

PHARMACY INSPECTION REPORT

Secure Children's Home

10 March 2022

THE JERSEY CARE COMMISSION PHARMACY INSPECTIONS

Under the Regulation of Care (Jersey) Law 2014, all providers of care homes, home care and adult day care services must be registered with the Jersey Care Commission ('the Commission').

This inspection was carried out in accordance with Regulation 32 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 to monitor compliance with the Law, Regulations and the designated Standards, in respect of the management of medications.

The inspection was undertaken by a Senior Pharmacist on behalf of the Jersey Care Commission.

INSPECTION FINDINGS

Medication Storage

All medications are stored in British Standards compliant locked cupboards within a locked treatment room.

Medicines are supplied from community pharmacy and specific CAMHS medications from the hospital pharmacy.

The controlled drugs are stored in a double locked safe and the balance recorded in the controlled drugs register.

The recorded balance matched the actual balance for both medications.

When required (PRN) and homely medications are held in a separate cupboard area.

Policy and Process

This is an area that requires updating and ratifying.

The service is currently working on a policy for all Children's Homes.

This will include Medicines Policy and medicines management competencies.

Gov.je medicines policy currently used for medicines management guidance.

Administration

Medicines are dispensed into pots and taken directly to the care receiver's room for administration. After witnessing the medicine being taken by the care receiver, the medication is signed for on a MAR sheet.

A medicines balance is recorded following each administration.

Training and Competency

Approximately 12 staff are responsible for medicines administration. Occasional training supported by Boots but medicines competencies training requires updating. This will be included with the new medicines policy.

Disposal

Medications refused by the care receiver are placed in a labelled envelope. These are returned to the pharmacy for destruction, along with any medications no longer prescribed.

The confirmation of receipt (entered in medication returns book) is signed by the receiving pharmacist.

Reporting of Adverse Reactions and Refusals

Allergies to any medications are recorded on the MAR sheet. Any new allergies are checked by the doctor, then added to the record. Repeated refusal of medications is flagged up to the doctor for advice.

Incident Management, Recording and Reporting

Currently, there is a recording system similar to datix but I did not inspect this.

Audit

Counts for medication balance undertaken following each medicines round.

Self-Administration

Self-administration in uncommon for this care receiver group and is restricted to short periods of two to three days for preparations that cannot cause harm.

Covert Administration

Not applicable to this care receiver group.

PRN and non-prescribed medication

Any non-prescribed medication is confirmed with the GP as safe to take, on a short-term basis.

IMPROVEMENT PLAN

There were two area for improvement identified during this inspection. The table below is the registered provider's response to the inspection findings.

Area for Improvement 1	It was agreed that an updated "Administration of medicines in children's homes" policy is required as
To be completed by:	this has not previously been drawn up for use across all local children's care services.
	Response by registered provider:
	An updated policy has been drawn up and is attached. Competencies are currently in line with the Cache L3 Medicines Management training and staff are required to have this prior to being responsible for administration.
	A separate piece of work is being carried out regarding competencies per se through the CHIP Programme and these will be directly linked to the learning. Staff are all being assessed on the OPUS Competency Assessment for Medicines Handling in Children's Services and these should be complete by the end of May 2022. We will ensure that you are kept informed of progress.
	The policy is clear regarding requirements and staff accountability for medicines within the home.

Area for Improvement 2	To update practice in line with the new medicines policy and associated audit recommendations.
To be completed by:	
	Response by registered provider:
	All staff have been instructed to read the new policy and signing sheets are in place. These will be further reinforced at the weeklyTeam Meetings. Management audits of compliance have been set up. Checks on storage, supplies and balances are carried out at each staff handover.

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 the Care Commission 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.



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