



The Regulation and  
Quality Improvement  
Authority

## **DAY CARE SETTING**

### **MEDICINES MANAGEMENT INSPECTION REPORT**

<b>Inspection No:</b>	<b>IN020785</b>
<b>Establishment ID No:</b>	<b>10990</b>
<b>Name of Establishment:</b>	<b>Avondale Day Centre</b>
<b>Date of Inspection:</b>	<b>9 February 2015</b>
<b>Inspector's Name:</b>	<b>Paul Nixon</b>

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

## 1.0 GENERAL INFORMATION

<b>Name of establishment:</b>	Avondale Day Centre
<b>Type of establishment:</b>	Day Care Setting
<b>Address:</b>	203 South Street Newtownards BT23 4JY
<b>Telephone number:</b>	(028) 9181 2063
<b>E mail address:</b>	Jennifer.zebedee@foldgroup.co.uk
<b>Registered Organisation/ Registered Provider:</b>	Fold Housing Association Mrs Fiona McAnespie
<b>Registered Manager:</b>	Miss Jennifer Zebedee
<b>Person in charge of the day care setting at the time of Inspection:</b>	Miss Jennifer Zebedee
<b>Categories of care:</b>	DCS-LD, DCS-LD(E)
<b>Number of registered places:</b>	20
<b>Number of service users accommodated on day of inspection:</b>	15
<b>Date and time of current medicines management inspection:</b>	9 February 2015 10:00 – 11:00 hours
<b>Name of inspector:</b>	Paul Nixon
<b>Date and type of previous medicines management inspection:</b>	1 March 2012 Announced Inspection

## 2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect day care settings. A minimum of one inspection per year is required.

This is a report of an announced medicines management inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

### PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service provided to service users was in accordance with their assessed needs and preferences and was in compliance with legislative requirements and current minimum standards, through a process of evaluation of available evidence.

RQIA aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the management of medicines in the establishment, and to determine and assess the establishment's implementation of the following:

The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003

The Day Care Setting Regulations (Northern Ireland) 2007

The Department of Health, Social Services and Public Safety (DHSSPS) Day Care Settings Minimum Standards (2012).

Other published standards which guide best practice may also be referenced during the inspection process.

### METHODS/PROCESS

Discussion with Miss Jennifer Zebedee (Registered Manager)

Review of medicine records

Observation of storage arrangements

Spot check on policies and procedures

Evaluation and feedback

This announced inspection was undertaken to examine the arrangements in place for the recording, safekeeping, handling and disposal of medicines.

## HOW RQIA EVALUATES SERVICES

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Day Care Settings Minimum Standards (2012):

Standard 29: Management of Medicines

Standard Statement - Medicines are handled safely and securely

Standard 30: Medicine Records

Standard Statement - Medicine records comply with legislative requirements and current best practice

Standard 31: Medicines Storage

Standard Statement - Medicines are safely and securely stored

Standard 32: Administration of Medicines

Standard Statement - Medicines are safely administered in accordance with the prescribing practitioner's instructions

An outcome level was identified to describe the service's performance against each criterion that the inspectors examined. Table 1 sets the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and being made within the inspection report.

### **3.0 PROFILE OF SERVICE**

Avondale Centre opened in 1991 under the direction of Fold Housing Association. The Day Centre is registered to provide day care for learning disability service users.

The Centre is open from 09:00 to 16:30, Monday to Friday.

The building is located on the outer limits of Newtownards town centre with good access for local bus routes and local shops. Access is set back off the main road with a long driveway. Car parking is available to the front of the facility.

The building is single storey designed around one central arrival area with a number of smaller multi-function rooms set off the main thoroughfare. A large dining room is also available.

There are an appropriate number of toilet facilities available for service users.

Use of the centre is shared with various community groups which include "Gateway Club".

The catchment area of the centre takes in Bangor, Newtownards, Comber, Ballygowan, Killinchy, spanning to Donaghadee and Millisle.

### **4.0 EXECUTIVE SUMMARY**

An announced medicines management inspection of Avondale Day Centre was undertaken by Paul Nixon, RQIA Pharmacist Inspector, on 9 February 2015 between 10:00 and 11:00 hours. This summary reports the position in the day care setting at the time of the inspection.

The purpose of this inspection was to consider whether the service provided to service users was in compliance with legislative requirements and current minimum standards, through a process of evaluation of the available evidence. The inspector examined the arrangements for medicines management within the day care setting and focused on the four medicine standards in the DHSSPS Day Care Settings Minimum Standards:

- Standard 29: Management of Medicines
- Standard 30: Medicine Records
- Standard 31: Medicines Storage
- Standard 32: Administration of Medicines.

During the course of the inspection, the inspector met with the registered manager, Miss Jennifer Zebedee. The inspector observed practices for medicines management in the day care setting, inspected storage arrangements for medicines and examined a selection of medicine records.

This inspection indicated that the arrangements for the management of medicines are compliant with legislative requirements and best practice guidelines. The registered manager and staff are commended for their efforts.

The one recommendation made at the previous medicines management inspection on 1 March 2012 was examined during the inspection; the inspector's validation of compliance is detailed in Section 5.0 of this report.

Since the previous inspection, RQIA has monitored the management of medicines in the home through the reporting of any medicine incidents and discussion with other inspectors.

Medicines are handled safely and securely.

Medicine records comply with legislative requirements and current best practice.

Medicines are safely and securely stored.

Appropriate arrangements are in place to ensure that medication is safely administered to the service user in accordance with the prescribing practitioner's instructions

The inspection attracted no requirements or recommendations.

The inspector would like to thank the registered manager for her assistance and co-operation throughout the inspection.

## 5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 1 March 2012:

NO	MINIMUM STANDARD REF	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	30	<p>The name, form and strength (the latter where applicable) of each medicine received and administered should be recorded on the service user's medication record.</p> <p><b>Stated once</b></p>	This information was observed to be recorded.	<b>Compliant</b>



## 6.0 MEDICINES MANAGEMENT REPORT

### 6.1 Management of Medicines

Written policies and procedures for the management and administration of medicines are in place.

The registered manager confirmed that staff who manage medicines are trained and competent. The management of medicines is included in the induction programme for those staff who will administer them. Evidence was provided that a record is kept of the medicines management training, including refresher training, completed by staff. The registered manager confirmed that the impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of staff. A record is kept of the names and sample signatures of staff trained and competent to administer medicines.

The registered manager advised of the arrangements in place to evaluate the impact of medicines management training. This occurs through annual appraisal. Records are maintained of staff medicines management competency and capability assessments. A sample of these assessment records was examined.

Practices for the management of medicines are systematically audited to ensure they are consistent with the day care setting's policy and procedures, and action is taken when necessary. The outcomes of the audit activity were reflected during the inspection.

There is a written policy and procedure on the management of medication errors and incidents. The registered manager confirmed that medication errors and incidents are reported to the appropriate authorities in accordance with procedures. No medication incidents have been reported during the current inspection year.

There is a policy and procedure detailing the arrangements for confirming medication regimes when service users require medication to be administered in the day centre. Medicine regimes and any changes to them are confirmed in writing by the prescriber.

There is a system in place to ensure that there are sufficient supplies of each medicine held in stock.

When discontinued or if unfit for use, medicines held for services users are returned to the carer.

Practices for the management of medicines are systematically audited to ensure they are consistent with the day care setting's policy and procedures, and action is taken when necessary. Stock balance checks are recorded as part of the medicine documentation.

Two service users have a thickening agent prescribed. In each instance, a care plan is in place, which includes details of the required consistency of thickening agent. A record of administration is made.

**COMPLIANCE LEVEL: Compliant**

## 6.2 Medicine Records

The following records are maintained:

- Medicines requested and received
- Medicines prescribed
- Medicines administered
- Medicines returned.

Samples of the above medicine records were examined at this inspection. These were found to be satisfactory. The registered manager and staff are commended for their efforts.

**COMPLIANCE LEVEL: Compliant**

## 6.3 Medicine Storage

Medicines were observed to be safely and securely stored under conditions that conform to statutory and manufacturers' requirements.

Suitable arrangements are in place regarding the key control for medicines.

**COMPLIANCE LEVEL: Compliant**

## 6.4 Administration of Medicines

Satisfactory arrangements are in place to ensure that medication is safely administered to the service users in accordance with the prescribing practitioners' instructions.

Each of the medicines being held in the day care setting was audited and a good correlation was observed between the dosage instructions, patterns of administration and stock balances.

**COMPLIANCE LEVEL: Compliant**

## **7.0 QUALITY IMPROVEMENT PLAN**

As no requirements or recommendations were made following the inspection a Quality Improvement Plan has not been appended on this occasion. The registered manager/provider is asked to please complete and return a copy of the signature page at the end of the report for our records by 24 March 2015.

Enquiries relating to this report should be addressed to:

**Paul W Nixon**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



No requirements or recommendations resulted from the **announced medicines management inspection** of **Avondale Day Centre** which was undertaken on **9 February 2015** and I agree with the content of the report.

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

<b>NAME OF REGISTERED MANAGER COMPLETING</b>	Jennifer Zebedee
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING</b>	Fiona McAnespie

<b>Approved by:</b>	<b>Date</b>
Paul W. Nixon	10/03/15