Northern Ireland Hospice
RQIA ID: 10625
Inpatient Unit and Day Hospice
Whiteabbey Hospital Grounds
Doagh Road
Newtownabbey
BT37 9RH

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Announced Medicines Management Inspection of Northern Ireland Hospice

12 January 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An announced medicines management inspection took place on 12 January 2016 from 10:30 to 14:45.

The management of medicines was found to be safe, effective and compassionate. The outcome of the inspection found no significant areas of concern though some areas for improvement were identified and are set out in the quality improvement plan (QIP) within 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 (DHSSPS) 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 4 December 2012.

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
Total number of requirements and recommendations made at this inspection	0	3

The details of the QIP within this report were discussed with the registered manager, Mrs Loretta Gribben, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Northern Ireland Hospice / Mrs Heather Weir	**Registered Manager:** Mrs Loretta Margaret Anne Gribben
Person in Charge of the Hospice at the Time of Inspection: Mrs Loretta Gribben	**Date Manager Registered:** 10 October 2013
Categories of Care: H(A)	**Number of Registered Places:** 21

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 the registered manager, clinical services manager and the registered nurses on duty.

The following records were examined during the inspection:

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

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the hospice was an announced care inspection dated 29 October 2014. No requirements or recommendations resulted from that inspection.

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

No requirements were made.

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 **Stated:** First time	Medicine related incidents which have been categorised as Level 0 or Level 1 should be reported to RQIA at quarterly intervals.	**Partially Met**
	Action taken as confirmed during the inspection: There was no evidence that quarterly reports of Level 0 and Level 1 medicine related incidents had been reported to RQIA. However, some individual incidents which had been categorised as Level 0 or 1 had been reported. On discussion, it was established that there was inconsistency in the categorisation and reporting of incidents. This recommendation was partially met and was stated for the second time.	
Recommendation 2 **Stated:** First time	The manufacturer's patient information leaflet should be supplied with all take home medicines.	**Met**
	Action taken as confirmed during the inspection: Staff confirmed that this practice occurs for all medicines supplied at the time of discharge. This was noted to be documented in the policies and procedures for medicines management.	

Recommendation 3 **Stated:** First time	Two nurses should sign for the receipt and return of patients' own medicines on all occasions.	**Not Applicable**
	Action taken as confirmed during the inspection: This recommendation had been made with regard to the management of patient's own medicines, which at that time were stored in the hospice, but were not used during the patient's accommodation in the hospice. The procedures have since changed and patients' own medicines were used where possible and any medicines remaining at the time of discharge were returned to the patient or to the pharmacist for disposal. A record of this activity was maintained. However, there were no records maintained of the receipt of the patients' own medicines at the time of admission. As written this recommendation was deemed not applicable and a recommendation to reflect the new procedures was made.	
Recommendation 4 **Stated:** First time	The signature of the recipient of returned medicines should be recorded on all occasions.	**Met**
	Action taken as confirmed during the inspection: The signature of the patient/representative on discharge or pharmacist and registered nurse responsible for the disposal of medicines was documented in the records.	
Recommendation 5 **Stated:** First time	The standard operating procedure for the reconciliation checks on controlled drugs should be amended to reflect the current practice.	**Met**
	Action taken as confirmed during the inspection: Up to date written standard operating procedures for controlled drugs including details regarding stock reconciliation checks were in place.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

There was a defined organisational and management structure that identified the lines of accountability, specific roles and responsibilities with the hospice. In relation to medicines, the Drugs and Therapeutic Committee met every month to ensure that robust governance arrangements were in place. The minutes of these meetings were reported to other corporate committees. Samples of the minutes were reviewed.

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.

There were incident 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 from Level 0 to 6. Incidents categorised as Level 2 and above were reported to RQIA. On review of the incidents records, it was noted there was inconsistency of categorisation and reporting of incidents. This was discussed and advice was given. At the last medicines management inspection it had been recommended that Level 0 to 1 medicine related incidents should be reported every quarter. Some of these incidents had been reported. The recommendation was stated for the second time.

Satisfactory arrangements were in place for the management of any drug alerts, medical device alerts and safety warnings about medicines.

Medicines were stored safely and securely. There were satisfactory procedures in place for medicines required for resuscitation or other medical emergency. The management of medicines which require cold storage should be reviewed. Maximum and minimum medicine refrigerator temperatures were recorded twice daily. As the recorded temperatures were similar, the need to ensure the thermometer was reset each day was discussed. It was found that a small number of medicines which did not require refrigeration were stored in the medicines refrigerator. A recommendation was made. The date of opening was not recorded on insulin pen devices and therefore the in use expiry date was not known. This was discussed with staff and the need to record the date was reiterated. It was agreed that this would be reviewed with immediate effect. Staff were reminded that in relation to safety, all oxygen cylinders should be chained to the wall.

The clinical services manager is the Accountable Officer for the hospice and is responsible for all aspects of the management of controlled drugs.

The receipt, storage, administration and disposal of all controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. A separate record book was maintained for patients' own controlled drugs. Some recording errors and amended entries were observed. It was acknowledged that this had been identified within the internal audit process and the corrective action was discussed. Stock reconciliation checks of controlled drugs which are subject to the safe custody legislation, were performed twice daily (day and night). However, on a small number of occasions, there were no records to indicate

that these checks had taken place. This was discussed and it was agreed that this would be reviewed.

Medicine records were legible and accurately maintained to ensure that there was a clear audit trail. Records of the receipt of medicines supplied by the pharmacy were maintained. When patients supplied their own medicines, this was not recorded; a record of the receipt of these medicines is necessary. A recommendation was made. It was advised that this would also facilitate the audit process.

Is Care Effective? (Quality of Management)

There were comprehensive written policies and procedures for the management of medicines. These were reviewed every three years. In preparation for the transition to the new building in Spring 2016, these policies and procedures have been further developed and work was ongoing.

Standard Operating Procedures (SOPs) were in place that cover all aspects of the management of controlled drugs.

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 post incident, in the management of medicines. This included the introduction of a workbook which was completed by registered nurses, and was forwarded to the Education Department. The outcomes were used to identify any further training needs. Training in relation to medicines had been provided to all registered nurses in 2015. A staff training matrix was maintained. The most recent training had included the management of controlled drugs.

There were arrangements in place to audit all aspects of the management of medicines. These audits were undertaken by management and staff. This included a self-assessment in relation to the minimum care standards. Details of the audit outcomes were discussed each month at the Drugs and Therapeutic committee meeting and were also displayed for staff reference.

Is Care Compassionate? (Quality of Care)

Patients were provided with detailed information regarding any medication prescribed within the hospice.

Areas for Improvement

The management of incidents should be reviewed to ensure that there is consistency in categorisation. A quarterly report of Level 0 to 1 medicine related incidents should be forwarded to RQIA. The recommendation was stated for the second time.

A record of the receipt of patient's own medicines brought into the hospice should be maintained. A recommendation was made.

The storage of medicines should be reviewed to ensure that all medicines are stored at the correct temperature as stated by the manufacturer. A recommendation was made.

Number of Requirements	0	Number of Recommendations	3

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager, Mrs Loretta Gribben, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP 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.

6.1 Statutory Requirements

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

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Department of Health, Social Services and Public Safety (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments, July 2014. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Person/Registered Manager

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to pharmacists@rqia.org.uk and assessed by the inspector.

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 hospice. 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. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the hospice.

Quality Improvement Plan	
Recommendations	
Recommendation 1 **Stated:** Second time **To be Completed by:** Ongoing	Medicine related incidents which have been categorised as Level 0 or Level 1 should be reported to RQIA at quarterly intervals. **Response by Registered Person(s) Detailing the Actions Taken:** IPU Ward Manager in agreement with CSM to ensure that quarterly reports of medicine related incidents categorised as Level 0 or Level 1 by NIH are escalated to RQIA. Retrospective report from October 15 to December 15 forwarded to RQIA by week ending 5/2/16. Quarterly reports of medicine related incidents categorised as Level 0 or Level 3 escalated to RQIA end of March 16, June 16, September 16 and December 16 and carried forwarded annually..
Recommendation 2 **Ref**: Standard 26 **Stated:** First time **To be Completed by:** 12 February 2016	The storage arrangements for medicines should be reviewed to ensure that all medicines are stored at the correct temperature, in accordance with the manufacturers' instructions. **Response by Registered Person(s) Detailing the Actions Taken:** Pharmacist and IPU Ward Manager reviewed all medications stored in fridge 13.1.16. All medications which should not be stored in fridge were removed. Date of opening of medication stored in fridge to be recorded by all staff who have been advised. Weekly monitoring by pharmacist and or IPU manager to ensure all medications are stored in accordance with manufacturers' instruction. New system of recording twice daily drug fridge temperatures implemented. Weekly check of fridge temperature records and of fridge contents to be carried out by Pharmacist and or IPU Ward Manager week commencing 18/1/16.
Recommendation 3 **Ref**: Standard 28 **Stated:** First time **To be Completed by:** 12 February 2016	In the instances where a patient brings their own medicines to the hospice, a record of the receipt should be maintained on every occasion. **Response by Registered Person(s) Detailing the Actions Taken:** Pharmacist, Clinical Services Manager and IPU Ward Manager to review systems and processes in place to ensure all patients own medicines are recorded on receipt without itemising medication details. Ongoing review of nursing admission notes and documentation to include reference to the receipt of patients medicines on admission to NIH IPU.

Registered Manager Completing QIP	Loretta Gribben	**Date Completed**	03/02/2016
Registered Person Approving QIP	Yolanda Wei	**Date Approved**	12/02/2016
RQIA Inspector Assessing Response		**Date Approved**	

Please ensure this document is completed in full and returned to pharmacists@rqia.org.uk from the authorised email address

RQIA Inspector Assessing Response	Judith Taylor	**Date Approved**	23 February 2016

Northern Ireland Hospice (10625) Inspection ID: IN024066 12 January 2016