



The Regulation and  
Quality Improvement  
Authority

## **DAY CARE SETTING ANNOUNCED MEDICINES MANAGEMENT INSPECTION REPORT**

**Inspection No:** IN018169  
**Establishment ID No:** 11295  
**Name of Establishment:** Killadeas Day Centre  
Block E, Unit 47  
**Date of Inspection:** 19 January 2015  
**Inspector's Name:** Helen Mulligan

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
**'Hilltop', Tyrone and Fermanagh Hospital, Omagh BT79 0NS**  
**Tel: 028 8224 5828 Fax: 028 8225 2544**

## 1.0 GENERAL INFORMATION

<b>Name of establishment:</b>	Killadeas Day Centre
<b>Type of establishment:</b>	Day Care Setting
<b>Address:</b>	Block E, Unit 47 Enniskillen Business Centre Tempo Road Enniskillen BT74 4RL
<b>Telephone number:</b>	(028) 6634 2833
<b>E mail address:</b>	patricia.griffith@westerntrust.hscni.net
<b>Registered Organisation/ Registered Provider:</b>	Western HSC Trust Ms Elaine Way CBE
<b>Registered Manager:</b>	Ms Patricia Griffith
<b>Person in charge of the day care setting at the time of inspection:</b>	Ms Claire McKeown (day care worker) (Ms Patricia Griffith, registered manager, was also present in the setting at the time of the inspection)
<b>Categories of care:</b>	DCS-LD, DCS-LD(E)
<b>Number of registered places:</b>	14
<b>Number of service users accommodated on day of inspection:</b>	10
<b>Date and time of current medicines management inspection:</b>	19 January 2015 11:00 to 12:30
<b>Name of inspector:</b>	Helen Mulligan
<b>Date and type of previous medicines management inspection:</b>	Announced 31 January 2012

## 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 inspector examined. Table 1 sets the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	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
<b>3 - Moving towards compliance</b>	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
<b>4 - Substantially Compliant</b>	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
<b>5 - Compliant</b>	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 Centre is situated in the Enniskillen Business Centre, outside the town of Enniskillen. This day care setting is registered to provide day care for up to 14 service users in the DCS-LD and DCS-LD(E) categories of care. Care is provided Monday to Friday each week. The day care setting closes on public holidays and Easter and for two weeks in July and at Christmas/New Year. Other periodic closures take place for staff training and development.

The facility consists of various therapeutic activity rooms, bathrooms, toilets, multi-sensory and soft play rooms, dining room, kitchen, administrative offices, storage areas and domestic facilities.

Ms Patricia Griffith has been registered as the manager of the setting since November 2012.

### **4.0 EXECUTIVE SUMMARY**

An announced medicines management inspection of Killadeas Day Centre, (Block E, Unit 47), was undertaken by Helen Mulligan, RQIA Pharmacist Inspector, on 19 January 2015 between 11:00 and 12:30 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 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 are compliant with legislative requirements and best practice guidelines. No areas of concern with respect to the management of medicines were noted during the inspection. The registered manager and staff are commended for their continuing efforts.

No requirements or recommendations were made at the previous medicines management inspection on 31 January 2012.

Areas of good practice with respect to the management of medicines were noted during this inspection. Staff have been trained and deemed competent to manage 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 day care workers in the setting.

The inspection attracted no requirements or recommendations.

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

## **5.0 MEDICINES MANAGEMENT REPORT**

### **5.1 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 on 26 June 2014. Training on the management of enteral feeding tubes was provided on 29 May 2014 and training on the management of epilepsy was completed on 24 September 2014. 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. Errors and incidents involving medicines are reported to RQIA.

Medicines in the day care setting are audited by staff and the registered manager 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 use of thickening agents. A speech and language therapist report was also in place for those service users who have a swallowing difficulty. A risk assessment and care plan for one service user with an enteral feeding tube was in place. There was evidence that care plans and risk assessments are subject to regular review.

**COMPLIANCE LEVEL: Compliant**



## **5.2 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**

## **5.3 Medicine Storage**

Medicines were stored safely and securely. Appropriate arrangements were in place for the storage of thickening agents. The lock on the storage cupboard for sterile water for the flushing of PEG tubes was noted to be broken. It was agreed that this would be repaired at the earliest opportunity and no further action is required at this time.

Key control was appropriate.

**COMPLIANCE LEVEL: Compliant**

## **5.4 Administration of Medicines**

Records of the administration of medicines showed that medicines are being administered in accordance with the prescribers' instructions.

**COMPLIANCE LEVEL: Compliant**

## **6.0 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**



The Regulation and  
Quality Improvement  
Authority

No requirements or recommendations resulted from the announced medicines management inspection of Killadeas Day Centre (Block E, Unit 47) which was undertaken on 19 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	PATRICIA GRIFFITH, MANAGER. P. Griffith 5-2-15
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING	Eaine Hay
Approved by:	Date
[Signature]	10/3/15