Announced Medicines Management Inspection Report
20 September 2017

Northern Ireland Hospice

Type of service: Independent Hospital (IH) – Adult Hospice
Address: 74 Somerton Road, Belfast, BT15 3LH
Tel No: 028 9078 1836
Inspector: Helen Daly

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

1.0 What we look for

2.0 Profile of service

This is a registered independent hospital providing care to adults with palliative care needs.

3.0 Service details

Organisation/Registered Provider: Northern Ireland Hospice **Responsible Individual:** Mrs Heather Weir	**Registered Manager:** Mrs Hilary Teresa Maguire
Person in charge at the time of inspection: Mrs Hilary Teresa Maguire	**Date manager registered:** 16 December 2016
Categories of care: Independent Hospital (IH): H(A) - Adult Hospice	**Number of registered places:** 18

4.0 Inspection summary

An announced inspection took place on 20 September 2017 from 10.00 to 12.50.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

The inspection assessed progress with any areas for improvement identified during and since the last medicines management inspection and to determine if the independent hospital was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to medicines administration, medicine records, storage and the management of controlled drugs.

No areas requiring improvement were identified.

The findings of this report will provide the service with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Hilary Maguire, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection

The most recent inspection of the service was an announced care inspection undertaken on 22 November 2016. No areas for improvement had been identified at this inspection.

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the establishment was reviewed. This included the following:

- recent inspection reports and returned QIPs
- recent correspondence with the establishment
- the management of medicine related incidents

During the inspection the inspector met with the registered manager and two registered nurses.

A total of 15 questionnaires were provided for distribution to patients, their representatives and staff for completion and return to RQIA.

A sample of the following records was 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

Areas for improvement identified at the last medicines management inspection were reviewed and the assessment of compliance recorded as met, partially met or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 22 November 2016

The most recent inspection of the establishment was an announced care inspection. There were no areas for improvement made as a result of the inspection.

6.2 Review of areas for improvement from the last medicines management inspection dated 12 January 2016

<table>
<tr><th colspan="3">Areas for improvement from the last medicines management inspection</th></tr>
<tr><th colspan="2">Action required to ensure compliance with the Minimum Care Standards for Independent Healthcare Establishments (July 2014)</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Standard 25

Stated: Second time</td><td>Medicine related incidents which have been categorised as Level 0 or Level 1 should be reported to RQIA at quarterly intervals.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
The registered manager advised that following a review of the procedures for the management of incidents they are no longer categorised in this way. She confirmed that the revised procedures enabled learnings to be effectively identified and implemented on all occasions.

All incidents involving controlled drugs and critical medicines are reported to RQIA.</td></tr>
<tr><td rowspan="2">Area for improvement 2

Ref: Standard 26

Stated: First time</td><td>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.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
Medicines requiring cold storage were being stored in the refrigerator. The maximum, minimum and current temperatures were being monitored and the thermometer was being reset each day. The consistent recordings for the maximum and minimum temperatures indicated that the thermometer was not being reset accurately. It was agreed that details on how to reset the thermometer would be made available for staff or that an easy read thermometer would be obtained.

Due to the assurances provided this area for improvement was accessed as met.</td></tr>
</table>

Area for improvement 3 **Ref:** Standard 28 **Stated:** First time	In the instances where a patient brings their own medicines to the hospice, a record of the receipt should be maintained on every occasion.	**Met**
	Action taken as confirmed during the inspection: The registered manager and registered nurse advised that this is not practical as often patients bring large quantities of discontinued and loose medicines which are returned immediately to family for disposal. It was agreed that a record of the receipt of all medicines which were suitable for administration in the hospice and any medicines liable to abuse would be maintained. Due to the assurances provided this area for improvement was accessed as met.	

6.3 Inspection findings

6.4 Is care safe?

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

The management of medicines was undertaken by qualified, trained and competent staff. Three registered nurses had recently completed their induction; records were provided for inspection. The impact of training was monitored through audits and annual appraisal. Refresher training was provided annually. There was evidence that systems were in place to review staff competency following any medicines incident. The outcomes were used to identify any further training needs.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Medicines were ordered by designated staff. Separate requisition records were in use for general medicines and controlled drugs.

There were policies in place to ensure the safe management of medicines during admission and on patient discharge. Medicines were reconciled on admission by a pharmacist. When the pharmacist was unavailable a second medical practitioner was involved in the reconciliation check.

There were satisfactory arrangements in place to manage changes to prescribed medicines to ensure that all changes were implemented without delay.

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. There was an effective system in place for the management of drug alerts, medical device alerts and safety warnings about medicines.

Robust arrangements were in place for the management of high risk medicines.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Checks were performed on controlled drugs which require safe custody twice each day.

Medicines that were no longer required or expired were disposed of appropriately.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. The medicine refrigerator and the contents of the emergency trolley were checked at regular intervals.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, competency assessments, the management of medicines on admission and discharge, the management of controlled drugs and medicine storage.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

A sample of medicine records were provided for inspection. They had been clearly and appropriately completed by the medical and nursing staff.

Medicine records were legible and accurately maintained to ensure that there was a clear audit trail.

There were arrangements in place to audit most aspects of the management of medicines. In addition to the controlled drug checks and quarterly audits, these included:

- the daily temperature range monitoring of the medicine refrigerator
- the daily checks on the emergency trolley
- the weekly checks on dates and stock levels of stock medicines
- the second check on administration records following each medicine round
- review, by the pharmacist, of patients' medicine records (on three days each week)
- regular audit of the personal medication records by the pharmacist

The outcomes of these audits are discussed at the morning handovers, team meetings and displayed on the medicines communication board in the medicine's room.

The registered manager advised that a UK Hospice Audit Tool is also completed three monthly. Issues raised as a result of audit activity were discussed at the monthly audit committee meetings.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the standard of record keeping, the administration of medicines and audit activity.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

Patients were observed to be relaxed and comfortable. The atmosphere was relaxed and calm.

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

Any comments from patients, their representatives and staff in returned questionnaires received after the return date will be shared with the registered manager for information and action if required.

Areas of good practice

There was a warm and welcoming atmosphere in the hospice. Staff interactions with patients and visitors were observed to be kind.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

There was a defined organisational and management structure that identified the lines of accountability, specific roles and responsibilities for medicines management within the hospital. The Drugs and Therapeutic Committee met monthly to ensure that robust systems were in place for the management of medicines.

The pharmacist works as part of the multi-disciplinary team and was responsible for the provision of safe, efficient, economical and timely pharmaceutical services throughout the hospital.

Comprehensive written policies and procedures for the management of medicines were in place. A number of these were currently being reviewed by the Medicines Action Group.

Standard Operating Procedures (SOPs) were in place detailing the arrangements for the management of controlled drugs. The registered manager is the Accountable Officer (AO) who has responsibility for securing the safe management and use of controlled drugs in accordance with the Controlled Drugs (Supervision of Management and Use) Regulations (Northern Ireland) 2009.

There were systems in place for identifying, recording, reporting, analysing and learning from adverse incidents and near misses involving medicines and medicinal products. The layout of the medication incident forms had been reviewed and revised to ensure it can be used as a reflection tool and to evidence the learning. These forms are reviewed each week. Incidents are graded as catastrophic, major, moderate, minor or insignificant. All incidents involving controlled drugs and critical medicines are reported to RQIA.

Following discussion with the registered manager and registered nurses it was evident that staff were familiar with their roles and responsibilities in relation to medicines management. Staff confirmed that any concerns in relation to medicines management were raised with management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements and quality improvement. There were clearly defined roles and responsibilities for staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

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