



The Regulation and
Quality Improvement
Authority

NURSING HOME MEDICINES MANAGEMENT MONITORING INSPECTION REPORT

Inspection No:	IN020046
Establishment ID No:	1603
Name of Establishment:	Faith House
Date of Inspection:	28 May 2014
Inspectors' Names:	Cathy Wilkinson and 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 (Acting)
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 May 2014 11:00 – 12:30
Names of inspectors:	Cathy Wilkinson and Frances Gault
Date and type of previous medicines management inspection:	28 April 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 medicines management inspection of the nursing unit 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.

An announced inspection on 28 April 2014 indicated that not all of the issues detailed on the Failure to Comply Notice had been addressed and the Notice was extended to 28 May 2014. This would allow time for further review and for any learning to be embedded into practice.

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 unannounced inspection was undertaken to examine 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 within Faith House was undertaken by Frances Gault, RQIA Senior Pharmacy Inspector and Cathy Wilkinson Pharmacist Inspector, on 28 May 2014 between 11:00 and 12:30. 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 compliance had been achieved with the failure to comply notice issued on 26 February 2014 and to determine if the safety of patients, with respect to the administration of medicines could be assured. This report relates to the nursing unit within Faith House.

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 substantially compliant with legislative requirements and best practice guidelines. The inspectors' assessment was that the issues detailed in the failure to comply notice had been addressed.

The requirements and recommendations made at the previous medicines management inspection on 28 April 2014 were also examined during the inspection. Three of the four requirements were assessed as compliant and the fourth was substantially compliant.

The registered manager has made significant progress in addressing the issues detailed in the Failure to Comply Notice (FTC Ref No: FTC/NH/1603/2013-14/01). The improvements noted at the inspection on 28 April 2014 have been sustained and there have been no further incidents with regards to the management of transdermal patches. The registered manager has continued to closely monitor all aspects of the management of medicines and all of the concerns raised in the failure to comply notice have been addressed and assessed as compliant. Following discussion with senior management in RQIA the notice was lifted on 28 May 2014.

The registered manager was advised that although the failure to comply notice focused on the nursing unit in the home, the same standards must be in place in the residential unit. The registered manager assured the inspectors that no issues had been identified in recent audits in the residential unit.

The inspection attracted a total of one requirement. The requirement is 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 28 April 2014:

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	<p>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.</p> <p>Stated four times</p>	<p>All medicines with a short shelf life had been marked with the date of opening. All medicines examined were in date at the time of this inspection.</p>	<p>Compliant</p>
2	13(4)	<p>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.</p> <p>Stated once</p>	<p>This has been received by RQIA. No further confirmation is required.</p>	<p>Compliant</p>
3	13(4)	<p>The registered manager must ensure that transdermal patches are administered as prescribed.</p> <p>Stated once</p>	<p>The evidence from this inspection indicated that all transdermal patches had been administered as prescribed.</p>	<p>Compliant</p>

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
4	13(4)	The registered manager must closely monitor the administration of inhaled medicines.	Daily audit sheets were observed for inhaled medicines. One audit discrepancy was observed. Monitoring of this medicine is ongoing. This requirement is restated	Substantially 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. 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 had provided training for all staff on the management of medicines prior to the inspection on 28 April 2014. Recorded evidence of this training was provided for inspection. The home had also implemented a MDS system and training in the use of this system was provided by the community pharmacy. The implementation of the system was managed so as to make the transition as smooth as possible.

The registered manager had reassessed the competency of all of the registered nurses prior to the inspection on 28 April 2014. Regular supervision sessions are ongoing to discuss any issues raised during the audit process.

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 has been modified and is now clearer. 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. The registered manager was reminded that all hand-written entries on these sheets should be signed by two nurses.

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 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. The refrigerator temperature is monitored and recorded daily. It had been maintained within the required temperature limits.

The date of opening had been recorded on all medicines with a short shelf life and all medicines examined were within the expiry date.

COMPLIANCE LEVEL: Compliant

6.4 Administration of Medicines

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

Audits completed during this inspection showed generally satisfactory outcomes. One discrepancy was noted in inhaled medicines for one patient. The registered manager must continue to closely monitor the administration of inhaled medicines. A requirement has been restated.

COMPLIANCE LEVEL: Substantially 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 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
Pharmacist Inspector



Date

QUALITY IMPROVEMENT PLAN

NURSING HOME

ANNOUNCED MEDICINES MANAGEMENT MONITORING INSPECTION

FAITH HOUSE

28 MAY 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.

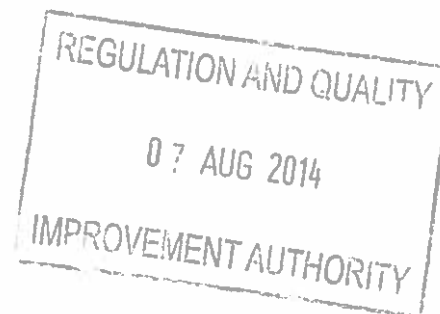
It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

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

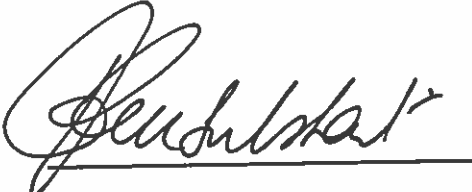
This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (NI) 2005.

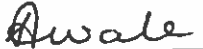
NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	13(4)	The registered manager must closely monitor the administration of inhaled medicines. Ref: Section 6.4	Two	<i>Daily audit sheet is done for inhaled medicines. One audit discrepancy is still present: Monitoring of this medicine is ongoing. Form 1a filled in with details & emailed to RQIA</i>	28 June 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: MERVYN WISNARI
Registered Provider
DATE: 6th August 2024.

SIGNED: 
NAME: Suhazini S. Awale
Registered Manager
DATE: 5/8/14

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓			13/6/14
B.	Further information requested from provider				