Fruithill Nursing Home
RQIA ID: 1253
20 Fruithill Park
Andersonstown
Belfast
BT11 8GD

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Unannounced Medicines Management Inspection of Fruithill Nursing Home

20 July 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced medicines management inspection took place on 20 July 2015 from 10:30 to 14:00.

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 are set out in the quality improvement plan (QIP) within this report.

This inspection was underpinned by the Department of Health, Social Services and Public Safety (DHSSPS) 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 DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 standards until compliance is achieved. Please also refer to section, 5.2 and 6.2 of this report.

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 inspection on 24 July 2012.

1.2 Actions/Enforcement Resulting from this Inspection

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

An urgent action record regarding out of stock medicines was emailed to Ms Orla Sheehan, Registered Person following the inspection. These actions were required to be addressed without delay to ensure the safety and wellbeing of patients.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	3

The details of the QIP within this report were discussed with Ms Mairead McCann, nurse in charge and Ms Orla Sheehan, Registered Person by telephone following the inspection. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Fruithill Nursing Home Ms Orla Frances Sheehan	**Registered Manager:** Thresia Paily (Acting)
Person in Charge of the Home at the Time of Inspection: Ms Mairead McCann (Nurse in Charge)	**Date Manager Registered:** Not applicable
Categories of Care: NH-LD, NH-I, NH-PH, NH-PH(E), NH-TI	**Number of Registered Places:** 35
Number of Patients Accommodated on Day of Inspection: 34	**Weekly Tariff at Time of Inspection:** £623 - £682

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.

4. 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 with the nurse in charge, the home administrator and spoke to the registered person by phone at the end of the inspection.

The following records were examined during the inspection:

Medicines requested and received
Personal medication records
Medicines administration records (MARs)
Medicines disposed of or transferred
Controlled drug record book
Medicine audits
Policies and procedures
Care plans
Training records.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 13 January 2015. The completed QIP was returned and approved by the care inspector.

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 First time**	The registered person must ensure that the medicines highlighted in the report are closely monitored to ensure that patients receive the prescribed dose. **Action taken as confirmed during the inspection**: Medicines have been regularly audited and the audits completed during the inspection showed good outcomes.	**Met**

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 2 **Ref: Regulation 13(4)** **Stated First time**	The registered manager must continue to ensure that medicine records are subject to regular audit to confirm that they are maintained at all times in line with legislative requirements.	**Met**
	Action taken as confirmed during the inspection: Medicine records have been reviewed monthly and were maintained in a satisfactory manner.	
Requirement 3 **Ref: Regulation 13(4)** **Stated First time**	Management must ensure that patients have their own supply of prescribed medicine in the trolley.	**Met**
	Action taken as confirmed during the inspection: Individual supplies of medicines were available on the medicine trolleys.	
Requirement 4 **Ref: Regulation 13(4)** **Stated First time**	The registered person must review the management of all aspects of the use of thickening agents.	**Met**
	Action taken as confirmed during the inspection: Thickening agents were managed appropriately. A speech and language therapist record was held on file and administration of thickened fluids was recorded on the electronic recording system for each patient.	
Last Inspection Recommendations		**Validation of Compliance**
Recommendation 1 **Ref: Standard 37** **Stated First time**	The registered manager should develop and implement SOPs for the management of controlled drugs.	**Met**
	Action taken as confirmed during the inspection: SOPs for the management of controlled drugs have been developed and implemented.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 2 **Ref: Standard 37** **Stated First time**	The list of names of staff competent in the management of medicines should be reviewed to ensure that the details of all current staff are included.	**Met**
	Action taken as confirmed during the inspection: An up to date list of staff and their sample signatures and initials was observed on the medicines file.	
Recommendation 3 **Ref: Standard 38** **Stated First time**	The registered person must ensure that there is evidence that the entries on the personal medication records and the hand written entries on the medicine administration records are verified and signed by two nurses.	**Met**
	Action taken as confirmed during the inspection: The majority of these records had been signed and verified by two nurses.	
Recommendation 4 **Ref: Standard 38** **Stated First time**	The date of opening items with a short shelf life (eg stock solutions for blood glucometers and eye preparations) should be documented to ensure they are replaced as required.	**Met**
	Action taken as confirmed during the inspection: The date of opening had been recorded on all short shelf life medicines.	
Recommendation 5 **Ref: Standard 38** **Stated First time**	The registered manager should review the procedures in place for the management of enteral feeding and administration of medicines by this route.	**Met**
	Action taken as confirmed during the inspection: This had been reviewed and a comprehensive regimen and recording system was observed on the medicine file.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

This inspection evidenced some concerns with regards to out-of-stock prescribed medicines. There was evidence that five medicines belonging to four different patients had been unavailable for several days in the previous week. As a result, these patients had not received their medicines as prescribed. Nurses had recorded that the medicines were unavailable and all medicines had been ordered on the morning of the inspection. However, there was no evidence that the registered nurses had identified the potential risk to patients of not receiving their prescribed medication. Staff must be aware of what action to take to obtain supplies of medicines in a timely manner especially during evenings and weekends.

The majority of the audits which were carried out on randomly selected medicines during the inspection produced satisfactory outcomes, indicating that the medicines had been administered as prescribed. Minor discrepancies in the administration of one inhaler and one supply of a liquid medicine were observed.

The management of thickening agents was reviewed and found to be satisfactory.

Medicine records were generally well maintained. The personal medication records that were examined were up to date and contained all of the required information.

Medicine administration records had been generally well maintained. Handwritten entries had been signed by two nurses and codes for non-administration of medicines had been used appropriately. A separate record of the administration of supplements was maintained.

The record of disposed medicines had been completed; however, it had not been signed or dated by the nurse responsible for the disposal.

The receipt, storage, administration and disposal of all controlled drugs subject to record keeping requirements were detailed in a controlled drug record book.

Is Care Effective? (Quality of Management)

Written policies and procedures for the management of medicines, including Standard Operating Procedures for the management of controlled drugs, were in place. The last date of review for the policies and procedures was noted to be 2011.

There was evidence that medicines were being managed by registered nurses who had been trained and deemed competent to do so. Update training on the management of medicines had been provided by the community pharmacist in March 2015. Registered nurses had also received training on syringe drivers and enteral feeding since the last medicines management inspection.

Care staff were responsible for the administration of thickening agents and emollient preparations. There was evidence that designated members of staff had been trained and deemed competent to undertake the administration of these medicines.

There were robust internal auditing systems. Running stock balances were being maintained for anxiolytic and night sedation medicines. In addition monthly audits were completed on medicine records and a random selection of medicines; satisfactory outcomes were observed.

There were procedures in place to report and learn from medicine related incidents that have occurred in the home. The medicine incidents reported to RQIA since the last medicines management inspection had been managed appropriately.

Is Care Compassionate? (Quality of Care)

The records for two patients who were prescribed anxiolytic medicines for administration on a "when required" basis for the management of distressed reactions were examined. These medicines were documented on the personal medication record and the administration had been recorded on the MARs. Care plans were not in place and the reason for and outcome of each administration had not been recorded. This was discussed with the nurse in charge during the inspection.

The records for several patients who were prescribed medicines for the management of pain were reviewed. The acting manager confirmed that all patients have pain reviewed as part of their admission assessment. Care plans for the management of pain were in place. The names of the medicines and the parameters for administration had been recorded on the personal medication records. Pain assessment tools were being used.

Areas for Improvement

One requirement which required urgent action was made following the inspection. The registered provider was required to verify that all patients had a supply of their medicines available for administration. This confirmation was received by email on the evening of 20 July 2015.

The record of disposed medicines should be signed by the nurse responsible for the disposal and a second witness to the disposal. A recommendation was made.

The policies and procedures for the management of medicines should be reviewed and, where necessary, revised to ensure that they are still appropriate. A recommendation was made.

The management of medicines prescribed on a "when required" basis for the management of distressed reactions should be reviewed to ensure that all of the appropriate records are maintained. A recommendation was made.

Number of Requirements:	**1**	**Number of Recommendations**:	**3**

5.4 Additional Areas Examined

Oxygen cylinders were stored in the treatment room. They should be chained to the wall to prevent toppling when not in use. This was discussed with the nurse in charge for corrective action following the inspection.

The temperature of the medicines refrigerator has been monitored and recorded daily and was usually within the required range of 2^{o}C and 8^{o}C.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Mairead McCann, Nurse in Charge and Ms Orla Sheehan, Registered Person by telephone following the inspection. The timescales commence from the date of inspection.

The registered person/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 registered person/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.

6.1 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 (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered manager/registered person and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. 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 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. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 **Ref: Regulation 13(4)** **Stated: First time** **To be Completed by: 21 July 2015**	The registered person must confirm that the specified patients have a supply of their prescribed medicines available for administration.
	Response by Registered Person(s) Detailing the Actions Taken: Medicines for the specified patients were received from pharmacy on the afternoon of 20 July 2015.
Recommendations	
Recommendation 1 **Ref: Standard 29** **Stated: First time** **To be Completed by: 19 August 2015**	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.
	Response by Registered Person(s) Detailing the Actions Taken: The disposal of medicines is now witnessed by a second nurse and medicines are removed by a licensed waste management company.
Recommendation 2 **Ref: Standard 28** **Stated: First time** **To be Completed by: 20 October 2015**	It is recommended that the policies and procedures for the management of medicines are reviewed and, where necessary, revised to ensure that they are still appropriate
	Response by Registered Person(s) Detailing the Actions Taken: Policies and procedures are being reviewed currently.
Recommendation 3 **Ref: Standard 18** **Stated: First time** **To be Completed by: 19 August 2015**	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.
	Response by Registered Person(s) Detailing the Actions Taken: Nurses will document patient response to 'when required' anxiolytics in the respective care plans going forward.

Registered Manager Completing QIP	Vera Ribeiro	**Date Completed**	24.08.2015
Registered Person Approving QIP	Orla Sheehan	**Date Approved**	24.08.2015
RQIA Inspector Assessing Response	**Cathy Wilkinson**	**Date Approved**	**24/08/2015**

Please ensure the QIP is completed in full and returned to pharmacists@rqia.org.uk** from the a**uthorised email address