

# Inspection Report

10 June 2021



## Milesian Manor Residential Home

Type of Service: Residential Care Home (RCH)  
Address: 9 Ballyheifer Road, Magherafelt, BT45 5DX  
Telephone Number: 028 7963 1842

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Macklin Care Homes Ltd  <b>Responsible Individual:</b> Mr Brian Macklin	<b>Registered Manager:</b> Mrs Julie Wallace  <b>Date registered:</b> 13 January 2020
<b>Person in charge at the time of inspection:</b> Mrs Julie Wallace	<b>Number of registered places:</b> 32  The home is also approved to provide care on a day basis to two persons in category RC-DE on the Ground Floor and two persons in category RC-I on the Second Floor.
<b>Categories of care:</b> Residential Care (RC): DE – dementia	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 17
<b>Brief description of the accommodation/how the service operates:</b>  This is a residential care home which is registered to provide care for up to 32 residents. This home is situated on the same site as Milesian Manor nursing home.	

## 2.0 Inspection summary

An unannounced inspection took place on 10 June 2021, from 9.30am to 1.15pm. This inspection was conducted by a pharmacist inspector and 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 care inspection would be followed up at the next care inspection.

Review of medicines management found that residents were being administered their medicines as prescribed. There were robust arrangements for auditing medicines and medicine records had been generally well maintained. Arrangements were in place to ensure that staff were trained and competent in medicines management.

### 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included previous inspection findings, incidents and correspondence. To complete the inspection we reviewed: a sample of medicine related records, storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines.

During our inspection we:

- spoke to staff and management about how they plan, deliver and monitor the care and support provided in the home
- observed practice and daily life
- reviewed documents to confirm that appropriate records were kept

### 4.0 What people told us about the service

The inspector met with two members of staff and the manager.

Staff were warm and friendly and it was evident from their interactions that they knew the residents well. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

The staff members spoken with expressed satisfaction with how the home was managed. They said that they had the appropriate training to look after residents and meet their needs. Staff stated the home owner and manager were very supportive of staff and readily available to discuss any issues and concerns should they arise.

Three questionnaires were returned; two from relatives of residents and one from a staff member. The respondents indicated that they were very satisfied with all aspects of care. One person stated that they felt "the care is second to none; the staff and management are fantastic, nothing is a bother."

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 10 September 2020		
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b> <b>Ref:</b> Regulation 27 (2)(q) <b>Stated:</b> First time	<p>The registered person shall ensure that the proposed new ground floor kitchen gas appliances are installed &amp; commissioned by a gas safe register certified engineer and that fire safety controls are installed compliant with the fire safety consultant recommendations.</p> <p>Kitchen services shall comply with EHO recommendations.</p>	<b>Carried forward to the next inspection</b>
<b>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.</b>		
<b>Action required to ensure compliance with Residential Care Homes Minimum Standards (2011)</b>		<b>Validation of compliance summary</b>
<b>Area for Improvement 1</b> <b>Ref:</b> Standard 6.2 <b>Stated:</b> First time	<p>The registered person shall ensure care plans accurately reflect the needs of the residents, are reviewed and updated accordingly and reflect recommendations for the multi professional team.</p>	<b>Carried forward to the next inspection</b>
<b>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.</b>		

## 5.2 Inspection outcome

### 5.2.1 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 the 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.

Residents in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each resident. 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, during medication reviews and at hospital appointments. The personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to provide a double check that they were accurate.

Residents will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff on when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the resident's distress and if the prescribed medicine is effective for the resident.

The management of medicines prescribed on a "when required" basis for the management of distressed reactions was reviewed. Directions for use were clearly recorded on the personal medication records and care plans directing the use of these medicines were available. Records of administration were clearly recorded. The reason for and outcome of administration were recorded in the daily progress notes.

The management of pain was discussed. Staff advised that they were familiar with how each resident expressed their pain and that pain relief was administered when required.

Some residents may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the resident should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the resident.

The management of thickening agents was reviewed. A speech and language assessment report and care plan was in place. Records of prescribing and administration which included the recommended consistency level were maintained.

### **5.2.2 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.

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.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each resident could be easily located.

Several bottles of eye drops were in use beyond the period for replacement recommended by the manufacturers. This issue was drawn to the attention of the manager who gave an assurance that the relevant bottles would be immediately replaced and that this matter would be closely monitored through the audit activity.

Discontinued medicines were returned to the community pharmacy for disposal and records maintained.

### **5.2.3 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.

Within the home, a record of the administration of medicines is completed on pre-printed medicine administration records (MARs) or occasionally handwritten MARs, when medicines are administered to a resident. A sample of these records was reviewed. Most of the records were found to have been fully and accurately completed. A small number of missed signatures were brought to the attention of the manager for ongoing close monitoring. The completed records were filed once completed.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs are recorded in a controlled drug record book. Suitable arrangements were in place for the management of controlled drugs.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out. The date of opening was recorded on medicines so that they could be easily audited. This is good practice.

The audits completed during this inspection generally showed that medicines had been given as prescribed. One audit on an eye preparation medicine showed that the MAR sheet had not

been completed on several occasions; this matter was drawn to the manager's attention who gave an assurance that the administrations of the medicine would be closely monitored.

Where a resident had their medicines administered in food/drinks to assist administration there was a care plan in place detailing how the resident likes to take their medicines.

#### **5.2.4 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.

The admission process for residents new to the home or returning to the home after receiving hospital care was reviewed. Robust arrangements were in place to ensure that an up to date list of medicines was obtained. Records had been fully and accurately completed. Medicines had been accurately received into the home and administered in accordance with the most recent directions.

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

Occasionally medicines 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 and staff were familiar with the type of incidents that should be reported.

#### **5.2.6 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 that they are supported.

Staff in the home had received a structured induction which included medicines management when this forms part of their role. Competency had been assessed following induction and annually thereafter. A written record was completed for induction and competency assessments.

Records of staff training in relation to medicines management were available for inspection.

## 6.0 Conclusion

The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the home was well led in relation to the management of medicines.

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager. Residents were being administered their medicines as prescribed.

No new areas for improvement were identified.

We would like to thank the residents and staff for their assistance throughout the inspection.

## 7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1*	1*

\* the total number of areas for improvement includes two which are carried forward for review at the next inspection.

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Mrs Julie Wallace, Registered Manager, as part of the inspection process and can be found in the main body of the report.



## Quality Improvement Plan

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

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 27 (2) (q)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 October 2020</p>	<p>The registered person shall ensure that the proposed new ground floor kitchen gas appliances are installed &amp; commissioned by a gas safe register certified engineer and that fire safety controls are installed compliant with the fire safety consultant recommendations.</p> <p>Kitchen services shall comply with EHO recommendations.</p>
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**Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.**

Ref: 5.1

### Action required to ensure compliance with Residential Care Homes Minimum Standards (2011)

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 6.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 October 2020</p>	<p>The registered person shall ensure care plans accurately reflect the needs of the residents, are reviewed and updated accordingly and reflect recommendations for the multi professional team.</p>
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**Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.**

Ref: 5.1



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