Ulster Independent Clinic
RQIA ID: 10636
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BT9 5JH

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# Announced Medicines Management Inspection of Ulster Independent Clinic

## 2 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

## 1. Summary of Inspection

An announced medicines management inspection took place on 2 February 2016 from 09:45 to 14:30.

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 (DHSPPS) 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 2 October 2012.

The Review Directorate within RQIA had undertaken a review of theatres, including those in Ulster Independent Clinic, on 3 December 2013 and this included the management of medicines.

### 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>Ulster Independent Clinic /<br>Ms Diane Elizabeth Graham | **Registered Manager:**<br>Ms Diane Elizabeth Graham |
| **Person in Charge of the Hospital at the Time of Inspection:**<br>Ms Diane Graham | **Date Manager Registered:**<br>11 April 2007 |
| **Categories of Care:**<br>AH - Acute hospitals (with overnight beds)<br>AH(DS) - Acute hospitals (day surgery only)<br>PD - Private Doctors (others)<br>PT(E) - Prescribed techniques or prescribed technology: establishments using endoscopy<br>PT(L) - Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers | **Number of Registered Places:**<br>70 |

## 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 reviewed the outcomes of the theatre review inspection undertaken on 3 December 2013.

We met with the registered manager and the senior pharmacist.

The inspection included a review of the management of medicines on the wards, in two of the five theatres, the recovery rooms and the pharmacy.

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
- 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 20 and 21 October 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**: Regulations 15(6) and 28(1),(2)<br><br>**Stated:** Second time | Incidents categorised at Level 2 and above must be reported to RQIA. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Incidents categorised at Level 2 and above had been reported to RQIA. | |
| **Last Inspection Recommendations** | | **Validation of Compliance** |
| **Recommendation 1**<br><br>**Stated:** Three times | The hospital should commence to report those incidents categorised as Level 1 incidents to RQIA on a quarterly basis. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Incidents categorised as Level 1 had been reported to RQIA. | |

## 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 for medicines management within the hospital. The monthly senior clinical staff meetings were used to review, analyse and monitor medicines management processes. The senior clinical staff members were responsible for cascading the information and training received at these meetings to the staff within their departments. The Pharmacy Users Group met annually. There was also a Chemotherapy Committee, which the senior pharmacist attended.

The pharmacists worked as part of the multi-disciplinary team and were responsible for the provision of safe, efficient, economical and timely pharmaceutical services throughout the hospital. The pharmacy assistants worked under the direction and supervision of the pharmacists.

The pharmacy service objectives and the work of the pharmacy service were developed and reviewed annually. An annual Pharmacy Service Plan was developed by the senior pharmacist, in line with the hospital's overall Quality Improvement Plan.

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.

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

Medicines were ordered by designated staff. Separate requisition records were in use for general medicines and controlled drugs. A list of the names and sample signatures of consultants and staff authorised to order medicines was maintained.

Medicines for disposal were returned from the departments to the pharmacy, where they were placed in pharmaceutical clinical waste bins. Controlled drugs were denatured by a pharmacist and one other authorised staff member before disposal. A waste disposal contractor uplifted the pharmaceutical waste.

Medicine records were legible and accurately maintained to ensure that there was a clear audit trail. The receipts and/or transfers of some patients' own controlled drugs were not always fully recorded. The need to ensure that the receipts and transfers of patients' own controlled drugs were fully recorded was discussed and agreed.

Medicines were stored safely and securely. Specific storage arrangements were in place for medicine keys. There were satisfactory procedures in place for medicines required for resuscitation or other medical emergency. The location of similarly packaged products in the theatres pharmacy store had been reviewed.

The registered person was the Accountable Officer and was responsible for all aspects of the management of controlled drugs and attended the local intelligence network meetings.

The prescribing, supply, administration, safe custody and destruction of controlled drugs complied with legislative requirements and DHSSPS guidelines. There were comprehensive

standard operating procedures detailing the arrangements for the management of controlled drugs.

In the pharmacy, controlled drugs were recorded in central controlled drug registers and then signed out to the relevant departments. In each department, the receipt, storage, administration and disposal of all controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. In theatres, the controlled drug record books identified the stages of supply, administration and disposal of controlled drugs.

The following controlled drug stock reconciliation checks took place:

- At the end of each shift on each ward
- At the beginning and at the end of each theatre list in the theatres and recovery units
- Monthly within the pharmacy
- Every three months in each department by the pharmacists
- An annual audit, by the Accountable Officer, of the arrangements for the use and management of controlled drugs within the hospital.

Schedule 4 (part 1) controlled drugs were stored in the controlled drug cupboards and stock balances were reconciled at the end of each shift as an increased security measure. This is good practice.

Following the RQIA theatre review in December 2013, a formal risk assessment had been undertaken on high risk injectable medicines; the registered manager and senior pharmacist stated that this risk assessment would also now be completed on all other injectable medicines. A “Purchasing for Safety” policy had been developed. The registered manager confirmed that staff practice with respect to injectable medicines was audited.

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

There was a comprehensive set of medicines management policies and procedures. These were reviewed at least once every three years.

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 following any medicines incident. The outcomes were used to identify any further training needs. Staff performance review meetings were conducted on an annual basis

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

- The daily temperature range monitoring of each medicine refrigerator (reviewed by the pharmacy staff at the end of each month)
- The review of medicine incidents
- Monthly expiry date checks of the medicine and medicinal product stocks in all departments by the pharmacy assistants
- Review, by the pharmacists, of patients’ medicine records on the wards, on a daily basis from Monday to Friday
- Review, by the pharmacists, of the dispensing of patient take home medicine packs.

Issues raised as a result of this audit activity were discussed at the senior clinical staff meetings and, where appropriate, at other hospital committee meetings.

There were systems in place for identifying, recording, reporting, analysing and learning from adverse incidents and near misses involving medicines and medicinal products. Medicine incidents were reviewed and categorised by the clinical risk coordinator and senior pharmacist and were discussed, when necessary, at the senior clinical staff meetings. Where an incident occurred concerning a controlled drug, the senior pharmacist held a reflective session with the staff involved.

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

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

The evidence seen in relation to medicines management indicated that care was compassionate.

**Areas for Improvement**

No areas for improvement other than the areas discussed in the body of the report were identified.

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

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

| **I agree with the content of the report.** | | | |
|---|---|---|---|
| **Registered Manager** | Diane Graham | **Date Completed** | 29/2/16 |
| **Registered Person** | Ulster Independent Clinic<br>Diane Graham | **Date Approved** | 29/2/16 |
| **RQIA Inspector Assessing Response** | **Paul W. Nixon** | **Date Approved** | **3/3/16** |

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