



Unannounced Post-Registration Medicines Management Inspection Report 19 November 2018



Milesian Manor Residential Home

Type of Service: Residential Care Home
Address: 9 Ballyheifer Road, Magherafelt, BT45 5DX
Tel No: 028 7963 1842
Inspector: Catherine Glover

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home that provides care for up to 20 residents with a range of care needs as detailed in Section 3.0.

The residential home is in the same building as Milesian Manor Nursing Home.

3.0 Service details

Organisation/Registered Provider: Macklin Care Homes Ltd Responsible Individual: Mr Brian Macklin	Registered Manager: Miss Caitriona Bridghin Doole
Person in charge at the time of inspection: Miss Caitriona Doole	Date manager registered: 25 April 2018
Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia.	Number of registered places: 20 comprising: A maximum of 14 residents in category RC-DE accommodated on the ground floor and a maximum of six residents in category RC-I accommodated in six identified bedrooms (Numbers 208 - 213) on the second floor.

4.0 Inspection summary

An unannounced inspection took place on 19 November 2018 from 12.40 to 15.15.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 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).

The inspection assessed progress with any areas for improvement identified since the home was registered and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to personal medication records, medicine storage and the management of controlled drugs.

Areas requiring improvement were identified in relation to the management of antibiotics, the completion of the medicine administration records, stock control, the management of new admissions and records in relation to distressed reactions.

Residents were relaxed and comfortable in the home. There was a warm and welcoming atmosphere.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	4

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Miss Caitriona Dooley, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the pre-registration inspection

The most recent inspection of the home was the pre-registration care and premises inspection undertaken on 16 April 2018. No further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of medication related incidents

During the inspection the inspector met with four residents, two senior care assistants and the registered manager.

We provided the registered manager with ten questionnaires to distribute to residents and their representatives, for completion and return to RQIA. 'Have we missed you?' cards were left in the foyer of the home to inform residents/their representatives of how to contact RQIA, to tell us of their experience of the quality of care provided. Flyers providing details of how to raise any concerns were also left in the home.

A poster informing visitors to the home that an inspection was being conducted was displayed.

A sample of the following records was examined during the inspection:

- medicines requested and received
- personal medication records
- medicine administration records
- medicines disposed of or transferred
- controlled drug record book
- medicine audits
- care plans
- training records
- medicines storage temperatures

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 16 April 2018

The most recent inspection of the home was an announced care and premises pre-registration inspection. There were no areas for improvement made as a result of the inspection.

6.2 Review of areas for improvement from the last medicines management inspection

This was the first medicines management inspection of the home.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Medicines were managed by staff who have been trained and deemed competent to do so. An induction process was in place for senior care staff who have responsibility for medicine related tasks. The impact of training was monitored through team meetings, supervision and annual appraisal. The outcome of this inspection indicated that staff training and competency should be reviewed (see Section 6.7).

The admission process for two residents was examined. One admission had been managed satisfactorily, however no written confirmation of the medicine regime had been obtained for the other resident. The registered manager was asked to confirm the details of this resident's medicines with the general practitioner. The admission process with respect to medicines should be reviewed to ensure robust processes are in place. An area for improvement was identified.

The systems in place to manage the ordering of medicines should be reviewed to ensure that residents have a continuous supply of their prescribed medicines. There was evidence that residents missed several doses of some medicines as the supply had finished before being reordered. An area for improvement was identified.

The arrangements for receiving antibiotics should be reviewed to ensure that they are received into the home without delay. It was noted that the commencement of one antibiotic had been delayed by three days as the staff in the home had not ensured that it was collected in a timely

manner. This is unacceptable and could have had an impact on the health and well-being of the resident. An area for improvement was identified.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Checks were performed on controlled drugs which require safe custody, at the end of each shift. Additional checks were also performed on other controlled drugs which is good practice.

Discontinued or expired medicines were disposed of appropriately.

Medicines were stored safely and securely and in accordance with the manufacturer’s instructions. Medicine storage areas were clean, tidy and well organised. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. The medicine refrigerator was checked at regular intervals.

Areas of good practice

Controlled drugs were managed appropriately and medicines were safely and securely stored.

Areas for improvement

Areas for improvement were identified in relation to obtaining written confirmation of the medicines regime for new residents, ensuring residents have a continuous supply of their prescribed medicines and the timely commencement of antibiotics.

	Regulations	Standards
Total number of areas for improvement	2	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

The majority of medicines examined had been administered in accordance with the prescriber’s instructions. It was noted that a bisphosphonate medicine (prescribed once a week) had not been administered to one resident for three weeks. The administration of this medicine was also recorded at the same time as the other morning medicines. These medicines should be administered at least 30 minutes prior to other medicines. The registered manager should closely monitor the administration of bisphosphonates. An area for improvement was identified.

The management of distressed reactions was examined. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a resident’s behaviour and were aware that this change may be associated with pain. A care plan for the management of distressed reactions was not in place for the two files examined and the reason and outcome of administration of these medicines had not been recorded. An area for improvement was identified.

The majority of medicine records were well maintained and facilitated the audit process. Personal medication records were up to date and contained all of the required information. Improvement was required in the completion of medicine administration records. It was noted

that there were unexplained gaps in the records and one set of records was very difficult to read. An area for improvement was identified.

Staff confirmed that compliance with prescribed medicine regimes was monitored and any omissions or refusals likely to have an adverse effect on the residents' health were reported to the prescriber.

Following discussion with the registered manager and staff, it was evident that other healthcare professionals are contacted when required to meet the needs of residents.

Areas of good practice

Areas of good practice were observed in the maintenance of the personal medication records and the administration of the majority of medicines.

Areas for improvement

Areas for improvement were identified in relation to the administration of bisphosphonates, the records in relation to distressed reactions and the completion of the medicine administration records.

	Regulations	Standards
Total number of areas for improvement	1	2

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The administration of medicines to residents was not observed during this inspection, however the manager was knowledgeable about the residents' medicines and medical requirements.

It was found that there were good relationships between the staff and the residents. Staff were noted to be friendly and courteous; they treated the residents with dignity. It was clear from discussion and observation of staff, that the staff were familiar with the residents' likes and dislikes.

We spoke with two residents. They were relaxed and comfortable in the home and said that they enjoyed living there. Other residents had attended the barber on the top floor of the home where they had enjoyed a silent disco whilst having their hair cut.

None of the questionnaires that were issued were returned within the timeframe for inclusion in this report (two weeks).

Any comments from residents, their representatives and staff in returned questionnaires received after the return date will be shared with the registered manager for information and action as required.

Areas of good practice

There was evidence that staff listened to residents and took account of their views.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

We discussed arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents. Arrangements are in place to implement the collection of equality data.

Written policies and procedures for the management of medicines were in place. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to staff.

A review of the audit records indicated that the majority of the issues highlighted during this inspection had been identified during a recent audit and action plans had been drafted. The audit process was discussed in detail with the registered manager and the regional manager who agreed that further support would be provided to the registered manager in order to address the issues highlighted. In order to drive the necessary improvements, the contents of the QIP should be used as part of the monitoring system.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. Medicine related incidents reported since the last medicines management inspection were discussed. There was evidence of the action taken and learning implemented following incidents. In relation to the regional safeguarding procedures, staff confirmed that they were aware that medicine incidents may need to be reported to the safeguarding lead and safeguarding team.

As stated in Section 6.4, the outcome of this inspection indicated that the training and competency of staff should be reviewed to ensure that are familiar with their roles and responsibilities in relation to medicines management. An area for improvement was stated.

Staff confirmed that any concerns in relation to medicines management were raised with management. They advised that there were good working relationships within the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of medicine incidents and quality improvement. There were clearly defined roles and responsibilities for staff.

Areas for improvement

The training and competency of staff with responsibilities for managing medicines should be reviewed.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Miss Cairiona Dooley, Registered Manager and Mrs Christine Thompson, Regional Manager by telephone on 20 November 2018. 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.

7.1 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).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13(4) Stated: First time To be completed by: 19 December 2018	The registered person shall ensure that residents have a continuous supply of their currently prescribed medicines. Ref: 6.4
	Response by registered person detailing the actions taken: All residents now in monitored dosage system. Non mds medications counted after every administration, when down to 5day supply reordered from GP
Area for improvement 2 Ref: Regulation 13(4) Stated: First time To be completed by: 19 December 2018	The registered person shall ensure that antibiotics are obtained without delay. Ref: 6.4
	Response by registered person detailing the actions taken: Staff now inform Pharmacy immediately when informed an anti-biotic will be commenced. If there is going to be a delay in the obtained of the anti-biotic from pharmacy, staff from the home will obtain the anti-biotic.
Area for improvement 3 Ref: Regulation 13(4) Stated: First time To be completed by: 19 December 2018	The registered person shall ensure that medicine administration records are fully and accurately completed. Ref: 6.5
	Response by registered person detailing the actions taken: All medication kardex's ammended to reflect prescriptions
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)	
Area for improvement 1 Ref: Standard 30 Stated: First time To be completed by: 19 December 2018	The registered person shall ensure that written confirmation of medicines regimes is obtained for new residents. Ref: 6.4
	Response by registered person detailing the actions taken: All staff informed via supervision that prior to or on the day of admission a GP letter or hospital letter must be obtained of an up to date medications list before any medications can be administered

<p>Area for improvement 2</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: 19 December 2018</p>	<p>The registered person shall closely monitor the administration of bisphosphonates to ensure they are administered as prescribed.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Updated list at front of medication kardex of day bisphosphonates to be administered. Note in the diary also done weekly to prompt administration</p>
<p>Area for improvement 3</p> <p>Ref: Standard 10</p> <p>Stated: First time</p> <p>To be completed by: 19 December 2018</p>	<p>The registered person shall ensure that the records relating to the management of distressed reactions are fully and accurately completed.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Staff provided with training on distressed reactions. Care plans for any medications used for distressed reactions put in place.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: 19 December 2018</p>	<p>The registered person shall ensure that the training and competency of those staff with responsibility for managing medicines is reviewed.</p> <p>Response by registered person detailing the actions taken: Staff attended further training on medication administration, diabetes and distressed reactions.</p>

Please ensure this document is completed in full and returned via Web Portal



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