



The Regulation and
Quality Improvement
Authority

DAY CARE SETTING

MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No: IN020790

Establishment ID No: 11175

Name of Establishment: Suffolk Day Centre incorporating 'Focus Club'

Date of Inspection: 22 January 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

Name of establishment:	Suffolk Day Centre incorporating 'Focus Club'
Type of establishment:	Day Care Setting
Address:	88 Stewartstown Road Belfast BT11 9JP
Telephone number:	(028) 9030 1811
E mail address:	margaretm.johnston@belfasttrust.hscni.net
Registered Organisation/ Registered Provider:	Belfast HSC Trust Mr Martin Dillon (Acting)
Registered Manager:	Ms Margaret Johnston
Person in charge of the day care setting at the time of Inspection:	Ms Margaret Johnston
Categories of care:	DCS-LD
Number of registered places:	95
Number of service users accommodated on day of inspection:	80
Date and time of current medicines management inspection:	22 January 2015 10:05–11:30
Name of inspector:	Paul Nixon
Date and type of previous medicines management inspection:	19 January 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 Neil O'Hagan (Deputy Manager).

Review of medicine records.

Observation of storage arrangements.

Spot check on policies and procedures.

Evaluation and feedback to Ms Margaret Johnston (Registered Manager).

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:

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

Suffolk Day Centre is situated in West Belfast and provides day services for adults with varying degrees of learning disability, many of whom have associated physical disabilities and complex needs.

The aim of the centre is to provide a range of services which promote normalisation, inclusion, citizenship and choice. The centre operates from Monday to Thursday 09:00–16:30 and Friday 09:00–15:30.

Referrals and allocation of days are in accordance with the Belfast Health and Social Care Trust procedures with placements offered following an assessment of need.

4.0 EXECUTIVE SUMMARY

An announced medicines management inspection of Suffolk Day Centre incorporating 'Focus Club' was undertaken by Paul Nixon, RQIA Pharmacist Inspector, on 22 January 2015 between 10:05 and 11:30. 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; and
- Standard 32: Administration of Medicines.

During the course of the inspection, the inspector met with the deputy manager, Mr Neil O'Hagan. 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 19 January 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 users in accordance with the prescribing practitioners' instructions.

The inspection attracted no requirements or recommendations.

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

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 19 January 2012:

NO	MINIMUM STANDARD REF	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	30	<p>The registered manager should review the arrangements for the recording of the use of thickening agents in order to ensure compliance with legislative requirements and current best practice.</p> <p>Stated once</p>	The use of thickening agents was observed to be appropriately recorded.	Compliant

6.0 MEDICINES MANAGEMENT REPORT

6.1 Management of Medicines

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

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

The deputy manager advised that the management of medicines includes the administration of the rescue medicines rectal diazepam and buccal midazolam. A sample of two care plans for the management of epilepsy was observed.

The deputy 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 deputy 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. Update training takes place at least once every three years. Training on the administration of the rescue medicines buccal midazolam and rectal diazepam has been provided by a specialist nurse from the trust within the previous 12 months. Dysphagia training has been provided by a speech and language therapist from the trust. A list of names, signatures and initials of those staff authorised to administer medicines is maintained.

Staff medicines management competencies are reviewed by line management annually. Records of these assessments are maintained.

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. Running stock balances are maintained for all medicines. In addition, the deputy manager also periodically audits the medicine running stock balances. The outcomes of the audit activity were reflected during the inspection.

There is a written policy on the management of medication errors and incidents. The deputy manager confirmed that medication errors and incidents are reported to the appropriate authorities in accordance with procedures.

The deputy manager advised that written confirmation of current medicine regimes is obtained from a healthcare or social care professional for any service users who require to have their medication administered by staff and for any changes to medication regimens thereafter.

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.

Several service users are prescribed either rectal diazepam or buccal midazolam for the treatment of epileptic seizures. Each of these service users has a written epilepsy management plan in place.

One service user has medication disguised in food in order to facilitate its administration. Evidence of professional advice is in place for this arrangement.

The arrangements for the management of thickening agents are satisfactory. Two service users' records were examined. In each instance, the thickening agent was appropriately recorded on the care plan and there was a Speech and Language Therapist (SALT) report. 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; and
- Medicines disposed of.

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 service users in accordance with the prescribing practitioners' instructions.

The deputy manager confirmed that prescribed medicines are only administered to the service user for whom they are prescribed. He also confirmed that medicine doses are prepared immediately prior to their administration from the container in which they are dispensed.

Audits were completed on all medicines being held 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 **24 February 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 **Suffolk Day Centre incorporating 'Focus Club'** which was undertaken on 22 January 2015 and I agree with the content of the report.

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

NAME OF REGISTERED MANAGER COMPLETING	Margaret Johnston
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING	Dr. Michael McBride

Approved by:	Date
Paul W. Nixon	23/02/2015