



The Regulation and  
Quality Improvement  
Authority

## **DAY CARE SETTING**

### **MEDICINES MANAGEMENT INSPECTION REPORT**

<b>Inspection No:</b>	<b>IN02001</b>
<b>Establishment ID No:</b>	<b>11300</b>
<b>Name of Establishment:</b>	<b>Larne Adult Centre</b>
<b>Date of Inspection:</b>	<b>2 July 2014</b>
<b>Inspector's Name:</b>	<b>Judith Taylor</b>

**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

<b>Name of establishment:</b>	Larne Adult Centre
<b>Type of establishment:</b>	Day Care Setting
<b>Address:</b>	72 Ballymena Road Larne BT40 2SG
<b>Telephone number:</b>	(028) 2827 0950
<b>E mail address:</b>	natalie.jackson@northerntrust.hscni.net
<b>Registered Organisation/ Registered Provider:</b>	Northern Health and Social Care Trust (NHSCT) Mr Paul Ian Cummings
<b>Manager:</b>	Ms Natalie Jackson (Acting)
<b>Person in charge of the day care setting at the time of Inspection:</b>	Ms Natalie Jackson
<b>Categories of care:</b>	DCS-LD, DCS-LD(E), DCS-PH, DCS-PH(E)
<b>Number of registered places:</b>	84
<b>Number of service users accommodated on day of inspection:</b>	65
<b>Date and time of current medicines management inspection:</b>	2 July 2014 10:05 – 12:30
<b>Name of inspector:</b>	Judith Taylor
<b>Date and type of previous medicines management inspection:</b>	13 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 Natalie Jackson (Acting Manager) and senior 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 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 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
<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**

Larne Adult Centre is situated about one mile from the town of Larne, close to the main Larne to Belfast road. The accommodation was originally a hotel and has two floors, the ground floor and lower ground floor. The lower part of the outdoor site has recently been developed as an easily accessible garden area, with smooth paths and raised beds, so that members can take part in the gardening activities.

The centre provides a day service to adults aged 19 and over, who have a learning disability and/or associated physical or sensory disability. There are a number of service users (members) with complex health or behavioural needs, including individuals with mental ill health, dementia or autistic spectrum disorders. Some of the members require one to one staff attention, supervision and assistance.

There are currently five established groups within the centre, each of which provides a varied and structured programme of care for members. One group provides for members who may present challenging behaviours, some of whom require one to one assistance. Several TEEACH work stations are in place in this group. There is also a special needs group, whose members may have a physical disability and other complex needs.

Members are encouraged to develop their social, educational, vocational, recreational and work related skills and strong emphasis is placed on community as well as centre based activities. The principles of Person Centred Planning form the basis for the centre's current approaches to assessment, care planning and review.

Lunch is provided for members in the adult centre and is prepared in the centre's kitchen by dedicated catering staff.

### **4.0 EXECUTIVE SUMMARY**

An announced medicines management inspection of Larne Adult Centre was undertaken by Judith Taylor, RQIA Pharmacist Inspector, on 2 July 2014 between 10:05 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 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; and,
- Standard 32: Administration of Medicines.

During the course of the inspection, the inspector met with the acting manager, Mrs Natalie Jackson and senior 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 Larne 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 13 January 2012 were examined during the inspection. The outcomes of compliance can be observed in the tables following this summary. One recommendation has been assessed as compliant and the other recommendation has been assessed as substantially compliant.

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 acting manager and staff are commended for their efforts.

Policies and procedures for the management of medicines and standard operating procedures for controlled drugs are in place.

Records of staff training in the management of medicines are maintained. There is evidence that specialist training in the management of epilepsy 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. Staff should ensure that emergency medicines are also recorded on the service users personal medication record.

Medicines are stored safely and securely and are supplied and labelled appropriately.

The inspection attracted one recommendation which is detailed in the Quality Improvement Plan.

The inspector would like to thank the acting 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 13 January 2012:

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	30	<p>The service user's personal medication record should indicate which medicine(s) are to be administered by staff at the day centre.</p> <p><b>Stated once</b></p>	There was evidence that this practice has been implemented.	<b>Compliant</b>
2	30	<p>The management of thickening agents should be reviewed to ensure the care plan clearly specifies the consistency of the thickened fluids; a record of the prescribing and administration of thickening agents should be maintained.</p> <p><b>Stated once</b></p>	One service user is prescribed a thickening agent. This is recorded on the personal medication record and each administration is recorded. The required consistency level is recorded on the personal medication record. A specific care plan was not in place; however, it was acknowledged that the Speech and Language Therapist recommendations were located in the service user's care folder and also day care passport.	<b>Substantially compliant</b>



## **6.0 MEDICINES MANAGEMENT REPORT**

### **6.1 Management of Medicines**

The day care setting is substantially compliant with this standard.

Overall, the acting manager maintains a satisfactory system for the management of medicines, in accordance with legislative requirements, professional standards and DHSSPS guidance. The acting manager and staff are commended for their efforts.

Written policies and procedures for the management and administration of medicines and Standard Operating Procedures for the management of Schedule 3 and Schedule 4 controlled drugs which are held in stock, are in place.

Staff advised that the management of medicines in this day centre includes the administration of buccal midazolam and the administration of thickened fluids. A sample of care plans pertaining to the management of epileptic seizures was observed at the inspection. These are reviewed regularly by the specialist epilepsy nurse. The good practice of ensuring that all relevant staff have signed to say they have read and understood the management plans was noted.

Whilst it was acknowledged that there is a management plan in place regarding swallowing difficulty for one service user, a care plan is not maintained and it was agreed that this would be addressed after the inspection.

The arrangements for staff training were discussed. The acting manager confirmed that a record of training is maintained and that the relevant staff had been deemed competent in the management of medicines. This training is arranged by the NHSCT. Specialist training in epilepsy awareness and emergency medicines is provided annually with the next update planned for August 2014. Training in the management of swallowing difficulty was provided in May 2014. A list of names and signatures of those staff authorised to administer medicines is maintained.

The acting manager advised of the arrangements in place to evaluate the impact of medicines management training. This occurs through annual appraisal, annual competency assessment, staff supervision and team meetings.

Written confirmation of medicine regimes is obtained from a healthcare professional in the form of a personal medication record which is signed by the service user's 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 trained members of staff.

A meeting is convened each morning to update staff of the service users who are attending the centre that day and includes reference to medicines management as needed.

Satisfactory arrangements are in place for the ordering and receipt of medicines.

The management of medicine related incidents was discussed. The manager confirmed that there had been no reportable medicine related incidents in the centre, however, advised that any such incidents would be reported to the appropriate authorities in accordance with policy and procedures.

The management of discontinued medicines was examined. Staff advised that this was very rare; any medicines which are deemed unfit for use are returned to the community pharmacy for disposal.

There are arrangements in place to audit the practices for the management of medicines. Day care workers record stock balances of medicines after each administration; this is good practice. An overall medicines audit is completed monthly by management. The audit trails performed at this inspection produced satisfactory outcomes.

## **6.2 Medicine Records**

The day care setting is substantially compliant with this standard.

Samples of the medicine records listed below were examined at this inspection and were found to be largely satisfactory. The acting manager and staff are commended for their efforts.

The following records are maintained:

- A personal medication record for each service user, when necessary
- Medicines requested and received
- Medicines prescribed
- Medicines administered
- Medicines transferred out of the centre.

Whilst it was acknowledged that care plans and management plans pertaining to the management of epilepsy are in place, staff should ensure that where medicines are prescribed for emergency use e.g. buccal midazolam, clobazam, the medicine is recorded on the service user's personal medication record. A recommendation has been made.

A new format of personal medication record has been implemented in recent weeks. A small number of personal medication records did not state the service user's drug allergy status. Staff confirmed that this was recorded in the service user's care plans and it was agreed that this information would be recorded on the personal medication records after the inspection.

### **6.3 Medicine Storage**

The day care setting is compliant with this standard.

A small number of medicines were held in stock at the time of the inspection. These were stored safely and securely in locked medicine cupboards. Medicines prescribed for emergency use are stored separately.

During the opening hours of the day centre, the keys to the medicine cupboards are held by the person-in-charge. There are procedures in place for the management of medicine keys at times when the centre is closed.

Staff advised that controlled drugs which are subject to the safe custody legislation are not prescribed for any service user currently attending Larne Adult Centre.

Medicines which require cold storage have not been prescribed for any service users, however, a refrigerator is available if needed.

### **6.4 Administration of Medicines**

The day care setting is compliant with this standard.

Service users are not responsible for the self-administration of any medicines whilst attending the centre.

There was evidence that all incoming medicines are labelled by the community pharmacist.

There was no evidence of sharing of medicines. Each service user is administered medicines from their own supply. Medicine doses are prepared at the time of administration only.

Compliance with medicine regimes was discussed. Currently, all service users are compliant with their medicine regimes. In the event of a refusal of a medicine, this is recorded and reported to the relevant persons.

## 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 Natalie Jackson, 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:

**Judith Taylor**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**

**QUALITY IMPROVEMENT PLAN**

**DAY CARE SETTING**

**ANNOUNCED MEDICINES MANAGEMENT INSPECTION**

**LARNE ADULT CENTRE**

**2 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 **Ms Natalie Jackson, 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 the recommendation 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.

**RECOMMENDATION**

This recommendation is based on the Day Care Settings Minimum Standards (January 2012), research or recognised sources. This promotes 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 ensure that emergency medicines are recorded on the service user's personal medication record.</p> <p><b>Ref: Section 6.2</b></p>	One	This has now been remedied and emergency medicines have been added to the service user's personal medication record, or a personal medication record has been created. These reflect the instruction on each service user's Emergency Medication Plan provided by the NHSCT.	3 August 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:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Natalie Jackson
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Tony Stevens

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	13/8/14
B.	Further information requested from provider				