



The Regulation and
Quality Improvement
Authority

DAY CARE SETTING

MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No: IN020788
Establishment ID No: 11177
Name of Establishment: Everton Day Centre
Date of Inspection: 28 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: | Everton Day Centre |
| Type of establishment: | Day Care Setting |
| Address: | 589/593 Crumlin Road Belfast BT14 7GB |
| Telephone number: | 02890 391172 |
| E mail address: | christine.noble@belfasttrust.hscni.net |
| Registered Organisation/ Registered Provider: | Belfast HSC Trust Mr Martin Dillon (Acting) |
| Registered Manager: | Ms Maria Murray |
| Person in charge of the day care setting at the time of Inspection: | Ms Pam Surgenor (Assistant Manager) |
| Categories of care: | DCS-LD, DCS-LD (E) |
| Number of registered places: | 125 |
| Number of service users accommodated on day of inspection: | 90 |
| Date and time of current medicines management inspection: | 28 January 2015 10.00 – 12.00 hours |
| Name of inspector: | Paul Nixon |
| Date and type of previous medicines management inspection: | 14 February 2013 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 Ms Pam Surgenor (Assistant 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:

| 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

Everton Day Centre is a purpose built statutory facility situated on the Crumlin Road in North Belfast. The Belfast Health and Social Care Trust is the responsible organisation in control.

The centre provides day care for a maximum of 125 adults with a learning disability. The aim of the centre is to provide a daytime support service to people with a learning disability and their families/carers.

There are three departments within the centre comprising of workskills, multi-therapy and intensive support. Staffing ratios and activities varies within these departments and are dependent on individuals' assessed needs.

The centre is open five days a week and referrals and allocation of days are offered following an assessment of need and in accordance with Trust procedures.

Transport, a hot meal and refreshments are provided.

4.0 EXECUTIVE SUMMARY

An announced medicines management inspection of Everton Day Centre was undertaken by Paul Nixon, RQIA Pharmacist Inspector, on 28 January 2015 between 10:00 and 11:45 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 assistant manager, Ms Pam Surgenor. 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 medicines management inspection found no significant areas of concern.

The three recommendations made at the previous medicines management inspection on 14 February 2013 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 been provided.

Recorded evidence should be maintained of staff medicines management competency assessments. A recommendation is stated.

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

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 one recommendation. The recommendation is detailed in the Quality Improvement Plan.

The inspector would like to thank the assistant 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 14 February 2013:

| NO | MINIMUM STANDARD REF | RECOMMENDATION | ACTION TAKEN (as confirmed during this inspection) | INSPECTOR'S VALIDATION OF COMPLIANCE |
|----|----------------------|---|---|--------------------------------------|
| 1 | 29 | <p>The medication monitoring activity should be further developed through the introduction of regular audits on randomly selected medicines, comparing the theoretical and actual amounts which are in stock.</p> <p>Stated once</p> | <p>The assistant manager provided evidence that a running stock balance will be maintained for each medicine, commencing at the beginning of February 2015.</p> | <p>Compliant</p> |
| 2 | 29 | <p>Quality assurance checks should be performed on the glucometers at monthly intervals.</p> <p>Stated once</p> | <p>This practice had been commenced following the previous medicines management inspection. There are currently no service users who require having their blood sugars monitored.</p> | <p>Compliant</p> |
| 3 | 30 | <p>The service user's medicine allergy status should be declared on their personal medication record sheet.</p> <p>Stated once</p> | <p>This practice was observed.</p> | <p>Compliant</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.

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

The assistant 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 assistant 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 and refresher training is planned to take place during March 2015. 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.

The assistant manager stated that staff medicines management competencies are reviewed by line management annually. However, records of these competency assessments are not maintained. Recorded evidence should be maintained of staff medicines management competency assessments. A recommendation is stated.

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 assistant manager provided evidence that a running stock balance will be maintained for each medicine, commencing at the beginning of February 2015.

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

The assistant manager advised that written confirmation of current medicine regimes is obtained from a healthcare or social care professional for any service users who require having 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 a community pharmacy for disposal.

Some service users are prescribed either rectal diazepam or buccal midazolam as rescue treatment for epileptic seizures. A sample of six epilepsy management plans was observed.

The arrangements for the management of thickening agents are satisfactory. Three 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.

The records in place for the use of a 'when required' anxiolytic medication in the management of distressed reactions were examined for one service user. The care plan detailed the circumstances under which the medicine should be administered. The parameters for administration were recorded on the personal medication record. The medicine is only very rarely administered to the service user.

COMPLIANCE LEVEL: Substantially compliant

6.2 Medicine Records

The following records are maintained:

- Medicines requested and received
- Medicines prescribed
- Medicines administered
- Medicines disposed of.

Samples of the above medicine records were examined at this inspection. These were observed to be satisfactory. The need for the community pharmacist to be requested to countersign the disposal of medicines record entry was discussed.

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

Non-prescribed medicines are not used.

COMPLIANCE LEVEL: Compliant

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 Pam Surgenor, 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:

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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

EVERTON DAY CENTRE

28 January 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 **Ms Pam Surgenor, 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. It 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 | 29.3 | Recorded evidence should be maintained of staff medicines management competency assessments. Ref: Section 6.1 | One | A detailed record of individual staff's internal and external training and competency assessments in the administration of medicines is now being held. | 28 February 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 | Pam Surgenor |
| NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP | Martin Dillon |

| QIP Position Based on Comments from Registered Persons | | | | Inspector | Date |
|--|---|-----|----|---------------|------------|
| | | Yes | No | | |
| A. | Quality Improvement Plan response assessed by inspector as acceptable | X | | Paul W. Nixon | 22/05/2015 |
| B. | Further information requested from provider | | X | Paul W. Nixon | 22/05/2015 |