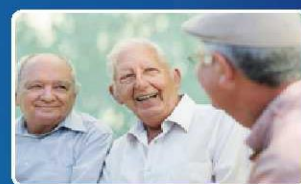




The Regulation and
Quality Improvement
Authority

Inspection Report 15 March 2021



Massereene Manor Residential Home

Type of Service: Residential Care Home
Address: 6 Steeple Road, Antrim, BT41 1AF
Tel no: 028 9448 7779
Inspector: Paul Nixon

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 this inspection and do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

Information relating to our inspection framework, the guidance and legislation that informs the inspections, the four domains which we assess services against as well as information about the methods we use to gather opinions from people who have experienced a service can be found at <https://www.rqia.org.uk/guidance/legislation-and-standards/> and <https://www.rqia.org.uk/guidance/guidance-for-service-providers/>

1.0 Profile of service

This is a residential care home which is registered to provide care for up to eight residents living with dementia.

2.0 Service details

Organisation/Registered Provider: Hutchinson Homes Ltd	Registered Manager and date registered: Mrs Anne Florence Josephine McCracken 11 December 2019
Responsible Individual: Mrs Janet Montgomery	
Person in charge at the time of inspection: Mrs Anne McCracken	Number of registered places: 8
Categories of care: Residential Care (RC) DE – Dementia.	Number of residents accommodated in the residential home on the day of this inspection: 7

3.0 Inspection focus

This inspection was undertaken by a pharmacist inspector on 15 March 2021. Following a risk assessment and to reduce the risk to residents during the pandemic outbreak, the inspection was carried out remotely.

This inspection was completed following a review of information requested and submitted to RQIA on 10 March 2021. This information included the completion of a self-assessment specific to medicines management in the home. Feedback was discussed with the manager on 15 March 2021.

This inspection focused on medicines management within the home. Following discussion with the aligned care inspector, it was agreed that the areas for improvement identified at the last inspection would be followed up at the next care inspection.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspections findings, registration information, and any other written or verbal information received.

During our inspection we:

- spoke to residents' relatives by telephone
- spoke to management about how they plan, deliver and monitor the care and support provided in the home
- reviewed documents to confirm that appropriate records were kept

A sample of the following records was examined and/or discussed as part of the inspection:

- personal medication records
- medicine administration records
- care plans related to medicines management
- medicines management governance and audit
- medicines management staff training and competency records
- manager's completed self-assessment

4.0 Inspection Outcome

	Regulations	Standards
Total number of areas for improvement	1*	2*

*This includes three areas for improvement which have not been reviewed during this inspection and have been carried forward for review at the next inspection.

No new areas for improvement were identified.

Findings of the inspection were discussed with Mrs Anne McCracken, 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.

5.0 What has this service done to meet any areas for improvement made at or since the last inspection on 15 December 2020?

Areas for improvement from the last inspection		
Action required to ensure compliance with Department of Health, Social Services and Public Safety (DHSSPS) The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (1) Stated: First time	<p>The registered person shall ensure that the residential care home is conducted so as the following key areas are considered during the visits by the registered provider:</p> <ul style="list-style-type: none"> • consultation with residents' relatives regarding the quality of the care and services provided in the home • robust systems to follow up on all areas identified for action to ensure that these are were correctly addressed • provision for the manager's written confirmation that the contents of the report were shared with her and that all necessary actions have been addressed. 	<p>Carried forward to the next care inspection</p>
<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>		
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 24.2, 24.5 Stated: First time	<p>The registered person shall ensure the following:</p> <ul style="list-style-type: none"> • staff have a recorded individual, formal supervision no less than every six months • staff have a recorded annual appraisal with their line manager to review their performance against their job description and to agree personal development plans. 	<p>Carried forward to the next care inspection</p>
<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>		

Area for improvement 2 Ref: Standard 23.3 Stated: First time	The registered person shall ensure that mandatory training requirements are met.	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

6.0 What people told us about this home?

Feedback methods included a poster and online links to questionnaires which were provided to the manager for staff and any resident or their family representative to complete. At the time of issuing this report, six questionnaires had been received by RQIA. The respondents hat they were very satisfied with all aspects of care.

7.0 Inspection Findings

7.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Residents in care homes should be registered with a general medical practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times residents' needs will change and, therefore, their medicines should be regularly monitored and reviewed. This is usually done by the GP, the pharmacist or during a hospital admission. We confirmed that residents in the home were registered with a GP and medicines were dispensed by the community pharmacist.

A sample of residents' personal medication records was reviewed. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed; and because they may be used by other healthcare professionals, for example, at medication reviews, at hospital appointments. We found that these were well maintained. In line with best practice, a second member of staff had checked and signed these records when they were written and updated, to ensure that they were accurate.

All residents should have care plans which detail their specific care needs and how the care is to be delivered. We reviewed a sample of medicine related care plans relating to the management of swallowing difficulty and distressed reactions. These contained the necessary information.

7.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error. This is assisted by accurately maintaining records of incoming and outgoing medicines.

The records inspected showed that medicines were available for administration when residents required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

As this was a remote inspection, we did not observe the storage and disposal arrangements for medicines. These were discussed with the manager, who assured us that all medicines were stored safely and securely in the treatment rooms and medicines were clearly segregated to indicate each resident's supply.

7.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment. We reviewed a sample of the administration of medicines records. These had been fully and accurately completed.

The governance arrangements for medicines management were examined. These are processes that monitor medicine systems to ensure they are working well and that residents are being administered their medicines. They also enable identification of any deficits that may need to be addressed. Management and staff audited medicine administration on a regular basis within the home and details of these and the planned improvements were provided in the submitted documents. Any issues identified were addressed through an action plan and followed up at the next audit.

7.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

There had been no recent admissions to the home. However, we discussed the admission process for residents new to the home or returning to the home after receiving hospital care. The manager advised that robust arrangements were in place to ensure that they were provided with a list of medicines from either the GP practice or the hospital. The latter information was shared with the resident's GP and the community pharmacist.

7.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicine incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident.

The audit system in place helps staff to identify medicine related incidents. Management was familiar with the type of incidents that should be reported.

7.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and are supported. In addition, up to date policies and procedures should be readily available for staff.

Information about staff medicines management training and medicines management policies and procedures were provided in the documents submitted to RQIA. They indicated that policies and procedures were in place and reviewed regularly and that staff training and competency assessments were up-to-date.

8.0 Evaluation of Inspection

This inspection sought to assess if the home was delivering safe, effective and compassionate care and if the home was well led.

The outcome of the inspection concluded that good systems were in place to safely manage medicines and ensure that residents were being administered their medicines as prescribed.

The three areas for improvement identified at the last inspection are carried forward to be followed up at the next care inspection. There were no new areas for improvement identified.

We would like to thank management and residents' relatives for their assistance in contributing to this remote inspection.

9.0 Quality Improvement Plan

Areas for improvement are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Mrs Anne McCracken, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

9.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (1)</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure that the residential care home is conducted so as the following key areas are considered during the visits by the registered provider:</p> <ul style="list-style-type: none"> • consultation with residents' relatives regarding the quality of the care and services provided in the home • robust systems to follow up on all areas identified for action to ensure that these were correctly addressed • provision for the manager's written confirmation that the contents of the report were shared with her and that all necessary actions have been addressed.
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>Ref: 5.0</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)

<p>Area for improvement 1</p> <p>Ref: Standard 24.2, 24.5</p> <p>Stated: First time</p> <p>To be completed by: 29 January 2021</p>	<p>The registered person shall ensure the following:</p> <ul style="list-style-type: none"> • staff have a recorded individual, formal supervision no less than every six months • staff have a recorded annual appraisal with their line manager to review their performance against their job description and to agree personal development plans.
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>Ref: 5.0</p>

<p>Area for improvement 2</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be completed by: 29 January 2021</p>	<p>The registered person shall ensure that all care records are appropriately signed and dated.</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>Ref: 5.0</p>



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