



The Regulation and
Quality Improvement
Authority

DAY CARE SETTING ANNOUNCED MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No: IN017273

Establishment ID No: 11228

Name of Establishment: Killadeas Day Centre
Tir Navar Unit

Date of Inspection: 9 February 2015

Inspector's Name: Helen Mulligan

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
'Hilltop', Tyrone and Fermanagh Hospital, Omagh BT70 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544

1.0 GENERAL INFORMATION

Name of establishment:	Killadeas Day Centre
Type of establishment:	Day Care Setting
Address:	Tir Navar Unit Creamery Street Derrygonnelly BT92 6HW
Telephone number:	028 6864 1750
E mail address:	patricia.griffith@westerntrust.hscni.net
Registered Organisation/ Registered Provider:	Western HSC Trust Ms Elaine Way, CBE
Registered Manager:	Ms Patricia Griffith
Person in charge of the day care setting at the time of inspection:	Ms Patricia Griffith
Categories of care:	DCS-LD, DCS-LD(E)
Number of registered places:	20
Number of service users accommodated on day of inspection:	9
Date and time of current medicines management inspection:	9 February 2015 10:50 to 12:00
Name of inspector:	Helen Mulligan
Date and type of previous medicines management inspection:	16 January 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 Ms Patricia Griffith, Registered 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 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

Killadeas Day Care Centre, Tir Navar Unit is situated within the village of Derrygonnelly. The day care setting is registered to provide care for up to 20 service users in the DCS-LD and DCS-LD(E) categories of care. The setting provides day care Monday to Friday each week.

The day care setting is open from 8.45 hours until 16.15 hours each week day and closes on public holidays, Easter, two weeks in July and for Christmas/New year. Other closures take place for staff training and development.

Ms Patricia Griffith has been the registered manager of this day care setting since November 2012.

4.0 EXECUTIVE SUMMARY

An announced medicines management inspection of Killadeas Day Centre, Tir Navar Unit was undertaken by Helen Mulligan RQIA Pharmacist Inspector, on 9 February 2015 between 10:50 and 12:00 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 (2012):

- 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 registered manager, Ms Patricia Griffith, and staff on duty. 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 in Killadeas Day Centre, Tir Navar Unit are compliant with legislative requirements and best practice guidelines. No areas of concern with respect to the management of medicines were noted during this inspection. The registered manager and staff are commended for their continuing efforts.

The previous inspection on 16 January 2012 attracted one recommendation. Compliance with this recommendation was noted. The inspector's validation of compliance can be noted in Section 5.0 below.

Areas of good practice with respect to the management of medicines were noted during this inspection. Staff have been trained and deemed competent to administer medicines in the setting. Written policies and procedures for the management of medicines are in place. Medicine records are well-maintained and facilitated the audit process. Medicines are stored safely and securely. There was evidence that medicines are audited and monitored on a regular basis by the registered manager and staff. The results of medicine audits undertaken during the inspection indicated that medicines are being administered as prescribed.

The inspection attracted no requirements or recommendations. A quality improvement plan has therefore not been appended.

The inspector would like to thank the registered 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 16 January 2012:

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	30	The registered manager should ensure that a record book for non-prescribed medicines is maintained. Stated once	A record book for non-prescribed medicines was in place. Records were reviewed and noted to be maintained in a satisfactory manner.	Compliant

6.0 MEDICINES MANAGEMENT REPORT

6.1 Management of Medicines

Arrangements for the management of medicines in this day care setting continue to be of a good standard.

There was evidence that staff who manage medicines in this day care setting have been trained and deemed competent to do so. Medicines management training is provided as part of the induction process for new staff members and is updated on a regular basis. Records show that update training on the management of medicines was provided in June 2014. Training on the management of adrenaline was provided in August 2013 for two members of staff employed in the setting. Staff competency with respect to the management of medicines is assessed on an annual basis. Records of staff training and competency assessments are maintained and these were reviewed during the inspection.

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

Records showed that written confirmation of current medication regimes is obtained for each service user. A detailed medical form and, where appropriate, a personal medication record (PMR) signed by the prescriber has been obtained for each service user. Written confirmation of any changes to medication regimes is also obtained from the prescriber.

All medicines in the day care setting at the time of the inspection were in their original containers and were appropriately labelled.

Appropriate arrangements were in place for the disposal of medicines.

Appropriate protocols and records were in place for non-prescribed medicines.

The day care setting keeps an incident log book for medication errors and incidents.

Medicines in the day care setting are audited by the registered manager and staff on a monthly basis. Records of audits were reviewed during the inspection; no discrepancies were noted. These satisfactory outcomes were acknowledged.

Risk assessments and care plans were in place for individual service users with respect to the management of swallowing difficulties and the management of self-administered medicines. There was evidence that these care plans and risk assessments are subject to regular review.

COMPLIANCE LEVEL: Compliant

6.2 Medicine Records

Records of medicines requested, received, prescribed, administered, transferred out of the centre and disposed of are maintained. These records were noted to be well-maintained and facilitated the inspection and audit process.

A sample signature list was in place for those members of staff who have been trained and deemed competent to manage medicines in the setting.

COMPLIANCE LEVEL: Compliant

6.3 Medicine Storage

Medicines were stored safely and securely. Appropriate arrangements were in place for the storage of self-administered medicines.

Key control was appropriate.

COMPLIANCE LEVEL: Compliant

6.4 Administration of Medicines

The results of audits undertaken during the inspection and records of the administration of medicines showed that medicines are being administered in accordance with the prescribers' instructions.

One service user self-administers medicines. A risk assessment and a care plan are in place for the storage and administration of self-administered medicines for this service user and these are subject to regular monitoring and review.

Evidence of professional advice from the pharmacist and authorisation from the prescriber were in place for adding medicines to food/drink for one service user who has difficulty swallowing tablets.

COMPLIANCE LEVEL: Compliant

7.0 QUALITY IMPROVEMENT PLAN

As no requirements or recommendations were made following this inspection, a Quality Improvement Plan has not been appended on this occasion. The registered manager/provider is requested to complete and return a copy of the signature page at the end of the report for our records, within the timescale stated.

Enquiries relating to this report should be addressed to:

**Helen Mulligan
Pharmacist Inspector
The Regulation and Quality Improvement Authority
'Hilltop'
Tyrone and Fermanagh Hospital
Omagh
BT79 0NS**



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No requirements or recommendations resulted from the **announced medicines management** inspection of **Killadeas Day Centre (Tir Navar Unit)** which was undertaken on **09 February 2015** and I agree with the content of the report.

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

SIGNED:

NAME:

Registered Provider

DATE

Eaine Way

SIGNED:

P. Griffith

NAME:

PATRICIA GRIFFITH
Registered Manager

DATE *18th Feb 2015*

Approved by:	Date
<i>Ullm</i>	<i>10/3/15</i>