



The Regulation and
Quality Improvement
Authority

DAY CARE SETTING ANNOUNCED MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	IN020804
Establishment ID No:	11200
Name of Establishment:	Rosebrook House
Date of Inspection:	5 February 2015
Inspector's Name:	Rachel Lloyd

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
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1.0 GENERAL INFORMATION

Name of establishment:	Rosebrook House
Type of establishment:	Day Care Setting
Address:	Brook House Coleraine BT52 1QG
Telephone number:	(028) 7034 3084
E mail address:	fiona.connor@northerntrust.hscni.net
Registered Organisation/ Registered Provider:	Mr Anthony Baxter Stevens/ Northern HSC Trust
Registered Manager:	Mrs Fiona Connor
Person in charge of the home at the time of inspection:	Mrs Carol Craig (Senior Day Care Worker)
Categories of care:	DCS-DE
Number of registered places:	12
Number of service users accommodated on day of inspection:	5
Date and time of current medicines management inspection:	5 February 2015 11:30 – 12:30
Name of inspector:	Rachel Lloyd
Date and type of previous medicines management inspection:	5 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 Mrs Carol Craig, Senior Day Care Worker

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

Rosebrook House is a day care service managed by the Northern Health and Social Care Trust. The centre is located close to Coleraine town centre and is designed to support people from the local and surrounding areas, who have a diagnosis of dementia.

It is a purpose built facility within the Brook Complex, a centre for dementia services in the northern part of the Trust's geographical area. The complex also provides accommodation in supported living services and a residential facility for those requiring full-time support.

Rosebrook House was established in January 2006 and provides a maximum of 12 places per day. It has a homely dining room, a spacious sitting room and a kitchen which is designed to facilitate assessments of service users' safety and ability.

Meals are prepared by the catering staff in the adjacent residential care home.

4.0 EXECUTIVE SUMMARY

An announced medicines management inspection of Rosebrook House was undertaken by Rachel Lloyd, RQIA Pharmacist Inspector, on 5 February 2015 between 11:30 and 12:30. 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 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 Mrs Carol Craig, Senior Day Care Worker. 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. The outcomes of the medicines management inspection found no significant areas of concern.

The one requirement and four recommendations made at the previous medicines management inspection on 5 March 2012 were examined during the inspection. The inspector's validation of compliance can be observed in the tables following this summary. The requirement was assessed as compliant. Three recommendations were assessed as compliant and one as substantially compliant.

Several areas of good practice were evidenced during the inspection, including the clear audit trail maintained for all medicines and the daily stock reconciliation of Schedule 4 (Part 1) controlled drugs. The management and staff are commended for their efforts.

The medicine records reviewed during the inspection were largely 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 staff on duty for their assistance and co-operation throughout the inspection.

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 5 March 2012:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	<p>The registered manager must review the labelling arrangements for medicines to ensure that all incoming medicines are labelled by the community pharmacist.</p> <p>Stated once</p>	All medicines held in stock at the time of the inspection were labelled by the community pharmacist. Staff confirmed that unlabelled medicines are not accepted for use in the day centre.	Compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	29	<p>The registered manager should ensure that records of staff training and competency assessment in the management of medicines are maintained.</p> <p>Stated once</p>	<p>Records of staff training in the management of medicines are maintained. Relevant staff attend medicines management training provided by the Trust, which includes a competency assessment, at least once every three years. Records examined indicated that all staff have attended within this period.</p>	Compliant
2	29	<p>The registered manager should develop and implement a system to audit the management of medicines, to ensure practices are in accordance with the day centre's policies and procedures for medicines.</p> <p>Stated once</p>	<p>The registered manager oversees medicine records on a regular basis. A clear audit trail was in place for all medicines and a running stock balance for Schedule 4 (Part 1) controlled drugs is maintained.</p>	Compliant
3	30	<p>The registered manager should make the necessary arrangements to ensure that personal medication records and records of the administration of medicines are fully and accurately maintained.</p> <p>Stated once</p>	<p>All personal medication records and records of the administration of medicines examined were satisfactorily maintained. The allergy status of two new service users was not recorded on the personal medication records. It was agreed that this would be rectified following the inspection.</p>	Substantially compliant
4	30	<p>The registered manager should review the process for incoming medicines to ensure a record of the receipt of each medicine is maintained.</p> <p>Stated once</p>	<p>A satisfactory record of the receipt of each medicine is maintained.</p>	Compliant

6.0 MEDICINES MANAGEMENT REPORT

6.1 Management of Medicines

The day care setting is compliant with this standard.

The registered 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. Records of medicines management training are maintained and were available for examination. A record is kept of the names and sample signatures of staff trained and competent to administer medicines.

Staff confirmed that medication errors and incidents would be reported to the appropriate authorities in accordance with procedures. No incidents have been reported since the previous inspection.

Staff 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.

6.2 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 reflected the medicines in use and

were signed by two members of staff. The allergy status of two new service users was not recorded on the personal medication records. It was agreed that this would be rectified promptly following the inspection.

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

6.3 Medicine Storage

The day care setting is compliant with this standard.

Medicines were observed to be stored in a locked cupboard.

During the opening hours, the keys to the medicine cupboard are securely held by a designated member of staff. 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. Staff advised that appropriate storage arrangements would be provided for these medicines if necessary.

6.4 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. All medicines were available in their original labelled container.

Staff 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.

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

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 for our records by **23 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 **Rosebrook House** which was undertaken on **5 February 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	Lee Wilson
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING	Dr Tony Stevens

Approved by:	Date
Rachel Lloyd	18/6/15 (late return)