Foyle Hospice
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# Announced Medicines Management Inspection of Foyle Hospice

## 15 February 2016

The Regulation and Quality Improvement Authority
'Hilltop', Tyrone and Fermanagh Hospital, Omagh BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544 Web: www.rqia.org.uk

## 1. Summary of Inspection

An announced medicines management inspection took place on 15 February 2016 from 10.20 to 13:40.

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 (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 March 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 |
|---|---|---|
| **Total number of requirements and recommendations made at this inspection** | 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

| | |
|---|---|
| **Registered Organisation/Registered Person:**<br>Foyle Hospice/Mr Donall Eugene Henderson | **Registered Manager:**<br>Mrs Yvonne Anne Martin |
| **Person in Charge of the Home at the Time of Inspection:**<br>Mrs Yvonne Anne Martin | **Date Manager Registered:**<br>17 November 2008 |
| **Categories of Care:**<br>PD, H(A) | **Number of Registered Places:**<br>12 |

## 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.

Discussion with the registered manager and staff 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 11 August 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 Statutory Requirements** | | **Validation of Compliance** |
|---|---|---|
| **Requirement 1**<br><br>**Ref**: Regulation 15(6)<br><br>**Stated:** First time | The registered manager must ensure that a record of the transfer of medicines to the community pharmacy for disposal is maintained in the hospice. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Records of the transfer of medicines for disposal were in place and these have been recently reviewed and updated. | |

| Last Inspection Recommendations | | Validation of Compliance |
|---|---|---|
| **Recommendation 1**<br><br>**Stated:** First time | The registered manager should further review the record keeping for controlled drugs to ensure staff adhere to the DHSSPS guidance regarding the management of recording errors in controlled drug registers. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Improvements were noted in the management of errors in controlled drug registers. There was a written policy and procedure in place for the management of recording errors. However, a small number of inconsistencies were noted in the management of recording errors. The registered manager confirmed that additional auditing and monitoring arrangements would be implemented following the inspection to ensure that all designated members of staff adhere to the hospice's written policies and procedures. | |

## 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 within the hospice. Patient care, including the management of medicines, has been discussed at weekly meetings of senior hospice staff and at multidisciplinary meetings held on a regular basis in Altnagelvin Area Hospital. Clinical governance and risk management meetings have been held in the hospice on a regular basis. Samples of the minutes of these meetings were reviewed during the inspection. The hospice has maintained a risk register for medicines management and for medical devices.

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

Medicines have been ordered and requested by designated members of staff. However, it was noted that all medicines had been requested using forms designed for ordering controlled drugs and it was difficult to audit the forms as they were not filed in numerical order. The registered manager advised this would be addressed following the inspection to ensure systems for ordering medicines are robust.

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.

Satisfactory arrangements were in place for the management of 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, including oxygen. Medicines required for use in a medical emergency have been reviewed and checked by the community pharmacist on a weekly basis and the list of emergency medicines to be kept has been authorised by the medical director of the hospice.

The treatment room was recently refurbished and improvements were noted in the storage arrangements for medicines. Medicines in use were stored in locked drawers in patients' rooms. The community pharmacist has carried out a weekly stock check on medicines in the hospice. Stock medicines which had expired or were no longer required were uplifted by the supplying pharmacist for disposal and records of disposal were maintained.

The registered manager is the Accountable Officer for the hospice and is responsible for all aspects of the management of controlled drugs. The registered manager advised that practices in relation to controlled drugs have been regularly reviewed through audit and as a result of her meetings with other Accountable Officers who are members of the Local Intelligence Network.

The prescribing, supply, administration, safe custody and destruction of controlled drugs complied with legislative requirements and DHSSPS guidelines. Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained.

The admission process with respect to medicines management was satisfactory. A list of current medicines for each patient was obtained from the prescriber prior to admission. Referral forms were obtained prior to admission to ensure appropriate medicine stocks were in place when each patient was admitted. The personal medication record for each patient was signed by the prescriber.

The patient discharge process was noted to be robust.

Out-of-hours access to pharmacy services was available.

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

The preparation of controlled drugs for administration through a syringe driver was observed and noted to be robust; two registered nurses were involved in preparing and checking the medicines.

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

Written policies and procedures for the management of medicines were in place. These have been reviewed every three years. Standard Operating Procedures (SOPs) for the management of controlled drugs were in place

The management of medicines was undertaken by qualified, trained and competent staff. There was evidence that systems were in place to provide training, review staff competency and complete staff appraisal in the management of medicines on an annual basis. The most recent training had included the management of controlled drugs and syringe drivers. Training has been provided to care assistants who manage delegated tasks, including the administration of emollients and supplements.

There were robust arrangements in place to audit all aspects of the management of medicines. These audits have been undertaken by both management and staff.

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

The evidence seen in relation to medicines management indicated that care was compassionate. Appropriate arrangements were in place for medicines prescribed on a "when required" basis.

The community pharmacist was involved in the planning of discharge medicines and has met with patients to discuss their medicines prior to discharge.

**Areas for Improvement**

None.

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|---|---|---|---|
| **Number of Requirements** | **0** | **Number of Recommendations** | **0** |

**No requirements or recommendations resulted from this inspection.**

| **I agree with the content of the report.** | | | |
|---|---|---|---|
| **Registered Manager** | Yvonne Martin | **Date Completed** | 01/04/16 |
| **Registered Person** | Donall Henderson | **Date Approved** | 01/04/16 |
| **RQIA Inspector Assessing Response** | **Helen Mulligan** | **Date Approved** | **4 April 2016** |

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