The Regulation and Quality Improvement Authority

St Johns House
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Inspectors: Cathy Wilkinson
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Announced Medicines Management Inspection of St Johns House

22 February 2016

1. Summary of Inspection

An announced medicines management inspection took place on 22 February 2016 from 10:40 to 13:00.

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 9 August 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	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: Southern Health and Social Care Trust Mrs Anne Bernadette Cooney	**Registered Manager:** Mrs Carmel Teresa Campbell
Person in Charge of the Hospice at the Time of Inspection: Mrs Carmel Teresa Campbell	**Date Manager Registered:** 1 April 2005
Categories of Care: H(A)	**Number of Registered Places:** 14

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, ward manager and registered nurses on duty.

The following records were examined:

- medicines requested and received
- medicine administration records
- medicines disposed of or transferred
- controlled drug record books
- medicine audits
- policies and procedures
- training records
- medicine refrigerator 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 February 2016. The draft report from that inspection had not yet been issued at the time of this inspection.

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

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 1 **Ref**: Regulation 15(6) **Stated:** Second time	Nurses must receive further training on the use of the refrigerator thermometers. Appropriate corrective action must be taken if the readings fall outside of the accepted range.	**Met**
	Action taken as confirmed during the inspection: Training on the use of the refrigerator thermometers had been provided. The recorded temperatures were within the required range.	
Requirement 2 **Ref**: Regulation 15(6) **Stated:** First time	Controlled drugs must be denatured and rendered irretrievable before being returned to a licensed waste management company.	**No longer applicable**
	Action taken as confirmed during the inspection: The process for disposal of controlled drugs has been reviewed in conjunction with the pharmacy inspector from the DHSSPS. This requirement is no longer applicable.	
Last Inspection Recommendations		**Validation of Compliance**
Recommendation 1 **Stated:** First time	Standard Operating Procedures should be reviewed to ensure that they are reflective of current legislation with regards to the destruction/disposal of controlled drugs.	**Met**
	Action taken as confirmed during the inspection: Standard Operating Procedures have been reviewed and were displayed in the nurses station.	
Recommendation 2 **Stated:** First time	The disposal of medicines record should be signed by a staff member and the pharmacist.	**Met**
	Action taken as confirmed during the inspection: This was observed during the inspection.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 3 **Stated:** First time	The registered manager should ensure that medicines are promptly removed from stock once the expiry date has been reached.	**Met**
	Action taken as confirmed during the inspection: All medicines examined were in date.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

There was an organisational and management structure in place that identified the lines of accountability and specific roles and responsibilities for medicines management within the hospice. In relation to medicines, issues were discussed at meetings to ensure that robust governance arrangements were in place. The registered manager advised that patient group directions (PGDs) were not currently in use.

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.

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

There were reporting systems in place for identifying, recording, reporting, analysing and learning from adverse incidents and near misses involving medicines and medicinal products. There have been no medicine incidents since 2013.

Medicines were stored safely and securely. There were satisfactory procedures in place for medicines required for resuscitation or other medical emergency.

The registered manager was the Accountable Officer and was 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 controlled drug registers. Stock reconciliation checks on controlled drugs, which are subject to safe custody requirements, were performed twice daily. This was completed within an hour of the shift change and had been risk assessed as appropriate due to the quantity of controlled drugs that are stored.

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

Is Care Effective? (Quality of Management)

There were written policies and procedures for the management of medicines. These had been reviewed since the last medicines management inspection. Standard Operating Procedures (SOPs) that cover all aspects of the management of controlled drugs were in place.

Records showed that 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 incidents.

There were arrangements in place to audit all aspects of the management of medicines. These audits were undertaken by management, staff and the community pharmacist.

Is Care Compassionate? (Quality of Care)

Patients were provided with information regarding any medication prescribed within the hospice. A prescription for any required medicine was provided on discharge and if necessary staff liaised with the community pharmacist to ensure that sufficient supplies are available.

Areas for Improvement

None identified.

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	Paula Campbell	**Date Completed**	11/3/2016
Registered Person	[signature]	**Date Approved**	1/March/16
RQIA Inspector Assessing Response		**Date Approved**	

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

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

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.

The Regulation and Quality Improvement Authority

RQIA Inspector Assessing Response	Cathy Wilkinson	**Date Approved**	11/03/2016