The Regulation and Quality Improvement Authority

GCRM Belfast
RQIA ID: 12177
Edgewater House
Edgewater Business Park
Edgewater Road
Belfast
BT3 9JQ

Inspectors: Frances Gault
Rachel Lloyd
Inspection ID: IN023869

Tel: 028 9078 1335
Email: donna.tennant@gcrmbelfast.com

Announced Medicines Management Inspection of GCRM Belfast

3 February 2016

1. Summary of Inspection

An announced medicines management inspection took place on 3 February 2016 from 10:20 to 11:45.

The management of medicines was found to be safe, effective and compassionate. The outcome of the inspection found no areas of concern. A Quality Improvement Plan (QIP) was not included in this report.

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety's (DHSPPS) Minimum Care Standards for Independent Healthcare Establishments, July 2014.

1.1 Actions/Enforcement Taken Following the Last Medicines Management Inspection

This was the first medicines management inspection since registration.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: GCRM Belfast Ltd/ Mr Anthony Ivor Traub	**Registered Manager:** Mrs Eileen Donna Tennant
Person in Charge of the Hospital at the Time of Inspection: Mrs Donna Tennant	**Date Manager Registered:** 14 November 2013
Categories of Care: PT(IVF) - Prescribed techniques or prescribed technology: establishments providing in vitro fertilisation	**Number of Registered Places:** Day procedures only

3. Inspection Focus

The inspection sought to determine if the following standards had been met:

Standard 25: Management of Medicines
Standard 26: Medicines Storage
Standard 27: Controlled Drugs
Standard 28: Medicines Records

4. Methods/Process

Specific methods/processes used included the following:

The management of incidents reported to RQIA since registration was reviewed.

We met with the registered manager.

The inspection included a review of the management of medicines in the theatre.

The following records were examined:

- medicines requested and received
- personal medication records
- medicine administration records
- medicines disposed of or transferred
- records of staff training and competency
- controlled drug record books
- medicine audits
- policies and procedures
- medicine refrigerator temperatures

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection was an announced estates inspection dated 5 November 2015. The completed QIP was returned and approved by the estates inspector on 18 January 2016.

5.2 Review of Requirements and Recommendations from the Last Medicines Management Inspection

This was the first medicines management inspection since registration on 14 November 2013.

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

There was a defined organisational and management structure that identified the lines of accountability, specific roles and responsibilities for medicines management. Regular senior staff meetings were used to review, analyse and monitor medicines management processes.

Staff had access to up to date information relating to relevant legislation, medicines reference sources and guidance with respect to the safe and secure handling of medicines.

Medicines were ordered by designated staff. Separate requisition records were in use for general medicines and controlled drugs.

There were incident reporting systems in place for identifying, recording, reporting, analysing and learning from adverse incidents and near misses involving medicines and medicinal products.

Satisfactory processes were in place for the management of any drug alerts, medical device alerts and safety warnings about medicines.

Medicines were stored safely and securely and in accordance with the manufacturers' instructions. Robust arrangements were in place for the safe keeping of all medicine keys outside of operational hours. There were satisfactory procedures in place for medicines required for resuscitation or other medical emergency.

Medicines for disposal were placed in pharmaceutical clinical waste bins and records maintained. The registered manager advised that controlled drugs were denatured by a DHSSPSNI pharmaceutical officer. A waste disposal contractor uplifted the pharmaceutical waste.

The registered manager was the Accountable Officer, accountable for all aspects of the management of controlled drugs. She advised that practices in relation to controlled drugs will be regularly reviewed as a result of her meetings with other Accountable Officers, through the Local Intelligence Network.

The prescribing, supply, administration, safe custody and destruction of controlled drugs complied with legislative requirements and DHSSPS guidelines. There were comprehensive standard operating procedures detailing the arrangements for the management of controlled drugs.

The receipt, administration and disposal of all controlled drugs subject to record keeping requirements were maintained in controlled drug record books. The registered manager advised that controlled drug record books identifying the stages of supply, administration and disposal of controlled drugs are to be introduced.

Stock reconciliation checks of controlled drugs which are subject to the safe custody legislation, were performed both before and after procedures and on receipt of controlled drugs.

Medicine records were legible and accurately maintained to ensure that there was a clear audit trail. The registered manager was reminded of the need to ensure that the actual quantity of medicines received was consistently documented by all staff, rather than the number of packs.

Is Care Effective? (Quality of Management)

There were comprehensive policies and procedures for the management of medicines. Standard Operating Procedures (SOPs) were in place that covered all aspects of the management of controlled drugs. It was agreed that metformin would be added to the list of medicines used off-license if relevant.

The management of medicines was undertaken by qualified, trained and competent staff. An induction programme and workbook was in place for new nurses. It was agreed that medicines management would be included in the monthly nurses meeting.

The stock of medicines was decided by senior medical staff.

There were arrangements in place to audit all aspects of the management of medicines. A running stock balance was maintained for most medicines. A quality management audit was additionally undertaken every six months.

Is Care Compassionate? (Quality of Care)

Patients were provided with information regarding any medication prescribed within the hospital.

The evidence seen in relation to medicines management indicated that care was compassionate.

Patients were provided with detailed information regarding medication prescribed for self-administration at home.

A 24 hour telephone service/help line was provided by the medical consultants.

Areas for Improvement

No areas for improvement other than the areas discussed in the body of the report were identified.

Number of Requirements	**0**	**Number of Recommendations**	**0**

6. No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager		**Date Completed**	25/2/16
Registered Person		**Date Approved**	2/3/16
RQIA Inspector Assessing Response		**Date Approved**	

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

Please ensure this document is completed in full and returned to pharmacists@rqia.org.uk from the authorised email address

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the hospital. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.

The Regulation and Quality Improvement Authority

RQIA Inspector Assessing Response	Frances Gault	**Date Approved**	2 March 2016