



RQIA Provider Guidance 2017-18

Medicines Management Inspections

What We Do

The Regulation and Quality Improvement Authority (RQIA) is the independent body that regulates and inspects the quality and availability of Northern Ireland's health and social care (HSC) services. We were established in 2005 under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to drive improvements for everyone using health and social care services.

Through our programme of work we provide assurance about the quality of care; challenge poor practice; promote improvement; safeguard the rights of service users; and inform the public through the publication of our reports. RQIA has three main areas of work:

- We register and inspect a wide range of independent and statutory health and social care services.
- We work to assure the quality of services provided by the HSC Board, HSC trusts and agencies - through our programme of reviews.
- We undertake a range of responsibilities for people with mental ill health and those with a learning disability.

We inspect and report on the following four domains:

- Is care safe?
- Is care effective?
- Is care compassionate?
- Is the service well led?

RQIA registers and inspects a wide range of health and social care services. These include: nursing, residential care, and children's homes; domiciliary care agencies; day care settings/centres; independent health care; nursing agencies; independent medical agencies; residential family centres; adult placement agencies; voluntary adoption agencies, school boarding departments and young adult supported accommodation (inspected only).

The Four Domains



How We Will Inspect

We plan to inspect every nursing home and 50% of residential care and children's homes in the inspection year. This will enable us to target our resources where service users receive 24 hour care. Our inspectors are most likely to carry out unannounced medicines management inspections, however from time to time we may need to give some notice of our inspections.

During our inspections we will inspect and report on the following four domains:

- Is care safe?
- Is care effective?
- Is care compassionate?
- Is the service well led?

When we inspect medicines management within an establishment, we aim to:

- Seek the views of the people who use the service, or their representatives
- Talk to management and other staff on the day of the inspection
- Examine a range of records including policies, medicine and care records and incidents
- Audit a sample of randomly selected medicines to determine if they have been administered as prescribed
- Determine if medicines are being stored safely and securely
- Provide feedback on the day of the inspection to the manager or the person in charge on the outcome of the inspection
- Provide a report of our inspection findings and outline any areas for quality improvement where failings in compliance with regulations and/or standards are identified.

Our inspections are underpinned by:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The HPSS regulations relevant to the registered establishment
- The DHSSPS standards relevant to the registered establishment

What We Look For When We Inspect

To help us to report on whether the care is safe, effective and compassionate and whether the service is well led, we will look for evidence against the following indicators. The evidence listed for each indicator provides examples of what may be reviewed and should not be considered exhaustive.

Is Care Safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

Indicator S1

There are, at all times, suitably qualified, competent and experienced persons working in the service in such numbers as are appropriate for the health and welfare of service users.

Examples of Evidence

- Records of training and competency in medicines management are maintained for relevant staff
- For staff managing medicines this aspect of care is included in the staff induction process
- Training and competency in relation to the management of medicines is kept under review through supervision and appraisal

Indicator S2

The service promotes and makes proper provision for the welfare, care and protection of service users.

Examples of Evidence

- There are arrangements in place to ensure service users have a continuous supply of their prescribed medicines
- Safe systems are in place for the acquisition and storage of prescriptions
- Policies and procedures are in line with the regional 'Adult Safeguarding Prevention and Protection in Partnership' policy (July 2015) and Adult Safeguarding Operational Procedures (2016), Co-operating to Safeguard Children and Young People in Northern Ireland, 2016 and Area Child Protection Committees' Regional Policy and Procedures, 2005
- There are arrangements in place to identify the Adult Safeguarding Champion/Safeguarding Lead
- There are arrangements in place to embed the new regional operational safeguarding procedures
- Staff are knowledgeable about safeguarding and are aware of their obligations in relation to raising concerns about poor practice
- Safeguarding training is provided during induction and updated as necessary
- All suspected, alleged or actual incidents of abuse are fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records must be retained
- Where shortcomings are highlighted as a result of an investigation, additional identified safeguards are put in place
- Staff are aware of their obligations in relation to raising concerns about poor practice

Indicator S3

There are systems in place to ensure that unnecessary risks to the health, welfare or safety of service users are identified, managed and where possible eliminated.

Examples of Evidence

- Arrangements are in place to ensure the safe management of medicines during admission/readmission and on discharge/transfer
- The management of medicines is in compliance with legislative requirements, professional standards and guidelines
- There are robust systems in place for identifying, recording, and reporting adverse incidents and near misses involving medicines and medicinal products
- Service users assessed as lacking understanding in relation to their need for prescribed medication are only administered medicines covertly if a management plan is in place which has been agreed after multidisciplinary consultation
- Medicines no longer required by service users are destroyed or disposed of by trained and competent staff

Indicator S4

The premises and grounds are safe, well maintained and suitable for their stated purpose.

Examples of Evidence

- Medicines are safely and securely stored and in accordance with legislative requirements and manufacturers' instructions
- Systems are in place to monitor medical equipment to ensure that it is fit for purpose
- Treatment rooms are kept clean and tidy
- There is sufficient storage space for medicines

Is Care Effective?

The right care, at the right time in the right place with the best outcome.

Indicator E1

The service responds appropriately to and meets the assessed needs of the people who use the service.

Examples of Evidence

- Service users are administered their medicines in strict accordance with the prescriber's instructions
- Where medicines are prescribed on a "when required" basis, parameters of use are clearly defined in the service user's records
- Advice is sought when service users' have difficulty taking their prescribed medicines
- Medicine records are legible and accurately maintained to ensure that there is a clear audit trail

Indicator E2

There are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals.

Examples of Evidence

- There are robust arrangements in place to audit all aspects of the management of medicines

Indicator E3

There are robust systems in place to promote effective communication between service users, staff and other key stakeholders.

Examples of Evidence

- There is appropriate communication between all healthcare professionals involved in the care of the service user (with respect to medicines)

Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Indicator C1

There is a culture/ethos that supports the values of dignity and respect, independence, rights, equality and diversity, choice and consent of service users.

Examples of Evidence

- As far as possible, service users are involved in the management of their medicines
- The dignity and confidentiality of service users is maintained when their medicines are administered

Indicator C2

Service users are listened to, valued and communicated in an appropriate manner.

Examples of Evidence

- Observation of the medicine administration process
- Staff administer medicines in a caring manner

Indicator C3

There are systems in place to ensure that the views and opinions of service users, and or their representatives, are sought and taken into account in all matters affecting them.

Examples of Evidence

- Discussion with service users and/or their representatives when possible
- Service users receive medicines in accordance with any documented preferences
- Review of relevant care records

Is the Service Well Led?

Effective leadership, management and governance which creates a culture focused on the needs and the experiences of service users in order to deliver safe, effective and compassionate care.

Indicator L1

There are management and governance systems in place to meet the needs of service users.

Examples of Evidence

- Written policies and procedures for the management of medicines are up to date, cover all aspects of medicines management and have been effectively cascaded to all relevant staff
- There is an open and transparent process in place for the management of any medicine related incidents

Indicator L2

There are management and governance systems in place that drive quality improvement.

Examples of Evidence

- Adverse incidents and near misses are analysed and learning implemented
- The outcomes of medicine audits are reviewed and are followed up to ensure learning is embedded into practice

Indicator L3

There is a clear organisational structure and all staff are aware of their roles, responsibility and accountability within the overall structure.

Examples of Evidence

- Staff know their roles and responsibilities with respect to the management of medicines

Indicator L4

The registered person/s operates the service in accordance with the regulatory framework.

Examples of Evidence

- The registered person/s respond to regulatory matters (e.g. notifications, reports/QIPs, enforcement)

Indicator L5

There are effective working relationships with internal and external stakeholders.

Examples of Evidence

- Staff are able to raise any medicines related issues to management
- Management are advised of and address any concerns in relation to the management of medicines

Inspection Reports

Our inspection reports will reflect the findings from the inspection. Where it is appropriate, a Quality Improvement Plan (QIP) will detail those areas requiring improvement to ensure the service is compliant with the relevant regulations and standards. Where no areas for improvement are identified from the inspection this will be reflected in the report.

It should be noted that inspection reports should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in a service. The findings reported on are those which came to the attention of RQIA during the course of the inspection. The findings contained within inspection reports do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

Once the inspection report is finalised and agreed as factually accurate, it will be made public on RQIA's website.



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