DAY CARE SETTING

MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**IN020019**
Establishment ID No:	**11113**
Name of Establishment:	**Lisburn Assessment and Resource Centre**
Date of Inspection:	**23 June 2014**
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:	Lisburn Assessment and Resource Centre
Type of establishment:	Day Care Setting
Address:	58 Wallace Avenue Lisburn BT27 4AE
Telephone number:	(028) 9263 3535
E mail address:	raphael.kearns@setrust.hscni.net
Registered Organisation/ Registered Provider:	South Eastern Health and Social Care Trust (SEHSCT) Mr Hugh Henry McCaughey
Registered Manager:	Mr Raphael Kearns
Person in charge of the day care setting at the time of Inspection:	Ms Jacqui Magee (Nurse-in-Charge)
Categories of care:	DCS-LD
Number of registered places:	195
Number of service users accommodated on day of inspection:	154
Date and time of current medicines management inspection:	23 June 2014 10:20 – 13:25
Name of inspector:	Judith Taylor
Date and type of previous medicines management inspection:	2 July 2012 Announced

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 (January 2012)

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

METHODS/PROCESS

Discussion with Ms Jacqui Magee (Nurse-in-Charge)
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 centre, and to examine the steps being taken to improve the standards in place for the management of medicines since the previous inspection.

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 and to assess progress with the issues raised during and since the previous inspection.

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

Lisburn Assessment and Resource Centre (LARC) is situated in the centre of the City of Lisburn. The day centre is a purpose built building which is easily accessible and within reach of public transport systems. LARC also incorporates three satellite services, one based in the Rowan Centre (next door to LARC), one is sited in Seymour Hill which delivers a horticultural project and the final setting is at the Dairy Farm in Stewartstown Road. The day centre has been registered to support the needs of 195 service users with learning disability per day between the hours of 9.00 am and 9.00 pm.

The majority of service users are using the facilities until approximately 3.00 pm and a small number avail of an evening service until 9.00 pm. The service user numbers are split between LARC which offers services to up to 120 service users on a daily basis, Rowan centre provides services to up to 15 service users daily, Seymour Hill provides services to 40 service users daily and Dairy Farm offers services for up to 20 service users each day.

The LARC building is a modern purpose built day care setting. There are many multi-function rooms and areas which enable staff to meet the diverse needs of the service user group and quiet areas are also available as required. A large dining room is available where meals are provided; there is also opportunity for service users to buy snacks from the tuck shop staffed by service users. Service users can bring a packed lunch if preferred.

The design of the day centre provides central enclosed garden areas which give a spacious and bright outlook from the activity areas.

4.0 EXECUTIVE SUMMARY

An announced medicines management inspection of Lisburn Assessment and Resource Centre was undertaken by Judith Taylor, RQIA Pharmacist Inspector, on 23 June 2014 between 10:20 and 13:25. 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 Ms Jacqui Magee, Nurse-in-Charge. The inspector observed practices for medicines management in the day care setting, inspected storage arrangements for medicines and examined a selection of medicine records. The satellite services were not visited as part of this inspection, however, Ms Magee confirmed that the management of medicines was controlled in the same manner, throughout the centre and the satellite services.

This inspection indicated that the arrangements for the management of medicines in Lisburn Assessment and Resource Centre are substantially compliant with legislative requirements and best practice guidelines.

The three recommendations made at the previous medicines management inspection were examined. The outcomes of compliance can be observed in the table following this summary in Section 5.0 of the report. Two recommendations have been substantially complied with and one recommendation has been assessed as moving towards compliance and is restated in the Quality Improvement Plan (QIP).

The management of medicines is controlled in a largely satisfactory manner, in accordance with legislative requirements, professional standards and DHSSPS guidance. Areas of good practice were acknowledged during the inspection. The registered manager and staff are commended for their efforts.

Policies and procedures for the management of medicines are in place. Whilst there are trust standard operating procedures for controlled drugs, these should be further developed to ensure they are specific to the day centre.

Records of staff training in the management of medicines are maintained. There is evidence that specialist training in the management of epilepsy, oxygen, enteral feeding and swallowing difficulty has been provided.

There are procedures in place to audit the management of medicines. The outcomes of the audit trails performed at the inspection showed good correlation between prescribed directions and stock balances of medicines.

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. One personal medication record should however be updated.

Medicines are stored in locked metal cupboards. The key control arrangements are satisfactory.

Medicines are supplied and labelled appropriately.

The inspection attracted two recommendations. The recommendations are detailed in the QIP.

The inspector would like to thank the nurse-in-charge for her assistance and co-operation throughout the inspection.

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 2 July 2012:

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	29	The registered manager should develop and implement Standard Operating Procedures for the management of controlled drugs. **Stated once**	There was evidence of the SEHSCT medicine policy and also Standard Operating Procedures (SOPs) for the management of controlled drugs on the ward. The need to ensure that there are SOPs which are specific to LARC was discussed. **This recommendation has been restated**	**Moving towards compliance**
2	29	The date of opening should be recorded on medicine containers in order to facilitate audit activity. **Stated once**	The date of opening was recorded on liquid medicines and limited shelf life medicines. It was not recorded on medicines supplied in tablet or capsule form. However, the audit trails could be completed for the majority of medicines as a weekly stock level is recorded for medicines administered regularly.	**Substantially compliant**
3	29	The registered manager should review and revise the systems in place for the management of thickening agents. **Stated once**	There was evidence that this had been reviewed. Records of the prescribing and administration are maintained. Care plans are in place and correspond with professional recommendations. Placemats are also in use as an aide memoire. A record of the receipt of thickening agents had been recorded in the past but this had not been sustained.	**Substantially compliant**

6.0 MEDICINES MANAGEMENT REPORT

6.1 Management of Medicines

The day care setting is substantially compliant with this standard.

Overall, the registered manager maintains a satisfactory system for the management of medicines, in accordance with legislative requirements, professional standards and DHSSPS guidance. The registered manager and staff are commended for their efforts.

Written policies and procedures for the management and administration of medicines are in place. Although there are trust standard operating procedures for controlled drugs, these are not specific to the day care setting. The recommendation made at the previous medicines management inspection has been restated.

The nurse-in-charge advised that the management of medicines in this day centre includes the administration of buccal midazolam, administration of medicines, nutrition and water through enteral feeding tubes, the administration of thickened fluids and oxygen. A sample of care plans pertaining to these areas of medicine management were selected for examination and were found to be satisfactory. Specialist management plans were also observed.

The arrangements for staff training were discussed. The nurse-in-charge confirmed that a record of training is maintained and designated staff had received training in the management of medicines. This training is arranged by the SEHSCT. Specialist training in epilepsy awareness, emergency medicines, swallowing difficulty, oxygen and enteral feeding has been provided. A list of names, and signatures of those staff authorised to administer medicines is maintained. The registered nurses based at the centre are responsible for the management of enteral feeding, oxygen and the administration of injectable medicines.

The nurse-in-charge advised of the arrangements in place to evaluate the impact of medicines management training. This occurs through annual appraisal and staff supervision sessions which are held every six weeks.

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 rare instances where there are medicines changes, procedures are in place to ensure that the relevant staff in the centre have been informed. All medicine changes are signed onto the personal medication records by the service user's general practitioner.

For those service users who are prescribed thickening agents, placemats detailing the required consistency level of thickened fluid and other relevant information are in place.

The management of medicine related incidents was discussed. Any incidents are investigated and reported in accordance with the organisation's policies and procedures.

The management of discontinued medicines was examined. Any discontinued medicines or medicines which are deemed unfit for use are returned to the service user's relative/carer and the relevant records are maintained. The nurse- in-charge advised that this procedure was currently being reviewed to ensure that there are two signatures to denote the return of medicines.

There are arrangements in place to audit the practices for the management of medicines. This includes the completion of specific audit tools and staff record weekly stock balances of regularly administered medicines. The date of opening was recorded on liquid medicines and limited shelf life medicines. In accordance with best practice, this should be recorded on all medicines e.g. tablets and capsules and it was agreed that this would be implemented with immediate effect. For those medicines which are infrequently administered, it was advised that the stock balances should also be recorded or audited. The audit trails performed at this inspection produced satisfactory outcomes. In addition to the internal auditing, a member of staff attends the trust's quarterly Medicines Control Group which is convened to discuss the management of medicines; areas for improvement are identified and actioned as needed.

6.2 Medicine Records

The day care setting is substantially compliant with this standard.

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

The following records are maintained:

- A personal medication record for each service user, when necessary
- Medicines requested and received
- Medicines prescribed
- Medicines administered
- Medicines transferred out of the centre.

For one service user, the personal medication record should be updated to reflect the new information regarding the management of epileptic seizures. A recommendation has been made.

Staff should ensure that the name of the enteral feed and flow rate is recorded on the personal medication records. It was acknowledged that this information is clearly recorded in the service user's nursing folder which is compiled by registered nurses. Staff are reminded that records of the receipt of thickening agents should be maintained on every occasion. It was agreed that these areas would be implemented form the day of the inspection onwards.

The nurse-in-charge advised that controlled drugs which are subject to the safe custody legislation are not prescribed for any service user currently attending Lisburn Assessment and Resource Centre.

For medicines which are prescribed on a 'when required' basis, a separate record sheet is also completed to detail the name of the medicine, dosage directions, method of administration and circumstance for use e.g. analgesics, anxiolytics. This is good practice.

The management of distressed reactions for one service user who is prescribed anxiolytic medicines on a 'when required' basis was examined. The service user's personal medication record, care plan, daily notes and medicine administration records were reviewed. These had been well maintained. The reason for the administration and outcome of the administration was recorded.

6.3 Medicine Storage

The day care setting is compliant with this standard.

Several medicines were held in stock at the time of the inspection. These were stored safely and securely in the treatment room, in accordance with the manufacturer's instructions. Medicines are stored in locked metal medicine cupboards.

During the opening hours of the day care setting, the keys to the medicine cupboards are held by the nurse-in-charge. Management are responsible for medicine keys at times when the centre is closed.

Two cylinders of oxygen are held in the centre. Both cylinders are stored safely and are securely chained to the wall. Oxygen signage is in place and stock levels are checked daily.

The arrangements for the cold storage of medicines were discussed. Medicines which require cold storage are stored in a medicines refrigerator and daily maximum and minimum temperatures are monitored and recorded each day. Temperatures had been recorded within the accepted range of 2^{o}C to 8^{o}C. There was no stock which required cold storage held on the day of the inspection.

The temperature of the treatment room is also monitored and recorded each day and records indicated temperatures had not exceeded the accepted upper limit of 25^{o}C.

The good practice of recording the date of opening on limited shelf-life medicines to facilitate disposal at expiry was acknowledged.

6.4 Administration of Medicines

The day care setting is compliant with this standard.

The nurse-in-charge advised that one service user in one of the satellite services is responsible for the self-administration of one of their medicines. She confirmed that this had been risk assessed and recorded in the service user's care plan.

There was evidence that all incoming medicines are labelled by the community pharmacist.

There was no evidence of sharing of medicines. Each service user is administered medicines from their own supply. Medicine doses are prepared at the time of administration only.

Compliance with medicine regimes was discussed. Currently, all service users are compliant with their medicine regimes. In the event of a refusal of a medicine, this is recorded and reported to the relevant persons.

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 **Ms Jacqui Magee, Nurse-in-Charge**, 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:

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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

LISBURN ASSESSMENT AND RESOURCE CENTRE

23 JUNE 2014

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 **Ms Jacqui Magee**, **Nurse-in-Charge**, 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 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.

RECOMMENDATIONS

These recommendations are based on the Day Care Settings Minimum Standards (January 2012), research or recognised sources. They promote 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 registered manager should develop and implement Standard Operating Procedures for the management of controlled drugs. **Ref: Sections 5.0 & 6.1**	Two	A Standard Operating Procedures document for the management of controlled drugs is currently being devised for day facilities by the Disability Services Medication Management Group with completion expected September 2014.	24 September 2014
2	30	The registered manager should ensure the personal medication record for one service user is updated. **Ref: Section 6.2**	One	The personal medication record for the one service user has been updated.	24 July 2014

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	Raphael Kearns
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Brendan Whittle, Director of Adult Services & Prison Healthcare

QIP Position Based on Comments from Registered Persons				**Inspector**	**Date**
		Yes	**No**		
A.	Quality Improvement Plan response assessed by inspector as acceptable	X		Frances Gault	5/8/14
B.	Further information requested from provider				