



The Regulation and
Quality Improvement
Authority

DAY CARE SETTING ANNOUNCED MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No: 020806
Establishment ID No: 11184
Name of Establishment: Drumross Adult Centre incorporating 'New Ways'
Date of Inspection: 29 January 2015
Inspector's Name: Rachel Lloyd

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 GENERAL INFORMATION

Name of establishment:	Drumross Adult Centre incorporating 'New Ways'
Type of establishment:	Day Care Setting
Address:	O'Neill Road Newtownabbey BT36 6UN
Telephone number:	(028) 9084 9632
E mail address:	sarah.forde@northerntrust.hscni.net
Registered Organisation/ Registered Provider:	Mr Anthony Baxter Stevens/ Northern HSC Trust
Registered Manager:	Ms Sarah Forde (Acting Manager)
Person in charge of the home at the time of inspection:	Ms Sarah Forde
Categories of care:	DCS-LD, DCS-LD(E)
Number of registered places:	110 comprising 80 at Drumross and 30 at 'New Ways' satellite centre
Number of service users accommodated on day of inspection:	25 at Drumross 'New Ways' not inspected
Date and time of current medicines management inspection:	29 January 2015 10.30 – 12.20
Name of inspector:	Rachel Lloyd
Date and type of previous medicines management inspection:	15 March 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 (January 2012)

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

METHODS/PROCESS

Discussion with Ms Sarah Forde, Acting 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 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:

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

Drumross adult centre is a purpose built facility which has been operational since January 2004. It is operated by the Northern HSC Trust.

The centre is situated in Newtownabbey within reach of Glengormley and the Abbeycentre shopping complex.

The centre provides day care for up to 80 adults aged 19 and over, who have been assessed as having a learning disability. There are a number of service users with complex health and/or behavioural needs. Some of the service users require one to one staff attention, supervision and assistance.

The service additionally operates a satellite centre 'New Ways', providing day care to for up to 30 service users. This satellite centre was not inspected on this occasion.

Ms Sarah Forde is currently the Acting Manager for the service.

4.0 EXECUTIVE SUMMARY

An announced medicines management inspection of Drumross Adult Centre was undertaken by Rachel Lloyd, RQIA Pharmacist Inspector, on 29 January 2015 between 10:30 and 12:20. 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 home 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, Ms Sarah Forde and some of the staff on duty. The inspector observed practices for medicines management in the home, 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 current minimum standards.

Several areas of good practice were evidenced during the inspection including daily stock reconciliation and regular auditing of practice. The management and staff are commended for their efforts.

The medicine records reviewed during the inspection were noted to be compliant with legislative requirements and current best practice.

Medicines are stored safely and securely in accordance with the manufacturers' instructions.

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

There are no requirements or recommendations resulting from this inspection.

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

5.0 MEDICINES MANAGEMENT REPORT

5.1 Management of Medicines

The day care setting is compliant with this standard.

The acting manager maintains a 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.

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. Staff members regularly attend training on epilepsy management, management and administration of medicines through PEG tubes and training on dysphagia and the administration of prescribed thickening agents. Records of medicines management training are maintained and were available for examination. Staff supervision occurs regularly and a competency assessment is completed annually. A record is kept of the names and sample signatures of staff trained and competent to administer medicines.

Medication errors and incidents are reported to the appropriate authorities in accordance with procedures. All incidents are discussed and reviewed and any learning outcomes identified are shared with the staff team.

The acting manager confirmed that 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.

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 and records 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. Stock balance checks are recorded daily. Recorded evidence of the outcomes of audits performed on medicines was provided. The acting manager agreed to include one service user's medicines and records which are held separately and not currently audited, within the audit process.

5.2 Medicine Records

The day care setting is compliant with this standard.

Medicine records comply with legislative requirements and current best practice.

The records maintained include:

- Medicines prescribed
- Medicines received
- Medicines administered (including refusals and omissions)
- Medicines returned to the carer
- Medicines returned to the pharmacy for disposal

A personal medication record is maintained for each service user who is prescribed medicines. All personal medication records examined had been signed by the general practitioner and included the allergy status of the service user.

One prescribed dose of buccal midazolam on a personal medication record did not match the label on the medicine and the epilepsy management plan, the manager agreed to have this rectified following the inspection. It was advised that the strength of each prescribed medicine must always be recorded.

Records of the transfer of all medicines out of the home are maintained. The signature of the recipient of the medicines is obtained.

5.3 Medicine Storage

The day care setting is compliant with this standard.

Medicines were observed to be stored in a locked trolley secured to the wall.

During the opening hours, the keys to the medicine cupboard are securely held by a designated member of staff. Spare keys are the responsibility of the acting manager. There are procedures in place for the safe custody of keys when the day centre is closed.

On the day of the inspection there were no Schedule 2 or Schedule 3 controlled drugs or medicines which required refrigeration held in stock. The acting manager advised that appropriate storage arrangements would be provided for these medicines if necessary.

5.4 Administration of Medicines

The day care setting is compliant with this standard.

Satisfactory arrangements are in place to ensure that medicines are safely administered in accordance with the prescribers' instructions. A personal medication record, signed by the prescriber, was observed for all relevant service users who require medicines to be administered in this setting. All medicines were available in their original labelled container. Two members of staff are involved in the administration of all medicines.

The acting 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 acting manager advised that current service users are compliant with their prescribed medication regimes and that any omission or refusal would be followed up with the relevant healthcare professional.

6.0 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 **11 March 2015**.

Enquiries relating to this report should be addressed to:

Rachel Lloyd
Pharmacy Inspector
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 **Drumross Adult Centre** which was undertaken on **29 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	N JACKSON
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING	T STEVENS

Approved by:	Date
Rachel Lloyd	3/3/15