



The Regulation and  
Quality Improvement  
Authority

## **DAY CARE SETTING**

### **MEDICINES MANAGEMENT INSPECTION REPORT**

**Inspection No:** IN020789

**Establishment ID No:** 11124

**Name of Establishment:** Orchardville Training and Resource Centre  
Incorporating Bluebell Cards and  
Extending The Choice

**Date of Inspection:** 24 February 2015

**Inspector's Name:** Paul Nixon

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

<b>Name of establishment:</b>	Orchardville Training and Resource Centre Incorporating Bluebell Cards and Extending The Choice
<b>Type of establishment:</b>	Day Care Setting
<b>Address:</b>	10 Orchardville Avenue Belfast BT10 0JH
<b>Telephone number:</b>	(028) 95043160
<b>E mail address:</b>	karen.neville@belfasttrust.hscni.net
<b>Registered Organisation/ Registered Provider:</b>	Belfast HSC Trust Mr Martin Joseph Dillon
<b>Registered Manager:</b>	Ms Karen Neville
<b>Person in charge of the day care setting at the time of Inspection:</b>	Mr Adrian Brennan (Assistant Manager)
<b>Categories of care:</b>	DCS-LD, DCS-LD(E)
<b>Number of registered places:</b>	171
<b>Number of service users accommodated on day of inspection:</b>	90
<b>Date and time of current medicines management inspection:</b>	24 February 2015 10:00 – 12:10
<b>Name of inspector:</b>	Paul Nixon
<b>Date and type of previous medicines management inspection:</b>	2 February 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 Mr Adrian Brennan, Mr Terry McCrea and Mr Gary Wilson (Assistant Managers)

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**

The Orchardville Training and Resource Centre Incorporating Bluebell Cards and Extending The Choice was opened in October 1981 to provide day support services to service users aged 19 years plus with a severe learning disability who lived in South Belfast and to a small number of individuals who lived on the periphery of West Belfast.

The centre was managed by South East Belfast Community Unit in collaboration with the Eastern Health and Social Services Board and was the first of its kind in Northern Ireland.

From 1 April 1994, the centre became part of the South and East Belfast Health and Social Services Trust and became known as Orchardville Training and Resource Centre, and the emphasis moved beyond education to include training and development.

Since April 2007, the centre has been one of the eight learning disabilities support services within the Belfast Health and Social Care Trust.

The centre currently provides a service to approximately 151 service users with learning disabilities aged from 19 to 70 years plus who live within the Trust's geographical catchment area. Many of these individuals have a range of additional disabilities / conditions which include profound and multiple disabilities, complex healthcare needs, dementia, autism, mental ill health, behaviours which challenge and sensory impairment, all of which require high quality intensive direct care and support.

The Orchardville Training and Resource Centre and its two satellite units are committed to the promotion of citizenship for each individual, to ensure the growth, health, well-being and protection of such individuals through the provision of a person centred service.

### **4.0 EXECUTIVE SUMMARY**

An announced medicines management inspection of Orchardville Training and Resource Centre Incorporating Bluebell Cards and Extending The Choice was undertaken by Paul Nixon, RQIA Pharmacist Inspector, on 24 February 2015 between 10:00 and 12:10. 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 Adrian Brennan, Mr Terry McCrea and Mr Gary Wilson (Assistant Managers). 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 three recommendations made at the previous medicines management inspection on 2 February 2012 were 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 managed in compliance with legislative requirements, professional standards and guidelines.

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 had also been provided.

There are robust systems in place to audit the practices of medicines management.

Care plans pertaining to specific areas in medicines management were in place e.g. diabetes, dysphagia and epilepsy.

Medicine records are well maintained and readily facilitated the inspection process.

Medicines are stored safely and securely and key control is appropriate.

Medicines are supplied and labelled appropriately.

Appropriate arrangements are in place to ensure that medicines are 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 assistant managers for their assistance and co-operation throughout the inspection.

## 5.0 FOLLOW-UP ON PREVIOUS ISSUES

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

NO	MINIMUM STANDARD REF	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	30	<p>The disposal of medicines record entry should be routinely signed by the member of staff.</p> <p><b>Stated once</b></p>	<p>Examination of the disposal of medicines record indicated that this practice is observed.</p>	<p><b>Compliant</b></p>
2	30	<p>The service user's medication allergy status should be documented on each of their medication recording sheets.</p> <p><b>Stated once</b></p>	<p>The service user's medication allergy status is recorded.</p>	<p><b>Compliant</b></p>
3	30	<p>The registered manager should review the arrangement for the recording of the use of thickening agents in order to ensure compliance with legislative requirements.</p> <p><b>Stated once</b></p>	<p>The use of thickening agents was observed to be appropriately recorded on designated forms used for this purpose.</p>	<p><b>Compliant</b></p>



## 6.0 MEDICINES MANAGEMENT REPORT

### 6.1 Management of Medicines

A satisfactory system is maintained 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.

The assistant managers confirmed that staff members who manage medicines are trained and competent. The management of medicines is included in the induction programme for those staff who will administer them. Training is based on both the Health and Social Care Trust and the local day care setting policy and procedures. In addition, staff members have undertaken a competency based medicines management training programme facilitated by an external pharmacist. Staff members have also attended diabetes and epilepsy awareness training, facilitated by the Health and Social Care Trust's specialist nurse trainer. A record is kept of the medicines management training, including refresher training, completed by staff. Training is updated every two years.

The impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of staff. Staff competencies are formally assessed annually. A record is kept of the names and sample signatures of staff trained and competent to administer medicines.

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. One of the assistant managers performs a monthly medication audit. Recorded evidence was provided of the outcomes of medication audits; the good outcomes were reflected during the inspection.

There is a written policy on the management of medication errors and incidents. Medication errors and incidents are reported to the appropriate authorities in accordance with procedures. Incidents are reviewed and any learning outcomes identified are shared with the staff team. Two medication incidents have been reported to RQIA since 1 April 2013; appropriate follow-up action was taken in both instances.

There are procedures in place for the transfer of information regarding medicines use, including details of medicines administered, changes to prescribed medication, returns or disposals. There is a policy and procedure detailing the arrangements for confirming medication regimes when service users require medication to be administered in the day care setting.

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 either the carer or to a community pharmacy for disposal.

Some service users are prescribed either rectal diazepam or buccal midazolam for the treatment of epileptic fits. The assistant managers confirmed that each of these service users has a written epilepsy management plan in place. Three of the epilepsy management plans were examined during the inspection.

One service user with Type 1 diabetes has a diabetic management plan in place.

Several service users have a thickening agent prescribed. There was evidence that the staff have received training on the management of thickening agents. Three service users' records were examined. In each instance, a care plan was in place, which included 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.

**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.

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

**COMPLIANCE LEVEL: Compliant**

#### **6.4 Administration of Medicines**

Satisfactory arrangements are in place to ensure that medicines are safely administered to the service user in accordance with the prescribing practitioner's instructions.

A number of medicine audits were completed during the inspection; no discrepancies were noted, indicating that medicine records reflect patterns of administration.

Non-prescribed medicines are not used.

**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 **7 April 2015**.

Enquiries relating to this report should be addressed to:

**Paul 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 Orchardville Training and Resource Centre Incorporating Bluebell Cards and Extending The Choice which was undertaken on 24 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>	KAREN NEVILLE
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING</b>	Martin Dillon

<b>Approved by:</b>	<b>Date</b>
Paul W. Nixon	12/03/15