and the management of the ordering and supply of medicines.

No areas requiring improvement were identified.

The patients spoken to were largely satisfied with the management of their medicines and they spoke positively about their care.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Miss Veronica Sousa, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 13 April 2017. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of medicine related incidents reported to RQIA since the last medicines management inspection

A poster informing visitors to the home that an inspection was being conducted was displayed.

A sample of the following records was 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
- care plans
- policies and procedures
- training records
- medicines storage temperatures

We met with three patients and four relatives, two first year student nurses, two registered nurses and the registered manager.

Ten questionnaires were provided for distribution to patients and their representatives for completion and return to RQIA. Staff were invited to share their views by completing an online questionnaire.

Areas for improvement identified at the last medicines management inspection were reviewed and the assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 13 April 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and was approved by the care inspector. This QIP will be validated by the care inspector at the next care inspection.

6.2 Review of areas for improvement from the last medicines management inspection dated 29 September 2016

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 29 **Stated:** Second time	It is recommended that the record of disposed medicines is signed by the nurse responsible for the disposal and a second witness to the disposal.	**Met**
	Action taken as confirmed during the inspection: Each entry in this record was signed by two registered nurses.	
Area for improvement 2 **Ref:** Standard 18 **Stated:** Second time	It is recommended that the management of medicines prescribed on a “when required” basis for the management of distressed reactions is reviewed and revised to ensure that all of the appropriate records are maintained.	**Met**
	Action taken as confirmed during the inspection: This had been reviewed and appropriate records had been maintained.	

Area for improvement 3 **Ref:** Standard 29 **Stated:** First time	The registered provider should ensure that handwritten entries on medication administration records are signed and are verified by a second designated member of staff to ensure accuracy in transcribing.	**Met**
	Action taken as confirmed during the inspection: Two signatures were observed on the majority of entries examined.	
Area for improvement 4 **Ref:** Standard 28 **Stated:** First time	The registered provider should ensure that the destruction and disposal of Schedule 3 and Schedule 4 (Part 1) controlled drugs is reviewed to ensure that these medicines are denatured prior to disposal on every occasion and that this is reflected in the records of disposal.	**Met**
	Action taken as confirmed during the inspection: This had been reviewed and was reflected in the record of the disposal of medicines.	
Area for improvement 5 **Ref:** Standard 30 **Stated:** First time	The registered provider should ensure that the date of opening is recorded on all medicines to facilitate audit and to alert staff of the expiry dates of medicines with a limited shelf life once opened.	**Met**
	Action taken as confirmed during the inspection: The date of opening was recorded on the majority of medicines examined including those with a limited shelf life after opening.	

Area for improvement 6 **Ref:** Standard 30 **Stated:** First time	The registered provider should ensure that the cold storage of medicines is reviewed to ensure that the temperature remains in the required range at all times and any variation is escalated to management for further action.	**Met**
	Action taken as confirmed during the inspection: Refrigerator temperature readings were satisfactory at the time of the inspection and had been so over recent weeks. Prior to this the minimum temperature reading was often recorded as being below 2◦C. This had been identified and training provided by the community pharmacist on the use of the thermometer, which was additionally placed in glycerine to prevent fluctuations. The registered manager had included cold storage of medicines in audit procedures.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

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 team meetings, supervision and annual appraisal. Competency assessments were completed annually. Annual refresher training had been provided on the management of medicines early in 2017 and records had been maintained. In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to.

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. Antibiotics and newly prescribed medicines had been received into the home without delay. Satisfactory arrangements were in place for the acquisition and storage of prescriptions.

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.

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.

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.

Robust arrangements were observed for the management of high risk medicines e.g. insulin. The use of separate administration charts was acknowledged.

Discontinued or expired medicines were disposed of appropriately. Discontinued controlled drugs were denatured and rendered irretrievable prior to disposal.

Medicines were largely stored safely and securely and in accordance with the manufacturer's instructions. New trolleys had been put into place a few days prior to the inspection. The chains to secure these to the wall were not long enough and staff were in the process of acquiring new ones. The registered manager provided assurance that this would be addressed immediately. 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.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, the management on medicines on admission, medicine storage and the management of controlled drugs.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The sample of medicines examined had been administered in accordance with the prescriber's instructions. Some minor discrepancies were highlighted to staff for their attention. There was evidence that time critical medicines had been administered at the correct time. There were arrangements in place to alert staff as to when doses of weekly, monthly or three monthly medicines were due.

The management of distressed reactions, swallowing difficulty and pain were reviewed. The relevant information was recorded in the patient's care plan, personal medication record and records of administration.

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. Most medicines were marked with the date of opening.

Practices for the management of medicines were audited throughout the month by the staff and management. In addition, audits were completed by the community pharmacist. Running stock balances were being maintained for several medicines to assist staff in monitoring their administration.

Following discussion with the registered manager and staff, it was evident that other healthcare professionals are contacted when required to meet the needs of patients.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, care planning, the administration of medicines and audit procedures.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

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.

Throughout the inspection, good relationships were observed between the staff and the patients. Staff were noted to be friendly and courteous; they treated the patients with dignity.

The patients and relatives spoken to at the inspection advised that they were largely satisfied with the management of their/their relative's medicines and that requests for medicines prescribed on a 'when required' basis were responded to promptly. They spoke positively about their care. Two patients commented that their evening medicines had been administered later than usual (at around 11pm) on the previous night and one commented that they "didn't get a good night's sleep." This was shared with the registered manager who stated that the home had been unusually busy and agreed to address this concern.

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.

None of the questionnaires which were left in the home to facilitate feedback from patients and relatives were returned prior to the issue of this report.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing patients and taking account of the views of patients. Good relationships were observed between staff and patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Written policies and procedures for the management of medicines were in place; these had been reviewed in October 2015. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to them.

There were satisfactory arrangements in place for the management of any medicine related incidents. Staff confirmed that they knew how to identify and report incidents. In relation to the regional safeguarding procedures, staff confirmed that they were aware that medicine incidents may need to be reported to the safeguarding team.

A review of the 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, 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 stated that there were good working relationships and that management were open and approachable and willing to listen. The student nurses on placement in the home were very positive about their experiences and learning within the home.

No members of staff had shared their views by completing an online questionnaire, prior to the issue of this report.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, the management of medicine incidents and maintaining good working relationships. There were clearly defined roles and responsibilities for staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

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

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

Assurance, Challenge and Improvement in Health and Social Care