



The Regulation and
Quality Improvement
Authority

DAY CARE SETTING MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No: IN020786
Establishment ID No: 11206
Name of Establishment: Donard Day Centre
Date of Inspection: 20 November 2014
Inspector's Name: Paul Nixon

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 GENERAL INFORMATION

Name of establishment:	Donard Day Centre
Type of establishment:	Day Care Setting
Address:	Slieve Roe House, Kilkeel, BT34 4BN
Telephone number:	(028) 4176 4096
E mail address:	maureen.smith@southerntrust.hscni.net
Registered Organisation/ Registered Provider:	Southern Health and Social Care Trust / Mrs Anne Mairead McAlinden
Registered Manager:	Ms Maureen Smith
Person in charge of the home at the time of Inspection:	Ms Maureen Smith
Categories of care:	DCS - I DCS - MP
Number of registered places:	20
Number of service users accommodated on day of inspection:	14
Date and time of current medicines management inspection:	20 November 2014 10.10 to 11.00
Name of inspector:	Paul Nixon
Date and type of previous medicines management inspection:	3 September 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 Maureen Smith (Registered Manager)

Review of medicine records

Observation of storage arrangements

Spot check on policies and procedures

Evaluation and feedback

This announced medicines management 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 inspectors 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
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	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
3 - Moving towards compliance	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
4 - Substantially Compliant	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
5 - Compliant	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

Donard Day Centre is a statutory facility located on the grounds of Slieve Roe House Residential Home and is provided by the Southern Health and Social Care Trust.

The centre is conveniently situated in the town of Kilkeel and is within walking distance from the health centre, library and a small flower and vegetable market.

The facility is a single storey, self-contained unit of Slieve Roe House. The remainder of the Slieve Roe House building is a residential care home. The day centre presents as an attractive, bright and welcoming. The garden area at the front of the centre is very pleasant and this is reflected in the centre's ongoing entry for the Northern Ireland Amenity Council's Best Kept Day Care Facility which they have won a few times over the years.

The centre provides general day care and multi-disciplinary assessments for persons aged 65 years or older, as specified in the statement of purpose.

Lunch is provided to service users in the day centre. This meal is prepared and cooked in the adjoining Slieve Roe House kitchen facilities. Hot and cold beverages are served throughout the day. There is ample parking available for visitors.

4.0 EXECUTIVE SUMMARY

An announced medicines management inspection of Donard Day Centre was undertaken by Paul Nixon, RQIA Pharmacist Inspector, on 20 November 2014 between 10.10 and 11.00 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 day care 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 Maureen Smith. The inspector observed practices for medicines management in the home, inspected storage arrangements for medicines and examined the medicine records.

This inspection indicated that the arrangements for the management of medicines in Donard Day Centre are compliant with legislative requirements and best practice guidelines. The registered manager and staff are commended for their efforts.

No requirements or recommendations were made at the previous medicines management inspection on 3 September 2012.

Medicines are handled safely and securely.

Medicine records comply with legislative requirements and current best practice.

Medicines are safely and securely stored.

Appropriate arrangements are in place to ensure that medication is safely administered to the service user in accordance with the prescribing practitioner's instructions

The inspection attracted no requirements or recommendations.

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

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 3 September 2012:

No requirements or recommendations were made.

6.0 MEDICINES MANAGEMENT REPORT

6.1 Management of Medicines

The day care setting has a policy and procedures detailing the activities concerned with the management of medicines.

There was recorded evidence to confirm that the staff members who manage medicines are trained and competent. The management of medicines is included in the induction programme for those staff who will administer them. Evidence was provided that a record is kept of the medicines management training, including refresher training, completed by staff. The registered manager confirmed that the impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of staff. Refresher training is provided to staff on a three yearly basis. This refresher training is provided by the Southern Health and Social Care Trust medicines management specialist nurse. Staff competencies are reviewed annually.

There is a policy and procedure detailing the arrangements for confirming medication regimes when service users require medication to be administered in the day centre. When a service user is referred for day care, it is the responsibility of the referral agent to carry out a medicines management assessment. This involves liaising with the day care facility, the general medical practitioner, the service user and their family/carers. If any assistance with the administration of medicines is required, a personal medication record sheet is completed and signed by an authorised prescriber. An information leaflet on medication in day care is provided to the service user and family/carer.

Practices for the management of medicines are systematically audited to ensure they are consistent with the day care setting's policy and procedures, and action is taken when necessary.

There is a written policy on the management of medication errors and incidents.

COMPLIANCE LEVEL: Compliant

6.2 Medicine Records

Medicine records comply with legislative requirements and current best practice

The following records are maintained:

- Medicines received;
- Medicines prescribed;
- Medicines administered;
- Medicines returned to pharmacy for disposal.

The registered manager stated that there have been no controlled drugs.

COMPLIANCE LEVEL: Compliant

6.3 Medicine Storage

Medicines were observed to be safely and securely stored under conditions that conform to manufacturers' requirements. Keys were in the possession of the designated senior care assistant.

COMPLIANCE LEVEL: Compliant

6.4 Administration of Medicines

Medicines are safely administered in accordance with the prescribing practitioner's instructions.

One service user requires having three prescribed medicines administered by staff whilst attending the day centre. The records indicated that the medicines are being administered in accordance with the prescribing practitioner's instructions.

The three medicine doses belonging to the service user are contained in the same compartment of the weekly dispensed Medipak. The pharmacist had not provided a description of each medicine to aid identification. The need to liaise with both the family and community pharmacist to ensure labelling allows staff to positively identify each medication was discussed with the registered manager.

COMPLIANCE LEVEL: Compliant

7.0 QUALITY IMPROVEMENT PLAN

As no requirements or recommendations were made following the inspection a Quality Improvement Plan has not been appended on this occasion. The registered manager/provider is asked to please complete and return a copy of the signature page at the end of the report for our records by **22 December 2014**.

Enquiries relating to this report should be addressed to:

Paul W. Nixon
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



No requirements or recommendations resulted from the **announced medicines management** inspection of **Donard Day Centre** which was undertaken on **20 November 2014** 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	Mrs Maureen Smith
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING	Mrs Angeal McVeigh Director OPPC

Approved by:	Date
Paul W. Nixon	3/12/2014