



The Regulation and  
Quality Improvement  
Authority

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**Announced Medicines Management Inspection  
of  
Marie Curie Hospice**

**29 February 2016**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An announced medicines management inspection took place on 29 February 2016 from 10:00 to 12:10.

The management of medicines was found to be safe, effective and compassionate. The outcome of the inspection found no areas of concern. A Quality Improvement Plan (QIP) was not included in this report.

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety's (DHSPSS) Minimum Care Standards for Independent Healthcare Establishments, July 2014.

### 1.1 Actions/Enforcement Taken Following the Last Medicines Management Inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the last inspection on 17 January 2013.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Marie Curie/ Mr Eamon O'Kane (Registration Pending)	<b>Registered Manager:</b> Mr Eamon O'Kane (Registration Pending)
<b>Person in Charge of the Hospital at the Time of Inspection:</b> Ms Cindy Anderson (Lead Nurse)	<b>Date Manager Registered:</b> Not applicable
<b>Categories of Care:</b> H(A)	<b>Number of Registered Places:</b> 18

### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the last medicines management inspection and to determine if the following standards have been met:

Standard 25: Management of Medicines

Standard 26: Medicines Storage

Standard 27: Controlled Drugs

Standard 28: Medicines Records

### 4. Methods/Process

Specific methods/processes used included the following:

The management of incidents reported to RQIA since the last medicines management inspection was reviewed.

We met with Ms Cindy Anderson, Lead Nurse and Mr Peter Armstrong, Pharmacist.

The following records were examined:

- medicines requested and received
- personal medication records
- medicine administration records
- medicines disposed of or transferred
- controlled drug record books
- medicine audits
- policies and procedures
- training records
- medicine incidents
- medicine refrigerator temperatures

### 5. The Inspection

#### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the hospital was an announced care inspection dated 10 November 2015. The completed QIP was returned and approved by the care inspector.

#### 5.2 Review of Requirements and Recommendations from the Last Medicines Management Inspection

Last Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Stated:</b> First time	A summary report of medication near misses and incidents that require no clinical intervention should be submitted to RQIA on a quarterly basis.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Summary reports of medication near misses and incidents that required no clinical intervention had been submitted to RQIA on a quarterly basis.	

<b>Recommendation 2</b>  <b>Stated:</b> First time	The frequency for the administration of medicines prescribed to be administered on a "when required" basis should always be indicated by clear and definitely stated minimum intervals.	<b>Met</b>
<b>Action taken as confirmed during the inspection:</b> The frequency for the administration of medicines prescribed to be administered on a "when required" basis were indicated by clear and definitely stated minimum intervals.		

### 5.3 The Management of Medicines

#### Is Care Safe? (Quality of Life)

There was an organisational and management structure in place that identified the lines of accountability and specific roles and responsibilities for medicines management within the hospice. Medicines management issues were discussed at the monthly Medicines Management Group meetings to ensure that robust governance arrangements were in place. Standard items on the agenda included drug alerts, medicine updates, Standard Operating Procedures, reports from the Accountable Officer for controlled drugs, audits and critical incidents.

A palliative care pharmacist was employed, who was part of the multi-disciplinary team and who was responsible for the provision of safe, efficient, economical and timely pharmaceutical services throughout the hospice. The pharmacist reviewed patients' medicines on admission, during their period of stay and on discharge.

Staff had access to up to date information relating to relevant legislation, medicines reference sources and guidance with respect to the safe and secure handling of medicines.

Medicines were ordered and requested by designated staff. Separate requisition forms were in use for general medicines and controlled drugs. These orders were written and signed by a registered nurse and countersigned by a medical officer. A list of the names and sample signatures of staff authorised to order medicines was maintained.

Satisfactory processes were in place for the management of drug alerts, medical device alerts and safety warnings about medicines. The pharmacist evaluated drug alerts and recorded the action taken. The action taken was reported to the manager. All alerts were kept on file for future reference.

There were reporting systems in place for identifying, recording, reporting, analysing and learning from adverse incidents and near misses involving medicines and medicinal products. Medicine incidents were categorised and investigated and practice was changed or staff training identified and provided as necessary.

Medicines were stored safely and securely. There were satisfactory procedures in place for medicines required for resuscitation or other medical emergency. The pharmacist was involved in assisting staff replenish, monitor, and adjust medicines stock.

The Accountable Officer was responsible for all aspects of the management of controlled drugs. It was the responsibility of the Accountable Officer to ensure all staff managing controlled drugs were appropriately trained and qualified to perform their responsibilities.

The receipts, administrations and disposals of all controlled drugs subject to record keeping requirements were maintained in controlled drug record books. Stock reconciliation checks on controlled drugs, which are subject to safe custody requirements, were performed twice daily.

Stock medicines which had expired or were no longer required were uplifted for disposal by the community pharmacist and records were maintained. Any out of date stocks of controlled drugs had been denatured by the hospice pharmacist in the presence of a DHSSPSNI pharmaceutical officer. Patients' own medicines were returned on discharge or uplifted by the community pharmacist for disposal as appropriate.

Medicine records were legible and accurately maintained to ensure that there was a clear audit trail. This included records of patients' own medicines.

Medicines were stored safely and securely and in accordance with the manufacturers' instructions.

### **Is Care Effective? (Quality of Management)**

There were comprehensive written policies and procedures for the management of medicines. Standard Operating Procedures that covered all aspects of the management of controlled drugs were in place. These were reviewed annually.

Records showed that the management of medicines was undertaken by qualified, trained and competent staff and there was evidence that systems were in place to review staff competency annually or following medicine incidents. The outcomes were used to identify any further training needs. A staff training matrix was maintained.

There were arrangements in place to audit all aspects of the management of medicines. These audits were undertaken by management and the pharmacist and included the management of controlled drugs, the management of general medicines, medical gases and omitted medicine doses. Audit outcomes were discussed at the Medicines Management Group and at staff meetings.

### **Is Care Compassionate? (Quality of Care)**

Patients were provided with information regarding any medication prescribed within the hospice. A prescription for any required medicine was provided on discharge. The pharmacist counselled patients regarding their medication prior to discharge.

Pain indicator charts were completed for patients on a daily basis. The patient was asked on a scale of 0 – 10 what their worst pain had been in the previous 24 hours and what their current pain was. If patients were unable to score pain, they were asked if their pain had been mild,

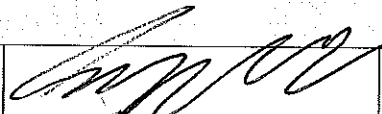
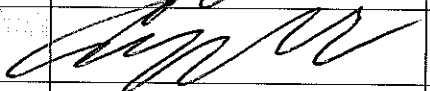
moderate or severe. Pain intervention charts were used to record the action taken and outcome.

### Areas for Improvement

No areas for improvement were identified during this inspection.

<b>Number of Requirements</b>	<b>0</b>	<b>Number of Recommendations</b>	<b>0</b>
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### 6. No requirements or recommendations resulted from this inspection.

<b>I agree with the content of the report.</b>			
<b>Registered Manager</b>		<b>Date Completed</b>	14-03-16
<b>Registered Person</b>		<b>Date Approved</b>	14-03-16
<b>RQIA Inspector Assessing Response</b>		<b>Date Approved</b>	

Please provide any additional comments or observations you may wish to make below:

**\*Please ensure this document is completed in full and returned to [pharmacists@rqia.org.uk](mailto:pharmacists@rqia.org.uk) from the authorised email address\***

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.



<b>RQIA Inspector Assessing Response</b>	Paul W. Nixon	<b>Date Approved</b>	1/4/2016
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