NURSING HOME
MEDICINES MANAGEMENT MONITORING INSPECTION REPORT

Inspection No:	18181
Establishment ID No:	1603
Name of Establishment:	Faith House
Date of Inspection:	28 April 2014
Inspectors' Names:	Cathy Wilkinson & Frances Gault

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
E mail address:	anne.acheson@faith-house.co.uk
Registered Organisation/ Registered Provider:	Board of Trustees - Faith House Mr Ronald McCahon
Registered Manager:	Mrs Anne Acheson
Person in charge of the home at the time of Inspection:	Mrs Anne Acheson
Categories of care:	NH-I ,NH-PH ,NH-TI ,31 RC-I
Number of registered places:	65 34 Nursing, 31 Residential
Number of patients accommodated on day of inspection:	32 Nursing 29 Residential
Date and time of current medicines management inspection:	28 April 2014 10:30 – 13:30
Names of inspectors:	Cathy Wilkinson and Frances Gault
Date and type of previous medicines management inspection:	14 February 2014 Unannounced 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 14 February 2014 had shown that robust systems for the management of medicines were not in place; immediate and sustained improvements were needed in the standards for the management of medicines. Following that inspection, RQIA held a meeting with the registered persons on 26 February 2014 and, after discussion, advised that a Failure to Comply Notice (FTC Ref No: FTC/NH/1603/2013-14/01) would be issued due to their failure to comply with the following regulation:

Regulation 13 (4) (b) and (c), The Nursing Homes Regulations (Northern Ireland) 2005

Subject to paragraph (5), the registered person shall make suitable arrangements for the ordering, storage, stock control, recording, handling, safe keeping, safe administration and disposal of medicines used in or for the purposes of the nursing home to ensure that –
(b) medicine which is prescribed is administered as prescribed to the patient for whom it is prescribed, and to no other patient; and
(c) a written record is kept of the administration of any medicine to a patient.

The purpose of this inspection was to determine if the issues indicated in the Failure to Comply Notice had been addressed and sufficient improvement had been made to enable this Notice to be assessed as compliant.

METHODS/PROCESS

Discussion with Mrs Anne Acheson, Registered Manager
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 issues detailed in the failure to comply notice and the steps being taken to improve the standards in place for the management of medicines since the previous medicines management inspection.

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 were also appropriately located throughout both homes.

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 Anne Acheson is the registered manager for the facility.

The home is registered to provide care for persons under the following categories of care:

Nursing Home Care

NH - I	Old age not falling into any other category
NH - PH	Physical disability other than sensory impairment
NH – TI	Terminally ill
RC –I	Residential Care

4.0 EXECUTIVE SUMMARY

An announced medicines management monitoring inspection of the nursing unit of Faith House was undertaken by Cathy Wilkinson, RQIA Pharmacist Inspector, and Frances Gault Senior Pharmacy Inspector on 28 April 2014 between 10:30 and 13:30. 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 whether the issues outlined in the Failure to Comply Notice had been addressed and if the safety of patients, with respect to the administration of medicines could be assured.

The inspectors 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 inspectors met with the registered manager of the home, Mrs Anne Acheson and with the registered nurses on duty. The inspectors 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 moving towards compliance with legislative requirements and best practice guidelines.

The requirements and recommendations made at the previous medicines management inspection on 14 February 2014 were examined during the inspection. Of the 12 requirements, 10 were assessed as compliant and one as substantially compliant and one as moving towards compliance. The four recommendations are now compliant.

Significant progress has been made in addressing the concerns raised at the previous medicines management inspection. The registered manager and staff have reviewed the systems in place for the management, record keeping, storage and administration arrangements with regards to medicines.

The outcome of this inspection indicated that the action taken had been mostly successful at addressing the concerns raised following the previous medicines management inspection and that with one exception the issues detailed in the failure to comply notice had been addressed. However, concern remains about the management of transdermal patches. Four incidents had been identified and reported by the home since the failure to comply notice was issued and a further discrepancy was noted during this inspection. It is of concern that these incidents continue to occur and the learning from previous incidents has not been effectively implemented. These incidents have the potential to affect the health and well-being of the patients concerned. For this reason and following discussion with senior management within RQIA, the failure to comply notice has been extended until 28 May 2014. This will allow time for further review and for any learning to be embedded into practice.

Further training has been provided for staff in the home and a sample was provided for inspection. The training has been followed by a reassessment of competency for the registered nurses and individual clinical supervision sessions. Recorded evidence of this process was provided for inspection.

The home has implemented a Monitored Dosage System (MDS), amended the layout of the personal medication records and introduced medicine administration record (MARs) sheets. The evidence seen during this inspection indicated that this process has been managed so as to make the transition as smooth as possible. Training was provided by the community pharmacy before the transition and there was good correlation between the personal medication records and the printed MARs sheets.

The storage of medicines has been reviewed and a third medicines trolley has been obtained. The registered manager advised that this had facilitated a more timely medicine round and that timing was still being monitored. Oxygen cylinders are now stored safely and securely either in a stand or chained to the wall.

The inspection attracted a total of four requirements. The requirements are detailed in the Quality Improvement Plan.

The inspectors 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 14 February 2014:

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The registered manager must ensure that there is a robust system to audit all aspects of the management of medicines. **Stated three times**	A routine audit system is in place which has identified discrepancies in the management of medicines.	**Compliant**
2	13(4)	The registered manager must ensure that medicines with a short shelf life, once opened, are marked with the date of opening and disposed of promptly upon expiry. **Stated three times**	All medicines examined had been marked with the date of opening. Two eye preparations were removed during the inspection as they had passed the date of expiry. **This requirement is restated**	**Moving towards compliance**
3	13(4)	The registered manager must review the medicine records for Patient A and ensure that all medicines and supplements are administered as prescribed. **Stated twice**	The registered manager advised that this patient's medicines were being closely audited.	**Compliant**
4	13(4)	The registered manager must ensure that the administration records facilitate a clear audit trail. **Stated twice**	The home has introduced MARs sheets and they facilitated a clear audit trail.	**Compliant**

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
5	13(4)	The registered manager must send written confirmation on a weekly basis to RQIA that, medicines have been administered as prescribed, that no medicines have been out of date, that no medicines have been out of stock, any details of audit discrepancies that have been noted and the action taken to address any issues of concern. **Stated once**	An email containing these details has been sent from the registered manager to the inspector each week. This must continue until all points raised in the failure to comply notice have been addressed and the notice is lifted. **This requirement as stated is compliant, however it is on-going and has been carried forward.**	**Compliant**
6	13(4)	The registered manager must thoroughly investigate the incidents involving transdermal patches, and send a written report of the findings to RQIA. **Stated once**	These incidents were investigated, however, there have been four further incidents reported to RQIA since the last inspection and a discrepancy was noted by the senior pharmacy inspector during this inspection. The learning from the original incidents has not been effectively implemented and embedded into practice. **The requirement as stated is compliant, however a further requirement is made in regard to the management of transdermal patches.**	**Compliant**

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
7	13(4)	The registered manager must ensure that robust arrangements are in place for the management and administration of controlled drugs. **Stated once**	No concerns were noted with regard to the management and administration of controlled drugs during this inspection.	**Compliant**
8	13(4)	The registered manager must ensure that all staff are aware of how to obtain medicines and professional advice when medicines are not available for administration. **Stated once**	No medicines had been out of stock since the previous medicines inspection. The registered manager advised that this was covered in the training provided to staff.	**Compliant**
9	30(1)(d)	The registered manager must ensure that staff are aware of what constitutes a reportable incident and that robust governance procedures are in place to ensure that all incidents are appropriately reported. **Stated once**	All incidents that had been noted had been appropriately reported.	**Compliant**
10	13(4)	The registered manager must ensure that the time of administration of medicines is accurately recorded. **Stated once**	The times of administration recorded on the personal medication records matched those recorded on the printed MARs sheets.	**Compliant**

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
11	13(4)	The registered manager must ensure that oxygen cylinders are stored appropriately. **Stated once**	Oxygen cylinders were observed to be chained to the wall and smaller cylinders were in a stand.	**Compliant**
12	13(4)	The registered manager must review deployment of nursing staff and the administration of medicines to ensure sufficient nursing staff are available to administer patients medicines as near to the time prescribed at all times; effective systems must be implemented by management to enable interruptions to be avoided. **Stated once**	The registered manager continues to monitor the timing of the morning medicines round. A third trolley has been brought into use and interruptions have been minimised. However, the morning medicine round can still take from 09:00 until 11:30 to be completed on some occasions.	**Substantially compliant**

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	37	The registered manager should ensure that further training and competency assessment on nutrition, the management of nutritional supplements and thickening agents is provided and attended by staff. Carried forward from previous inspection **Stated twice**	The registered manager advised that this had been completed.	**Compliant**
2	38	The registered manager should review the layout of the personal medication records. **Stated once**	A new format of personal medication records has been implemented.	**Compliant**
3	38	The registered manager should review the layout of the medicine administration records. **Stated once**	MARs sheets have been introduced along with the MDS system.	**Compliant**
4	39	The registered manager should review the storage arrangements for medicines within the home. **Stated once**	Storage has been reviewed and reorganised. A third medicine trolley has been obtained.	**Compliant**

6.0 MEDICINES MANAGEMENT REPORT

6.1 Management of Medicines

Standard Statement - Medicines are handled safely and securely

Improvement in the management of medicines was noted during this inspection. The registered manager and staff have been working to improve the systems for the management of medicine across the nursing unit in the home and this was observed by the inspectors.

A routine audit system has been implemented and weekly reports of the outcomes of the audits have been sent to RQIA by the registered manager. These audits appear to be effective in identifying any shortfalls in the management of medicines. However, discrepancies have still been noted; in particular, with regard to the application of transdermal patches. Four incidents involving the administration of patches had been reported to RQIA in March and April 2014 and a further discrepancy was noted during the inspection. It is of concern that these incidents continue to occur and the learning from previous incidents has not been effectively implemented. These incidents have the potential to affect the health and well-being of the patients concerned.

The registered manager must continue to send written confirmation on a weekly basis to RQIA that, medicines have been administered as prescribed, that no medicines have been out of date, that no medicines have been out of stock, any details of audit discrepancies that have been noted and the action taken to address any issues of concern. The requirement made in relation to this issue has been carried forward.

The registered manager has provided training for all staff on the management of medicines. Recorded evidence of this training was provided for inspection. The home has also implemented a MDS system and training in the use of this system was provided by the community pharmacy.

The registered manager has reassessed the competency of all of the registered nurses. Regular supervision sessions have been completed to discuss any issues raised during the audit process.

COMPLIANCE LEVEL: Substantially 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 has been modified and is now clearer to read. The records for each patient have been rewritten and there were no issues identified in these records.

Medicines administered
With the implementation of the MDS system, the home is now using MARs sheets to record the administration of medicines. No issues of concern were noted on examination of the MARs sheets. There was good correlation between the entries on the MARs sheets and those on the personal medication records.

Receipt records
The record of receipt of medicines is now made on the MARs sheets. 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 storage of medicines has been reorganised since the last medicines inspection. With the implementation of the MDS system, a third medicines trolley has been introduced and the overstock of medicines is now stored in the cupboards at the nurses' station. The trolleys and cupboards were tidy and organised.

The oxygen cylinders were observed to be either in the stand or chained securely to the wall.

Medicines which required cold storage were appropriately stored in the refrigerator. Two eye preparations were removed from the refrigerator as they had either passed the expiry date or the date of opening had not been recorded and therefore the expiry date could not be determined. The registered manager advised that these medicines had not been used

recently. All other medicines with a short shelf life had been dated when opened and were within the expiry date. The requirement made previously has been restated for a fourth time.

COMPLIANCE LEVEL: Substantially compliant

6.4 Administration of Medicines

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

At the previous medicines management inspection it was observed that the morning medicine administration rounds often took between three and four hours to complete and that the nurses were regularly interrupted during medicine rounds. The registered manager has reviewed the deployment of nursing staff and is monitoring the time taken to complete the round. The registered manager advised that it is currently taking between two and two and a half hours to complete and that the monitoring process is on-going.

Audits completed during this inspection showed generally satisfactory outcomes. One discrepancy was noted in a transdermal patch for one patient. This is in addition to the incidents involving transdermal patches that have been reported to RQIA as mentioned in Section 6.1. The registered manager must ensure that transdermal patches are administered as prescribed. A requirement has been made.

Two discrepancies were noted in inhaled medicines for one patient. The registered manager must closely monitor the administration of inhaled medicines. A requirement has been made.

COMPLIANCE LEVEL: Moving towards compliance

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 Anne Acheson, 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 **Date**
Pharmacist Inspector

The Regulation and Quality Improvement Authority

QUALITY IMPROVEMENT PLAN

NURSING HOME
ANNOUNCED MEDICINES MANAGEMENT MONITORING INSPECTION

FAITH HOUSE
28 APRIL 2014

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 **Mrs Anne Acheson, Registered 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.

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 ensure that medicines with a short shelf life, once opened, are marked with the date of opening and disposed of promptly upon expiry. **Ref: Section 5 and 6.3**	Four	Short shelf life medications are closely monitored + a regular audit completed.	28 May 2014
2	13(4)	The registered manager must send written confirmation on a weekly basis to RQIA that, medicines have been administered as prescribed, that no medicines have been out of date, that no medicines have been out of stock, any details of audit discrepancies that have been noted and the action taken to address any issues of concern. **Ref: Section 5 and 6.1**	One	Weekly reports continued via email.	On-going
3	13(4)	The registered manager must ensure that transdermal patches are administered as prescribed. **Ref: Section 6.4**	One	All transdermal patches are checked daily by SN + a running balance maintained.	28 May 2014

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	13(4)	The registered manager must closely monitor the administration of inhaled medicines. **Ref: Section 6.4**	One	A running balance is in place to monitor the administration of inhaled medicines. A weekly audit is also maintained	28 May 2014

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: RONALD McCARTON
Registered Provider

DATE 11/06/2014

SIGNED: _____

NAME: Anne Acheson
Registered Manager

DATE 3/6/14

QIP Position Based on Comments from Registered Persons		Yes	No	Inspector	Date
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓			19/6/14.
B.	Further information requested from provider				