

St Leonard's Hospice York

# St Leonard's Hospice

## Inspection Report

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## Overall rating for this service

Are services safe?

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask about services and what we found	3
What people who use the service and those that matter to them say	4

### Detailed findings from this inspection

Background to this inspection	5
Findings by main service	6
Action we have told the provider to take	8

# Summary of findings

## Overall summary

St. Leonard's Hospice is a hospice service that is located on the outskirts of York. The hospice has twenty in-patient beds and incorporates a Hospice@Home service. In addition to this, a maximum of fourteen people per day have access to day care; this part of the service is not required to register with the Care Quality Commission. However, as some people who access day care have also used the in-patient or Hospice@Home service, we spoke to them as part of this inspection. On the day of this inspection some bedrooms were being refurbished so there were only ten people using the in-patient unit.

There was a registered manager in post as the time of this inspection and they had been registered as the manager for two years. A registered manager is a person who is registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

We previously visited St. Leonard's Hospice on 29 April 2014. We had concerns about the management of medicines, particularly the disposal of medication and the recording of fridge temperatures. A focussed inspection was carried out on 30 September 2014 to check that the provider had taken action to ensure that medicines were stored and disposed of safely.

You can read a summary of our findings from both inspections below.

### **Scheduled Inspection of 29 April 2014**

People told us that they felt safe whilst using the hospice. Staff and volunteers had been recruited following robust policies and procedures that ensured only people

suitable to work with vulnerable people had been employed and there were sufficient numbers of staff. Staff had undertaken training on safeguarding adults from abuse and they displayed a good knowledge of the action they would take to manage any incidents or allegations of abuse. Staff had undertaken other training that provided them with the skills to carry out their role effectively.

People's individual circumstances and lifestyle had been taken into account when their care or treatment plan had been devised. People who were important to the person had been consulted and their needs were incorporated into treatment plans. There were appropriate risk assessments in place that ensured people's safety, allowed people to take responsibility for their actions and be as independent as possible, but remain safe.

There were some quality assurance systems in place that monitored people's satisfaction with the service and that audited the systems in place. However, there was no overall clinical governance system in place and medication audits had not identified the issues that we raised.

### **Focussed inspection of 30 September 2014**

Staff had a good understanding of the policies and procedures in place on the storage, recording and disposal of medicines. Medication was stored safely, including medication that required refrigeration and medicines that were waiting to be destroyed. Only registered nurses had responsibility for the administration of medicines and access to the medication room.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

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# Summary of findings

## What people who use the service and those that matter to them say

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### **Focussed inspection of 30 September 2014**

We did not speak to people who used the service as part of this inspection. We spoke with the registered manager and staff.

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# St Leonard's Hospice

## Detailed findings

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# Are services safe?

## Our findings

We previously visited St. Leonard's Hospice on 29 April 2014. We had concerns about the management of medicines, particularly the disposal of medication and the recording of fridge temperatures. This inspection was carried out to check that the provider had made the required improvements.

We received an action plan from the registered manager stating that they had increased the frequency of controlled drug destruction and that there was a daily check of the medication fridge to check for unlabelled or unused items. In addition to this, they had added the range of recommended fridge temperatures to their checklist. This had been actioned within one week of the inspection in April 2014.

We saw that an amended monthly audit had been introduced. This required senior nurses to check that all controlled drugs (CD's) identified as for destruction had been stored for less than 28 days, including part used syringes. The audit also required staff to check that CD's awaiting destruction were stored safely in the CD cabinet and that they had been recorded correctly in the appropriate drug register. We checked the audit for August 2014 and saw that this recorded the hospice were compliant with all of the requirements of the audit. The audit had space for staff to record any action that needed to be taken following the audit if any shortfalls were identified.

The registered manager told us that a prescribing audit was also carried out each month, and the Trust pharmacist carried out monitoring checks quarterly and annually. These audits were designed to identify any errors in the storage, recording or destruction of medicines so that prompt action could be taken.

We saw that there were separate registers to record medicines that patients would take home with them, CD's awaiting destruction and syringe driver residue. CD's that were awaiting destruction were placed in a numbered polythene bag. The number was recorded in the CD register as well as the name of the patient, the name of the drug, the amount of the drug remaining and the signatures of two nurses. This helped ensure that there were accurate records of the drugs that were destroyed by hospice staff. The senior nurse on duty told us that CD's (including pain

relief patches) were kept for seven days before they were destroyed. However, if medicine prescribed to a patient had changed, the unused medication was destroyed straight away. Again, the records were signed by two nurses. The senior nurse on duty told us that they could follow any CD from the time it was dispensed in the hospice to the time when either it was taken home by a patient or destroyed on the premises.

The registered manager told us that only registered nurses had access to the medication room. This was via a keypad entry system. Medicines were stored in locked cupboards within the medication room. Staff rotas identified who had access to the medication cupboard and keys at any one time. We discussed how senior staff would identify if any medication was missing from stock. The registered manager told us that the Trust pharmacy technician visited the hospice each Monday. They checked current stock levels against the stock drug list and replaced used medicines so that stock levels were replenished each week. Prescription charts and medication administration record (MAR) charts could be checked to identify how much medication had been administered to patients each day / week.

The registered manager said that they rarely ordered stock medication between the weekly visits by the Trust pharmacist; they visited the home each Wednesday to review patient medication administration records (MARs). If the hospice needed to order extra stock drugs on a regular basis, this would trigger a concern. If it was suspected that drugs were missing, staff would complete a drug discrepancy form so that the issue could be investigated.

However, we noted that medication brought in by patients was used by hospice staff and this would make it more difficult for medicines in stock to be reconciled with the amount of medicine used.

The registered manager told us that the service level agreement they had with the local NHS Trust included the monitoring of doctor's prescribing practice each year.

We saw the instructions displayed in the medication room about the storage of medicines in the fridge. This recorded the temperatures within which medicines should be stored. Fridge temperature records identified that temperatures

## Are services safe?

had been checked daily and recorded, and were consistently within these parameters. The temperature of the medication room was also checked and recorded daily, and we saw that this was consistently below 22°C.

We checked the medicines that were being stored in the fridge. We saw that packaging was dated when opened to ensure that it was destroyed by the 'use by' date. The medicine stored in the fridge on the day of the inspection was stock medicine; no medicines were being stored that should have been destroyed or taken home by patients who had been discharged.

We discussed the destruction of medicines with the senior nurse on duty. They explained to us how medicines, including unused controlled drugs and liquid medications, were destroyed on the premises. Medicines brought into the hospice by patients and not used were also destroyed on the premises. The systems in place ensured that medicines were disposed of safely and in a timely manner.

This section is primarily information for the provider

## Action we have told the provider to take

### Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Nursing care Treatment of disease, disorder or injury	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines</p> <p><b>How the regulation was not being met:</b> The registered person had not protected service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity.</p> <p>30 September 2014</p> <p>The provider is now meeting this regulation.</p>