



# Unannounced Medicines Management Inspection Report 4 December 2018



## Faith House

**Type of Service: Nursing Home**  
**Address: 25 Orpen Park, Belfast, BT10 0BN**  
**Tel No: 028 9061 2318**  
**Inspector: Rachel Lloyd**

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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 care for up to 67 patients with a variety of needs as detailed in Section 3.0.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Board of Trustees – Faith House  <b>Responsible Individual:</b> Mr Mervyn Wishart	<b>Registered Manager:</b> Mrs Jane Moore
<b>Person in charge at the time of inspection:</b> Mrs Jane Moore	<b>Date manager registered:</b> 9 January 2015
<b>Categories of care:</b> Nursing Homes (NH) I – Old age not falling within any other category PH – Physical disability other than sensory impairment TI – Terminally ill  Residential Care (RC) I – Old age not falling within any other category	<b>Number of registered places:</b> 67 comprising a maximum of 36 patients in categories NH-I, NH-PH and NH-TI and a maximum of 31 residents in category RC-I

### 4.0 Inspection summary

An unannounced inspection took place on 4 December 2018 from 10.20 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 medicines management, medicines records, medicines storage and the management of controlled drugs.

No areas for improvement were identified.

Patients were relaxed and comfortable in the home and good relationships with staff were evident. The patients and relative spoken to said they were happy with the care provided and the management of medicines in the home.

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Jane Moore, 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 16 May 2018. 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.

During the inspection we met with four patients and one relative, two senior care assistants, four registered nurses including the deputy manager, the registered manager and briefly with the responsible individual.

We provided the registered manager with 10 questionnaires to distribute to patients and their representatives, for completion and return to RQIA. 'Have we missed you?' cards were left in the foyer of the home to inform patients/their representatives of how to contact RQIA, to tell us of their experience of the quality of care provided. Flyers providing details of how to raise any concerns were also left in the home.

We asked the registered manager to display a poster which invited staff to share their views and opinions by completing an online questionnaire.

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
- medicine audits
- care plans
- training records
- medicines storage temperatures

- controlled drug record book

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 registered manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 16 May 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and 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 19 December 2017

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13(4) <b>Stated:</b> First time	The registered person shall review procedures to ensure that insulin pen devices are marked with the date of opening and discarded after expiry according to the manufacturer's instructions.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this had been reviewed and discussed with staff. All insulin pen devices in use were marked with the date of opening and being used appropriately.	

<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 29  <b>Stated:</b> Second time	The registered person should ensure that handwritten entries on medication administration records are checked and signed by two trained members of staff.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this had been reviewed and discussed with staff. All handwritten entries examined had been checked and signed by two trained members of staff.	

### 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. The impact of training was monitored through team meetings, supervision and annual appraisal. Refresher training in medicines management was provided in the last year. Competency assessments were completed annually.

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.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records and handwritten entries on medication administration records (MARs) were updated by two members of staff. This is good practice.

There were satisfactory procedures in place to ensure the safe management of medicines during a patient's admission to the home.

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. Additional checks were also performed on other controlled drugs which is good practice.

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

Discontinued or expired medicines were disposed of appropriately.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. 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 in relation to staff training and competency assessment, the management of medicines at admission and changes to prescribed medicines, medicines storage and the management of controlled drugs.

### Areas for improvement

No areas for improvement were identified.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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. There was evidence that time critical medicines had been administered at the correct time. There were arrangements in place to alert staff of when doses of weekly, monthly or three monthly medicines were due.

The management of pain, distressed reactions and swallowing difficulties were reviewed and found to be satisfactory.

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 discussed with the patient and reported to the prescriber.

Medicine records were well maintained and readily facilitated the audit process. Areas of good practice were acknowledged. They included carrying forward stock balances at the start of each new medicine cycle, the use of a separate personal medication record for antibiotics, the use of patch application and removal records and recording the reason for the administration of some medicines prescribed for use "when required". Staff were complimented on the standard of record keeping.

Practices for the management of medicines were audited regularly. In addition, audits were completed by the community pharmacist. Satisfactory outcomes had been recorded.

Following discussion with the staff on duty and a review of the care plans, it was evident that, when applicable, other healthcare professionals were contacted in response to medication related

issues. Staff advised that they had good working relationships with healthcare professionals involved in patient care.

### Areas of good practice

There were examples of good practice in relation to the standard of record keeping, care planning and the administration of medicines.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.**

Appropriate arrangements were in place to facilitate patients responsible for the self-administration of medicines.

We observed the administration of medicines to a small number of patients. The staff involved engaged the patients in conversation and explained that they were having their medicines.

During the inspection a Christmas quiz was taking place and patients were competing with staff. Many patients and staff were involved and patients gave positive feedback about the activities provided.

Throughout the inspection, it was found that there were good relationships between the staff and the patients. It was clear from discussion and observation of staff, that the staff were familiar with the patients' likes and dislikes. Patients were observed to be relaxed and comfortable.

We spoke with four patients and one relative who were complimentary regarding the care provided and the management of medicines in the home.

Ten questionnaires were left in the home to facilitate feedback from patients and their representatives. Three were returned during the inspection and six more were returned within the specified timescale (two weeks). They all advised that they were satisfied/very satisfied with the care provided.

Comments included:

"As a result of the excellent nursing care, the range of weekly activities and the healthy diet, my mother is now more content and even more mobile".

"I'm very happy and my Mum is very happy here".

"I'm very content."

"Mum is extremely happy here and couldn't wish for better care. Mum's spiritual needs are met and she has a sense of community."



A letter was shared by one relative, which had been sent to the Trustees of Faith House, expressing thanks for the care received by their relative.

Any comments from patients and their representatives in questionnaires received after the return date (two weeks) will be shared with the registered manager for information and action as required.

### Areas of good practice

There was evidence that staff listened to patients and relatives and took account of their views.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.**

We discussed arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. Arrangements were in place to implement the collection of equality data.

Written policies and procedures for the management of medicines were in place. They were not reviewed on this occasion. Following discussion with staff it was evident that they were familiar with policies and procedures and that any updates were highlighted to them.

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

A review of the audit records indicated that satisfactory outcomes had been achieved. Where a discrepancy had been identified, there was evidence of the action taken.

Following discussion with the staff on duty, it was evident that they were familiar with their roles and responsibilities in relation to medicines management. We were advised that there were effective communication systems in the home, to ensure that all staff were kept up to date.

No online questionnaires were completed by staff within the specified time frame (two weeks).

### Areas of good practice

There were examples of good practice in relation to governance arrangements, the management of medicine incidents and quality improvement. 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.



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