Announced Medicines Management Inspection Report
19 September 2017

Ulster Independent Clinic

Type of service: Independent Hospital
Address: 245 Stranmillis Road, Belfast, BT9 5JH
Tel No: 028 9066 1212
Inspector: Paul Nixon

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 a range of in-patient and day procedures, as described in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Ulster Independent Clinic **Responsible Individual:** Ms Diane Elizabeth Graham	**Registered Manager:** Ms Diane Elizabeth Graham
Person in charge at the time of inspection: Ms Diane Elizabeth Graham	**Date manager registered:** 11 April 2007
Categories of care: Independent Hospital (IH): AH - Acute Hospital AH(DS) - Acute Hospital (Day Surgery) PD - Private Doctor PT(E) - Prescribed Technologies using Endoscopy PT(L) - Prescribed Technologies using Laser	**Number of registered places:** 70

4.0 Inspection summary

An announced inspection took place on 19 September 2017 from 09.20 to 13.50.

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 since the last medicines management inspection and to determine if the service was delivering safe, effective and compassionate care and if the service was well led.

The hospital continues to maintain robust arrangements for the management of medicines. Evidence of good practice was found in relation to medicines governance, medicines administration, medicine records, medicines 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 Ms Diane Graham, 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 premises inspection

The most recent inspection was an announced premises inspection undertaken on 9 May 2017. No further actions were required to be taken following the 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 incidents; it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection.

During the inspection the inspector met with the registered manager, senior pharmacist and six 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
- care plans
- training records
- medicines storage temperatures

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 9 May 2017

The most recent inspection of the establishment was an announced premises 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 2 February 2016

There were no areas for improvement made as a result of the last medicines management inspection.

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. 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.

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. A list of the names and sample signatures of consultants and staff authorised to order medicines was maintained. Staff advised of the procedures to identify and report any potential shortfalls in medicines.

There were policies and procedures in place to ensure the safe management of medicines during procedures and on patient admission and 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.

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

In the pharmacy, controlled drugs were recorded in central controlled drug registers and then signed out to the relevant departments. The receipt, storage, administration and disposal of all controlled drugs subject to record keeping requirements were maintained in controlled drug record books.

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.

Robust arrangements were observed for the management of high risk medicines.

Discontinued or expired medicines were disposed of appropriately. Discontinued controlled drugs were denatured and rendered irretrievable prior to disposal. 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 two authorised staff members before disposal. A waste disposal contractor uplifted the pharmaceutical waste.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. Medicine refrigerators and the contents of the emergency trolleys 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 was provided for inspection. The records had been clearly and appropriately completed by the medical, pharmacy and nursing staff.

Staff confirmed that compliance with prescribed medicine regimes was monitored and any omissions or refusals likely to have an adverse effect on the patient's health were reported to the prescriber.

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, 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.

Any 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.

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 and were being cared for by registered nurses.

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

As part of the inspection process, we issued questionnaires to patients and patients' representatives. No questionnaires were returned within the specified timeframe.

Areas of good practice

There was a warm and welcoming atmosphere in the hospital. Patients were cared for with dignity and respect.

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 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 and a Health and Safety Committee which were attended by the senior pharmacist.

The pharmacists and pharmacy assistants work 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 work 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.

Comprehensive written policies and procedures for the management of medicines were reviewed at least once every three years.

Standard Operating Procedures (SOPs) were in place detailing the arrangements for the management of controlled drugs. The registered manager is also 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. 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.

Following discussion with the registered manager, senior pharmacist 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. One member of staff completed a questionnaire. The responses were positive and raised no concerns about the management of medicines in the hospital.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, the management of medicine incidents 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

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