

# Announced Medicines Management Inspection Report 21 August 2017



## Hillsborough Private Clinic

**Type of service: Independent Hospital (IH) – Surgical Services**  
**Address: Cromlyn House, 2 Main Street, Hillsborough, BT26 6AE**  
**Tel No: 028 9268 8899**  
**Inspector: Catherine Glover**

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

Assurance, Challenge and Improvement in Health and Social Care

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 a range of day surgery procedures as described in the table in Section 3.0.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Hillsborough Private Clinic  <b>Responsible Individual(s):</b> Mr Gary John McKee Mr James Sharkey	<b>Registered Manager:</b> Mrs Dianne Shanks
<b>Person in charge at the time of inspection:</b> Mrs Dianne Shanks	<b>Date manager registered:</b> 1 May 2007
<b>Categories of care:</b> Independent Hospital (IH) : AH(DS) -Acute Hospital (Day Surgery ) PT(E) -Prescribed Technologies, Endoscopy Prescribed Technologies, PT(L) - Laser PD - Private Doctor	<b>Number of registered places:</b> 0

### 4.0 Inspection summary

An announced inspection took place on 21 August 2017 from 10.30 to 11.25.

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 service was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to 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 service 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 Dianne Shanks, 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 premises inspection

The most recent inspection was an announced premises inspection undertaken on 2 February 2017. 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 and two registered nurses.

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
- medicine administration records
- medicines disposed of or transferred
- controlled drug record book
- medicine audits
- policies and procedures
- 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 2 February 2017

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

### 6.2 Review of areas for improvement from the last medicines management inspection dated 20 November 2015

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. The impact of training was monitored through audits and annual appraisal. Refresher training in medicines was provided in the last year.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage.

There were policies in place to ensure the safe management of medicines during procedures and on patient discharge.

There is an effective system in place for the management of drug alerts, medical device alerts and safety warnings about medicines.

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, each day that the theatres are in use. Additional checks were also performed on other controlled drugs which is good practice.

Medicines that were no longer required or expired medicines were disposed of appropriately.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. Medicine refrigerators and the contents of the emergency trolley were checked at regular intervals.

### Areas of good practice

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

### 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 were provided for inspection. They had been clearly and appropriately completed by the consultants, anaesthetists and nurses. Medicines given to patients on discharge are clearly labelled with the dosage instructions.

Medicines required for resuscitation or other medical emergency are clearly defined and are checked daily when the clinic is open. The glucometer is checked weekly. Records of these checks are maintained.

There were arrangements in place to audit all aspects of the management of medicines. Controlled drugs are audited regularly and audits also include an examination of the medicine records and medicines given to patients on discharge.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the standard of record keeping and the provision of medicines on discharge.

### 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 observed to be relaxed and comfortable in the recovery room and were being cared for by experienced registered nurses.

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

**Areas of good practice**

There was a warm and welcoming atmosphere in the clinic.

**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.**

Written policies and procedures for the management of medicines were up to date and cover all aspects of medicines management. These were kept under review.

Standard Operating Procedures (SOPs) were in place that covers all aspects of the management of controlled drugs in line with DHSSPS guidelines for the management of controlled drugs in primary care. The registered manager is also the Accountable Officer (AO) who has responsibility for securing the safe management and use of controlled drugs in accordance with the Controlled Drugs (Supervision of Management and Use) Regulations (Northern Ireland) 2009.

There were robust arrangements in place for the management of medicine related incidents. The registered manager confirmed that they knew how to identify and report incidents. No medicine related incidents had been reported since the last medicines management inspection.

A review of the audit records indicated that largely satisfactory outcomes had been achieved.

Following discussion with the registered manager, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

## Areas of good practice

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

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.



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