



The Regulation and
Quality Improvement
Authority

DAY CARE SETTING

MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No: IN020002
Establishment ID No: 11182
Name of Establishment: Antrim Adult Centre
Date of Inspection: 1 July 2014
Inspector's Name: Judith Taylor

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
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1.0 GENERAL INFORMATION

Name of establishment:	Antrim Adult Centre
Type of establishment:	Day Care Setting
Address:	32c Station Road Antrim BT41 4AB
Telephone number:	(028) 9441 6530
E mail address:	fiona.gammon@northerntrust.hscni.net
Registered Organisation/ Registered Provider:	Northern Health and Social Care Trust (NHSCT) Mr Paul Ian Cummings
Manager:	Mrs Fiona Gammon (Acting)
Person in charge of the day care setting at the time of Inspection:	Mrs Fiona Gammon
Categories of care:	DCS-LD
Number of registered places:	65
Number of service users accommodated on day of inspection:	58
Date and time of current medicines management inspection:	1 July 2014 10:00 – 12:45
Name of inspector:	Judith Taylor
Date and type of previous medicines management inspection:	22 March 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 Mrs Fiona Gammon, Acting 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, 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

The organisation in control of Antrim Adult Centre is the Northern Health and Social Care Trust. It is situated around a mile from Antrim town centre near to the bus and rail stations and in the same grounds as the Health Centre, Antrim Day Centre and other social services buildings.

The centre provides a service from Monday to Friday, 9.00am to 4.30pm for adults with varying degrees of learning disabilities aged 19 years and over. Some service users' may have associated physical disabilities and/ or sensory impairments, dementia or more complex needs i.e. physical health problems, challenging behaviour including mental health needs and autistic spectrum disorder.

Individuals who attend Antrim Adult Centre live in the geographical area of Antrim Borough Council which encompasses Antrim town and the rural areas of Randalstown, Crumlin, Moneyglass, Parkgate, Toome and Templepatrick.

The centre is registered by RQIA to provide a day service to a maximum of 65 people per day. Attendance is based on assessed need and availability of places, service users' attend from one day to five days per week.

The Antrim Adult Centre accommodation is on the ground floor and consists of eight activity rooms, training kitchen, multi-purpose room, multi professional room, lounge area, dining room, kitchen, medication / storage room and there are eight different toilet / WCs which have disabled access. There is a porta-cabin to the rear of the adult centre which accommodates one of the activity groups and a horticultural poly tunnel adjacent to the porta-cabin which service user's use for recycling work.

Referrals for Antrim Adult Centre are currently received from social workers who also liaise with the nominated day opportunity person as potential service users can be offered full time placement or a package of care of which the adult centre is only a part.

Antrim Adult Centre has contacts with support services available to service user's which include a day opportunity coordinator, social workers, community learning disability nurses, speech and language therapy, occupational therapy, physiotherapy, dieticians, epilepsy specialist nurses, respiratory nurses, district nurses, wheelchair service contractors, psychology services/challenging behaviour team and psychiatry services.

4.0 EXECUTIVE SUMMARY

An announced medicines management inspection of Antrim Adult Centre was undertaken by Judith Taylor, RQIA Pharmacist Inspector, on 1 July 2014 between 10:00 and 12:45. 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 acting manager, Mrs Fiona Gammon, and staff on duty. The inspector observed practices for medicines management in the centre, inspected storage arrangements for medicines and examined a selection of medicine records.

This inspection indicated that the arrangements for the management of medicines in Antrim Adult Centre are substantially compliant with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found no areas of concern though some areas for improvement were noted.

The two recommendations made at the previous medicines management inspection on 22 March 2012 were examined. The outcomes of compliance can be observed in the table following this summary in Section 5.0 of the report. One recommendation has been assessed as substantially compliant and one recommendation has been assessed as moving towards compliance and this 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 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, 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 safely and securely and are supplied and labelled appropriately.

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

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

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 22 March 2012:

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	29, 30	<p>The manager should review the management of thickening agents to ensure a care plan and records of prescribing, receipt and administration are fully maintained.</p> <p>Stated once</p>	<p>An improvement was observed in the management of thickening agents. The personal medication record for one service user did not include the thickening agent and it was agreed that this would be addressed after the inspection.</p>	<p>Substantially compliant</p>
2	30	<p>The manager should review the management of enteral fluids to ensure a record of prescribing, receipt and administration are fully maintained.</p> <p>Stated once</p>	<p>Some of the records of prescribing, receipt and administration records were incomplete.</p> <p>This recommendation has been restated</p>	<p>Moving towards compliance</p>

6.0 MEDICINES MANAGEMENT REPORT

6.1 Management of Medicines

The day care setting is substantially compliant with this standard.

The manager maintains a largely 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. There was evidence of the NHSCT Standard Operating Procedures (SOPs) for the management of controlled drugs on the wards. It was recommended that written standard operating procedures for the management of controlled drugs in Antrim Adult Centre should be developed and implemented.

Staff advised that the management of medicines in this day centre includes the administration of buccal midazolam, rectal paraldehyde, the administration of medicines, nutrition and water through an enteral feeding tube and the administration of thickened fluids. A sample of care plans pertaining to these areas of medicines management were selected for examination and were found to be mostly satisfactory. One care plan requires updating with regard to enteral feeding. Specialist management plans were also observed.

The manager confirmed that staff members are trained and competent. The management of medicines is included in the induction programme. Evidence was provided that a record is kept of the medicines management training, including refresher training, completed by staff. The last recorded medicines management refresher training sessions were in February and April 2014. Training in the management of epileptic seizures, enteral feeding and dysphagia had also been completed. A record is kept of the names and sample signatures of staff trained and competent to administer medicines.

The manager advised that the impact of medicines management training is evaluated as part of the quality improvement process, and through staff supervision, team meetings and annual appraisal.

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

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 or two members of trained staff.

When discontinued or if unfit for use, medicines held for services users are returned to either the service user's carer or to a community pharmacy for disposal.

Practices for the management of medicines are systematically audited to ensure they are consistent with the centre's policy and procedures, and action is taken when necessary. A weekly audit is undertaken by management and day care workers maintain a stock balance after the administration of each medicine. This is good practice.

6.2 Medicine Records

The day care setting is substantially compliant with this standard.

Medicine records comply with legislative requirements and current best practice.

The records maintained include:

- Medicines prescribed
- Medicines received
- Medicines administered
- Medicines returned to the service user or carer
- Medicines returned to the pharmacy for disposal

A small number of personal medication records did not state the service user's medicine allergy status. Staff confirmed that this was recorded in the service user's care plans. For one service user, the personal medication record did not include the prescribed thickening agent. It was agreed that these details would be recorded on the personal medication records immediately after the inspection.

Staff should ensure that the name of the enteral feed, dosage and sterile water for enteral flushing is recorded on personal medication records. It was acknowledged that this information is clearly recorded in the management plans. A record which indicates that the administration of medicines via the enteral route is accompanied by flushes of water is not maintained for one service user. The recommendation made at the previous medicines management inspection is restated.

6.3 Medicine Storage

The day care setting is compliant with this standard.

Medicines were observed to be safely and securely stored under conditions that conform to statutory and manufacturers' requirements.

During the opening hours of the day centre, the key to the medicine cupboards is held in a specific area and is the responsibility of the senior member of staff on duty. Spare keys are the responsibility of the manager. There are procedures in place for the safe custody of keys at times when the day centre is closed.

Medicines which require cold storage have not been prescribed for any service users. A medicines refrigerator is available if needed.

Controlled drugs which are subject to 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. Medicines were appropriately labelled.

The manager confirmed that prescribed medicines are only administered to the service user for whom they are prescribed and that 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.

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 **Mrs Fiona Gammon, Acting 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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5 Lanyon Place
Belfast
BT1 3BT



QUALITY IMPROVEMENT PLAN

DAY CARE SETTING

ANNOUNCED MEDICINES MANAGEMENT INSPECTION

ANTRIM ADULT CENTRE

1 JULY 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 **Mrs Fiona Gammon, Acting 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 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	30	<p>The manager should review the management of enteral fluids to ensure a record of prescribing, receipt and administration are fully maintained.</p> <p>Ref: Section 5.0 and 6.2</p>	Two	<p>Manager has discussed same with relevant staff members and regular monitoring will be carried out to ensure that this recording continues to be carried out.</p>	1 August 2014
2	29	<p>The manager should develop and implement written standard operating procedures for the management of controlled drugs in Antrim Adult Centre.</p> <p>Ref: Section 6.1</p>	One	<p>The SOP is already in the process of being developed and will be attached to the current centre procedures, kept in medication file. Staff team who administer medication will be made aware of this procedure.</p>	1 October 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	Fiona Gammon
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Larry O'Neill

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	28/7/14
B.	Further information requested from provider				