

# Announced Medicines Management Inspection Report 12 October 2017



## GCRM Belfast

**Type of service: Independent Hospital (IH)**  
**Address: Edgewater House, Edgewater Business Park,  
Edgewater Road, Belfast, BT3 9JQ**  
**Tel No: 028 9078 1335**  
**Inspector: Frances Gault**

[www.rqia.org.uk](http://www.rqia.org.uk)

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

**1.0 What we look for**



**2.0 Profile of service**

This is a registered independent hospital providing fertility services.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> GCRM Belfast  <b>Responsible Individual:</b> Dr Anthony Ivor Traub	<b>Registered Manager:</b> Mrs Eileen Donna Tennant
<b>Person in charge at the time of inspection:</b> Mrs Eileen Donna Tennant	<b>Date manager registered:</b> 14 November 2013
<b>Categories of care:</b> Prescribed technologies: establishment providing in vitro fertilisation PT(IVF) Private Doctor (PD)	<b>Number of registered places:</b> Not applicable

### 4.0 Inspection summary

An announced inspection took place on 12 October 2017 from 11.20 to 12.30.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

The inspection assessed progress with any areas for improvement identified since the last medicines management inspection and to determine if the hospital was delivering safe, effective and compassionate care and if the service was well led.

Management within the hospital continue to maintain robust arrangements for the management of medicines.

Evidence of good practice was found in relation to medicines governance, medicines administration, medicine records, storage and the management of controlled drugs.

No areas requiring improvement were identified.

The findings of this report will provide the hospital with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Donna Tennant, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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

## 4.2 Action/enforcement taken following the most recent care inspection

The most recent inspection of the hospital was an announced care inspection undertaken on 30 November 2016. Other than those actions detailed in the QIP no further actions were required to be taken.

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

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the establishment was reviewed. This included the following:

- recent inspection reports and returned QIPs
- recent correspondence with the establishment
- the management of incidents: it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection.

During the inspection the inspector met with the registered manager.

A total of 10 questionnaires were provided for distribution to patients and staff for completion and return to RQIA.

A poster informing visitors to the establishment that an inspection was being conducted was displayed.

A sample of the following records was examined during the inspection:

- medicines requested and received
- personal medication records
- medicine administration records
- controlled drug record book
- medicine audits
- training records
- medicines storage temperatures

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 30 November 2016

The most recent inspection of the hospital was an announced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the care inspector at the next care inspection.

### 6.2 Review of areas for improvement from the last medicines management inspection dated 3 February 2016

There were no areas for improvement made as a result of the last medicines management inspection.

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

Medicines were managed by staff who have been trained and deemed competent to do so. An induction process was in place for registered nurses. This includes a work book in relation to their knowledge of the specific medicines used in the hospital. Any issues in relation to medicines management were discussed at the monthly staff meetings.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Fertility medicines are obtained from England. These are then provided to the patients and advice and guidance given on their use.

Since the last medicines management inspection a computerised recording system has been introduced. Patients' records, which may be handwritten are then scanned on to the electronic patient record.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Checks were performed on controlled drugs which require safe custody. The controlled drug record book is regularly audited and any discrepancies and omissions addressed with the relevant staff.

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 stored safely and securely and in accordance with the manufacturer’s instructions. There were satisfactory procedures in place for medicines required for resuscitation or other medical emergency. Regular checks are maintained to ensure that these drugs remain in date. The temperature of the medicines refrigerators are electronically monitored and alarms in place if the temperature is outside the required range.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff training, competency assessments, and controlled drugs.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

A sample of medicine records was provided for inspection. The records had been clearly and appropriately completed by the medical and nursing staff. Medicines given to patients for administration outside the hospital were labelled with the dosage directions.

Medicine records were legible and well maintained to ensure that there was a clear audit trail.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the standard of record keeping.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Patients were provided with information regarding any medicine prescribed within the hospital. Patients are given detailed advice on how to administer the medicines at home. This included a diary detailing the dose and when to administer the medicine.

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

**Areas of good practice**

From discussion with the registered manager it was evident that patients are cared for with compassion and understanding and staff ensure that they understand every aspect of their treatment plan.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.7 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

There was a defined organisational and management structure that identified the lines of accountability, specific roles and responsibilities for medicines management. Weekly meetings were held to agree treatment plans for patients and the medicines being prescribed. Ongoing reviews are held of the medicines prescribed using the Key Performance Indicators and the success rates obtained.

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, medical device alerts and safety warnings about medicines. A spread sheet records the action taken by the registered manager when these are received.

The registered manager is the Accountable Officer with responsibility for all aspects of the management of controlled drugs. The procedures in place are detailed in the standard operating procedures.

Of the questionnaires which were left in the home to facilitate feedback from patients and staff, one was returned from a member of staff. The responses indicated that they were very satisfied with all aspects of the care in relation to the management of medicines.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements and the management of incidents. There were clearly defined roles and responsibilities for staff.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

**7.0 Quality improvement plan**

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.





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