



The Regulation and
Quality Improvement
Authority

DAY CARE SETTING

MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	IN020939
Establishment ID No:	11108
Name of Establishment:	Copperfields
Date of Inspection:	9 February 2015
Inspector's Name:	Judith Taylor

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 GENERAL INFORMATION

Name of establishment:	Copperfields
Type of establishment:	Day Care Setting
Address:	25 Grove Hill Road Loughbrickland BT32 3NF
Telephone number:	028 3083 5408
E mail address:	eilis.hill@southerntrust.hscni.net
Registered Organisation/ Registered Provider:	Southern Health and Social Care Trust/ Mrs Anne Mairead McAlinden
Registered Manager:	Mrs Eilis Hill (Acting Manager)
Person in charge of the day care setting at the time of Inspection:	Mr Brian Watters (Acting Assistant Manager)
Categories of care:	DCS-LD, DCS-MP, DCS-PH, DCS-SI
Number of registered places:	20
Number of service users accommodated on day of inspection:	10
Date and time of current medicines management inspection:	9 February 2015 10:20 – 11:15
Name of inspector:	Judith Taylor
Date and type of previous medicines management inspection:	This was the first medicines management inspection to this day care setting

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.

2.1 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 (January 2012).

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

2.2 METHODS/PROCESS

- Discussion with Mr Brian Watters, Acting Assistant Manager, and staff on duty
- 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 for the management of medicines within the day care setting.

2.3 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:

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 inspector examined. Table 1 sets the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	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
3 - Moving towards compliance	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
4 - Substantially Compliant	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
5 - Compliant	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

Copperfields is a statutory day care setting which has been relocated to a rural site within the area of Banbridge; the centre is operated by the Southern Health and Social Care Trust.

The centre operates Monday to Friday and has 20 designated places for each day. Day care is provided for service users aged 18 to 64 years who live within the boundaries of the Southern Health and Social Care Trust area.

Referrals and allocation of days are in accordance with the trust procedures with placements offered following an assessment of need. Service users can avail of a hot meal and refreshment's on a daily basis Monday to Friday for an agreed daily cost or they can bring a packed lunch.

The centre's philosophy of care is to promote the health and wellbeing of persons attending the centre. The centre will remain in the current premises until the major works are completed in the grounds of the original site in Banbridge town centre, where the centre will be re built; within a larger health centre.

4.0 EXECUTIVE SUMMARY

An announced medicines management inspection of Copperfields was undertaken by Judith Taylor, RQIA Pharmacist Inspector, on 9 February 2015 between 10:20 and 11:15 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 Mr Brian Watters, Acting Assistant Manager and the staff on duty. 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 substantially compliant with legislative requirements and best practice guidelines. The outcome of the inspection found no areas of concern. Areas of good practice were acknowledged during the inspection. The acting manager and staff are commended for their efforts.

Policies and procedures for the management of medicines are in place.

Records of staff training in the management of medicines are maintained. There is evidence that specialist training in the management of diabetes has been provided. The management of hypoglycaemia should be detailed in a protocol and recorded in the service user's care plan.

There are procedures in place to audit the management of medicines and robust arrangements are in place for the stock control of medicines.

Medicine records are well maintained and readily facilitated the inspection process. The good standard of record keeping was acknowledged.

Medicines are stored safely and securely and are supplied and labelled appropriately.

The inspection attracted one recommendation which is detailed in the Quality Improvement Plan.

The inspector would like to thank the acting assistant manager and staff for their assistance and co-operation throughout the inspection.

5.0 FOLLOW-UP ON PREVIOUS ISSUES

This was the first medicines management inspection to this day care setting.

6.0 MEDICINES MANAGEMENT REPORT

6.1 Management of Medicines

The day care setting is substantially compliant with this standard.

The manager maintains a satisfactory system for the management of medicines, in accordance with legislative requirements, professional standards and DHSSPS guidance.

The day care setting has policies and procedures detailing the activities concerned with the management of medicines.

A care plan was observed for one service user who is prescribed insulin. The administration of insulin and blood glucose monitoring is managed by the community nursing team. Although staff advised of the action taken in the event of hypoglycaemia, this is not detailed in a protocol and is not recorded in the care plan. It was recommended that the care plan should be updated and a protocol developed for this service user.

The manager confirmed that staff members who manage medicines are trained and competent. A record is kept of their names and sample signatures. Training is provided annually by a specialist nurse from the Southern Health and Social Care Trust. The last medicines management refresher training session was in October 2014. There was also evidence of the training provided in the management of diabetes.

Written confirmation of medicine regimes is obtained from a healthcare professional in the form of a personal medication record which is signed by the general practitioner. In the occasional instances where there are medicines changes, procedures are in place to ensure that the relevant staff in the day care setting have been informed. All medicine changes are signed onto the personal medication records by the service user's general practitioner or two members of trained staff. There was evidence of the medicines risk assessment which is completed to determine the level of assistance required regarding the administration of medicines. This is good practice.

Satisfactory arrangements are in place for the ordering and receipt of medicines.

The management of medicine related incidents was discussed. The manager confirmed that medication errors and incidents are reported to the appropriate authorities in accordance with procedures.

The management of discontinued medicines was examined. Staff advised that this was very rare; any medicines which are deemed unfit for use are returned to the service user/carer.

There are arrangements in place to audit the management of medicines. This includes the maintenance of a running stock balance after the administration of each medicine which is good practice.

6.2 Medicine Records

The day care setting is compliant with this standard.

A sample of the following records was examined at the inspection:

- medicines prescribed
- medicines requested
- medicines received
- medicines administered
- medicines returned to the service user/carer

The standard of maintenance of the medicine records was found to be satisfactory. Although insulin is brought into the day care setting for administration by the community nurse, this medicine should be recorded on the services user's personal medication record. It was agreed that this would be added to this record after the inspection.

6.3 Medicine Storage

The day care setting is compliant with this standard.

Only two containers of medicines were held in stock at the time of the inspection. These were observed to be safely and securely stored under conditions that conform to statutory and manufacturers' requirements.

Medicines which require cold storage have not been prescribed for any service users.

Controlled drugs which are subject to the safe custody legislation are not prescribed for any service users attending this day centre.

6.4 Administration of Medicines

The day care setting is compliant with this standard.

At the time of the inspection service users were not responsible for the self-administration of any medicines.

Satisfactory arrangements are in place to ensure that medicines are safely administered in accordance with the prescribers' instructions. The good practice of ensuring that two staff are involved in the administration of medicines was acknowledged.

The medicines held in stock were appropriately labelled.

Medicines are only administered to the service user for whom they are prescribed and medicine doses are prepared immediately prior to their administration from the container in which they are dispensed.

The manager advised that service users are compliant with their prescribed medication regimes and that any omission or refusal would be followed up with the relevant healthcare professional.

Non-prescribed medicines are not used in the day care setting.

7.0 QUALITY IMPROVEMENT PLAN

All registered establishments and agencies are required to comply with The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the 2003 Order) and the subordinate regulations specific to the particular service being provided.

Registered providers/managers are also expected to ensure that their service operates in accordance with any standards relevant to their establishment or agency that have been issued by the Department of Health, Social Services and Public Safety (DHSSPS).

Enforcement action is an essential element of the responsibilities of RQIA under the 2003 Order, and is central to the aim of RQIA to protect the safety of the service users and to bring about sustained improvements in the quality of service provision.

In line with the principles set out in the Enforcement Policy, RQIA will normally adopt a stepped approach to enforcement where there are areas of concern. Any enforcement action taken by RQIA will be proportionate to the risks posed to service users and the seriousness of any breach of legislation.

The Quality Improvement Plan (QIP) appended to this report details the action required to ensure compliance with legislation and improvement in the quality of the service. These details were discussed with **Mr Brian Watters, Acting Assistant Manager**, as part of the inspection process. The registered provider must record comments on the QIP and return it to RQIA within the required timeframe.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement action. It should also be noted that under the 2003 Order, failure to comply with some regulations is considered to be an offence and RQIA has the power to prosecute in conjunction with other enforcement action, for example place conditions on registration.

Enquiries relating to this report should be addressed to:

Judith Taylor
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



QUALITY IMPROVEMENT PLAN

DAY CARE SETTING

ANNOUNCED MEDICINES MANAGEMENT INSPECTION

COPPERFIELDS

9 FEBRUARY 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan. The timescales commenced from the date of the inspection.

The specific actions set out in the Quality Improvement Plan were discussed with **Mr Brian Watters, Acting Assistant Manager**, during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

No requirements were made following this inspection.

RECOMMENDATION					
This recommendation is based on the Day Care Settings Minimum Standards (January 2012), research or recognised sources. This promotes current good practice and if adopted by the registered person may enhance service, quality and delivery.					
NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	29	The responsible individual should ensure that a detailed care plan and protocol for the management of hypoglycaemia are in place. Ref: Section 6.1	One	As required a care plan update for the management of hypoglycaemia has been received from the Diabetic Specialist Nurse and has now been added to this service users Care Plan.	11 March 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person/identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Eilis Hill
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Micéal Crilly

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	x		Judith Taylor	20/4/15
B.	Further information requested from provider		x		