



The Regulation and
Quality Improvement
Authority

NURSING HOME MEDICINES MANAGEMENT MONITORING INSPECTION REPORT

Inspection No:	IN021214
Establishment ID No:	1603
Name of Establishment:	Faith House
Date of Inspection:	20 February 2015
Inspector's Name:	Cathy Wilkinson

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

1.0 GENERAL INFORMATION

Name of home:	Faith House
Type of home:	Nursing Home
Address:	25 Orpen Park Belfast BT10 0BN
Telephone number:	(028) 9061 2318
Registered Organisation/ Registered Provider:	Board of Trustees - Faith House Mr Mervyn Wishart (Registration pending)
Registered Manager:	Mrs Jane Moore
Person in charge of the home at the time of inspection:	Mrs Jane Moore
Categories of care:	RC-I, NH-I, NH-PH, NH-TI
Number of registered places:	65 34 Nursing, 31 Residential
Number of patients accommodated on day of inspection:	34 Nursing 25 Residential
Date and time of current medicines management inspection:	20 February 2015 11:00 – 13:45
Name of inspector:	Cathy Wilkinson
Date and type of previous medicines management inspection:	28 May 2014 Announced Monitoring

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 monitoring 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 previous medicines management inspection of this home on 28 May 2014 had shown that the systems for the management of medicines had improved and all of the concerns raised in the Failure to Comply Notice (FTC Ref No: FTC/NH/1603/2013-14/01) had been addressed and assessed as compliant. Following discussion with senior management in RQIA the notice was lifted on 28 May 2014. The purpose of this visit was to ensure that this progress had been sustained, to re-assess the home's level of compliance with legislative requirements and the DHSSPS Minimum Standards for Nursing Homes and to determine if the safety of patients, with respect to the administration of medicines, could be assured.

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 (DHSSPS) Nursing Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

METHODS/PROCESS

Discussion with Mrs Jane Moore registered manager/staff 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

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 (2008) and to assess progress with the issues raised during and since the previous inspection.

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 standard that the inspector 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 SERVICE

Faith House is a listed historical building which dates back to 1727 and is suitably located to amenities within the Finaghy area of Belfast. The main house, a two-storey building, provides residential care and the two-storey purpose built extension is designated as a nursing home.

There is a large lounge in the nursing home overlooking the garden and car park, and in addition there are smaller sitting rooms which are positioned throughout both floors. The bedroom provision within the nursing home consists of single bedrooms with en-suite toilet and hand washing facilities and a shower facility has also been provided in some rooms.

The main residential home has two ground floor sitting rooms that overlook the front of the house and a sitting area is available on the first floor. All the bedrooms in the residential home are single, and one double bedroom is also available.

The home has two spacious dining rooms. Within the nursing home the dining room is situated next to the main lounge and in the residential home the dining room is positioned next to the kitchen.

Communal toilet /shower/bathrooms are also appropriately located throughout the home.

The well-equipped laundry and kitchen provide a service to both the nursing and residential home.

Faith House is set in spacious grounds surrounded by well-maintained gardens. Car parking spaces are available.

Mrs Jane Moore is the registered manager for the facility and has been in position since September 2014.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management monitoring inspection of Faith House was undertaken by Cathy Wilkinson, RQIA Pharmacist Inspector, on 20 February 2015 between 11:00 and 13:45. This summary reports the position in the home at the time of the inspection.

The focus of this medicines management monitoring inspection was to determine the extent to which the previous requirement had been addressed, to re-assess the home's level of compliance with the legislative requirements and the DHSSPS Minimum Standards for Nursing Homes and to determine if the safety of patients, with respect to the administration of medicines could be assured.

The inspector examined the arrangements for the 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

During the course of the inspection, the inspector met with the registered manager of the home, Mrs Jane Moore and with the registered nurses and staff on duty. The inspector observed practices for medicines management 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.

This inspection indicated that the arrangements for the management of medicines are substantially compliant with legislative requirements and best practice guidelines.

The requirement made at the previous medicines management inspection on 28 May 2014 was examined during the inspection and was found to be compliant.

The outcome of this inspection showed that the improvements evidenced at the previous inspection on the 28 May 2014 had been sustained. The registered manager and staff are commended for their ongoing efforts.

The management of medicines is routinely audited and any discrepancies are highlighted to the staff and managed appropriately. A rolling programme of training and competency assessment is ongoing.

Records relating to the management of medicines were observed to be fully and accurately maintained.

The storage of medicines is generally satisfactory, however a significant number of eye preparations were removed from stock during the inspection as they had passed the date of expiry. In-use bottles of food supplements which have a short shelf life once opened had also not been marked with the date of opening. The date of expiry could therefore not be determined. This issue has been discussed in depth at previous medicines management inspections and must be addressed.

The inspection attracted one requirement which is detailed in the Quality Improvement Plan.

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

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 28 May 2014:

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The registered manager must closely monitor the administration of inhaled medicines. Stated twice	A routine audit system is in place. No discrepancies were noted in any inhaled medicines during the inspection.	Compliant

6.0 MEDICINES MANAGEMENT REPORT

6.1 Management of Medicines

Standard Statement - Medicines are handled safely and securely

The improvement in the management of medicines that was noted during the previous inspection has been sustained. The registered manager and staff have been working to maintain the systems for the management of medicine across the nursing unit in the home and this was observed by the inspector.

A routine audit system has been implemented. These audits appear to be effective in identifying any shortfalls in the management of medicines and action plans resulting from the audits were observed. Daily running stock balances are recorded for the majority of medicines which are not contained within the monitored dosage system. Body maps indicating the site of transdermal patches are in place and there was evidence that these are checked daily. This good practice is commended.

The registered manager is in the process of reassessing the competency of all of the registered nurses. Regular supervision sessions are ongoing to discuss any issues raised during the audit process.

At the time of the inspection, medicines for disposal were being returned to the community pharmacy. The registered manager should ensure that the community pharmacy holds the appropriate license for uplifting these medicines or make suitable arrangements to have the medicines removed by a waste disposal company. Controlled drugs are denatured before disposal.

COMPLIANCE LEVEL: Compliant

6.2 Medicine Records

Standard Statement - Medicine records comply with legislative requirements and current best practice

A sample of the following records was selected for examination at the inspection:

- Medicines prescribed
- Medicines administered
- Medicines received
- Medicines disposed of
- Controlled drugs.

Medicines prescribed

The layout of the personal medication records had been modified prior to the last inspection and is now clearer. The records for each patient were up to date and there were no issues identified in these records.

Medicines administered

No issues of concern were noted on examination of the medication administration record (MARs). There was good correlation between the entries on the MARs sheets and those on the personal medication records. MARs had just been implemented in the residential care

unit. The registered manager was reminded that all hand-written entries on these records should be signed by two senior care assistants.

Receipt records

The record of receipt of medicines is made on the MARs. All medicines that were examined during this inspection had been appropriately receipted.

Controlled drug records

The controlled drugs record had been fully completed. It had been signed by the nurse administering the medicines and by a witness.

COMPLIANCE LEVEL: Compliant

6.3 Medicine Storage

Standard Statement - Medicines are safely and securely stored

The trolleys and cupboards were tidy and organised.

Medicines which required cold storage were appropriately stored in the refrigerator. The refrigerator temperature is monitored and recorded however there were some days that the temperature had not been recorded. It had been maintained within the required temperature limits. The registered manager should ensure that the temperature of the medicines refrigerator is recorded daily.

The date of opening had been recorded on most medicines with a short shelf life; however it had not been recorded on the Calogen and Procal supplements. The date of expiry could not be determined for these food supplements. Twelve supplies of eye preparations were removed from the trolleys in the nursing unit during the inspection as they had passed the expiry dates. This issue has been discussed in depth at previous medicines management inspections and must be addressed. The registered manager must closely monitor food supplements and eye preparations to ensure that they are removed from use once the date of expiry is reached. A requirement has been made.

COMPLIANCE LEVEL: Substantially compliant

6.4 Administration of Medicines

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

The majority of medicines are contained within the monitored dosage system. Audits completed during this inspection showed generally satisfactory outcomes.

The management of transdermal patches for one patient was examined in detail. A record of the site of application is usually made along with the date of application and removal. There were some gaps in this record. This medicine is being closely monitored by the management in the home and stock balances are reconciled twice daily to ensure that the patient is receiving the medicine as prescribed.

COMPLIANCE LEVEL: Compliant

7.0 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 **Mrs Jane Moore, Registered 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:

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

Cathy Wilkinson
Pharmacist Inspector

Date



QUALITY IMPROVEMENT PLAN

NURSING HOME

UNANNOUNCED MEDICINES MANAGEMENT MONITORING INSPECTION

FAITH HOUSE

20 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 **Jane Moore, Registered Manager**, during 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.

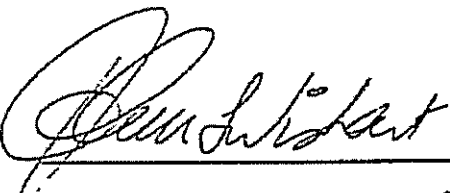
STATUTORY REQUIREMENTS

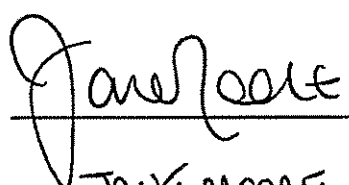
This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (NI) 2005.


NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	13(4)	The registered manager must closely monitor food supplements and eye preparations to ensure that they are removed from use once the date of expiry is reached.	One	eye preparations are being put in use at commencement of each monthly cycle of medication. This is a period of 28 days. Removed at end of each monthly cycle and replaced. Food supplements are closely monitored and audited to ensure that date of opening in place and that they are discarded once expiry date reached.	26 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: 
 NAME: MERVYN WISHART
 Registered Provider
 DATE: 30/3/15

SIGNED: 
 NAME: JANE MOORE
 Registered Manager
 DATE: 30/3/15

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓			5/3/15
B.	Further information requested from provider				