

# Inspection Report

13 & 17 May 2022



## Malone

Type of Service: Residential Care Home  
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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> Malone Residential Home  <b>Responsible Individual:</b> Mr Kevin McKinney	<b>Registered Manager:</b> Mrs Julie-Ann Russell  <b>Date registered:</b> 31 July 2015
<b>Person in charge at the time of inspection:</b> Mrs Julie-Ann Russell	<b>Number of registered places:</b> 28  This includes a maximum of three persons accommodated in category RC-PH (under 65 years) and a maximum of ten persons in RC-DE category of care.
<b>Categories of care:</b> Residential Care (RC) I – old age not falling within any other category DE – dementia PH – physical disability other than sensory impairment	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 27
<b>Brief description of the accommodation/how the service operates:</b>  Malone is a registered residential care home which provides care for up to 28 residents. Bedrooms are located over two floors. Residents have access to communal lounges, a dining room and a garden.	

## 2.0 Inspection summary

An unannounced medicine management and finance inspection took place on 13 May 2022 from 10.15am to 1.15pm and on 17 May 2022 from 10.45am to 12.30pm. The inspection was completed by a pharmacist and a finance inspector and focused on medicines management and finance within the home. The purpose of the inspection was to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to medicines management and the management of residents' finances.

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.

The outcome of the inspection in relation to medicines management concluded that improvements in some areas for the management of medicines were necessary. Areas for improvement are detailed in the quality improvement plan and include the maintenance of medicine related records, medicines audit and the storage of medicines.

Whilst areas for improvement were identified, RQIA can conclude that overall, with the exception of a small number of medicines, the residents were being administered their medicines as prescribed.

Following the inspection the findings were discussed with the senior pharmacist inspector in RQIA and with Mr Kevin McKinney, responsible individual, in relation to the poor standard of maintenance of personal medication records and the storage arrangements for medicines. Due to the action already taken following the inspection and assurances provided by the responsible individual, RQIA decided that a period of time would be given to implement the necessary improvements. A follow up inspection will be undertaken to determine if the necessary improvements have been implemented and sustained. Failure to implement and sustain the improvements may lead to enforcement.

With regards to finance two areas for improvement were identified in relation to residents' written agreements and updating the records of residents' personal possessions.

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

### **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, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. The inspection was completed by examining a sample of medicine related records, the storage arrangements for medicines, staff training, and the auditing systems used to ensure the safe management of medicines. A sample of residents' financial files and records of residents' personal property were also reviewed. Staff and residents views were also obtained.

### **4.0 What people told us about the service**

The inspectors met with senior care staff and the manager. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

Staff interactions with residents were warm, friendly and supportive. It was evident that they knew the residents well. Staff expressed satisfaction with how the home was managed. They said that they had the appropriate training to look after residents and meet their needs.

Feedback methods included a staff poster and paper questionnaires which were provided to the manager for any resident or their family representative to complete and return using pre-paid, self-addressed envelopes. At the time of issuing this report, five completed questionnaires from relatives of residents living in Malone had been received by RQIA. All respondents indicated they were very satisfied with the standard of care provided and were complimentary of the staff working in the home.

## 5.0 The inspection

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

Areas for improvement from the last inspection on 20 May 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 20 (3) <b>Stated:</b> First time	The responsible person shall ensure that the assessment of staff competency and capability covers all necessary areas.	<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 is carried forward to the next inspection.</b>	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 19.2 <b>Stated:</b> First time	The responsible person shall ensure that gaps in employment are explored and explanations are recorded before an off of employment is made.	<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 is carried forward to the next inspection.</b>	

## 5.2 Inspection findings

### 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 practitioner (GP) to ensure that they receive appropriate medical care when they need it.

At times the residents' needs may 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, at medication reviews or hospital appointments.

It was identified that these records were not up to date with the most recent prescription and some were incomplete. Discrepancies were identified between the directions on the personal medication records and the dosage signed as administered on the medicine administration records. Assurances were provided that the medicines had been administered in accordance with the most recent directions. However, if the personal medication records are not accurate and up to date, this could result in medicines being administered incorrectly or the wrong information being provided to another healthcare professional. It was evident that staff did not use these records as part of the administration of medicines process. The manager gave an assurance that all residents' personal medication records would be reviewed and updated accordingly following the inspection. An area for improvement was identified.

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. Care plans were in place for some but not all residents prescribed pain relief medicines. The manager advised that this would be addressed immediately following the inspection so that care plans are in place for all residents prescribed pain relief medicines.

#### **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. However, the medicine trolley used to store residents' medicines was damaged and required cleaning to ensure compliance with infection prevention and control (IPC). The responsible individual gave an assurance following the inspection that the trolley would be replaced as soon as a new one could be sourced. Oral syringes and receptacles used to administer medicines also required replacing in line with IPC. An area for improvement was identified.

Temperatures of medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately. A medicine refrigerator and controlled drugs cabinet were available for use as needed.

Satisfactory arrangements were in place for the safe disposal of medicines.

### **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. A small number of missed signatures were brought to the attention of the manager for ongoing close monitoring.

Handwritten MARs were not checked and signed by a second member of staff when they were written to ensure accuracy. Review of handwritten MARs identified a number of errors which were highlighted to the manager on the day of the inspection for immediate review and action. Complete and accurate records of the administration of medicines is necessary to evidence residents are administered their medicines as prescribed. An area for improvement was identified.

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 were recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs.

Management and staff audited medicine administration within the home. A range of audits were carried out. The audits completed on the day of the inspection identified the majority of medicines had been administered as prescribed. However, the date of opening was not recorded on the majority of medicines not supplied in blister packs; including liquids, eye drops and inhalers. This is necessary to facilitate audit and disposal at expiry. The findings of this inspection indicate the audit process does not incorporate all aspects of medicines management including medicine related records and medicine storage. An area for improvement was identified.

### **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.

A review of records indicated that satisfactory arrangements were in place to manage medicines for new residents or residents returning from hospital.



Written confirmation of the resident's medicine regime was obtained at or prior to admission and details shared with the community pharmacy. The manager was reminded of the importance of completing the medicine related records accurately for new admissions.

#### **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. A robust audit system will help staff to identify medicine related incidents.

There have been no medicine related incidents reported to RQIA since November 2018. However, the findings of this inspection indicate that the auditing system is not robust and hence incidents may not be identified. The need for a robust audit system which covers all aspects of medicines is necessary to ensure that safe systems are in place and any learning from errors/incidents can be actioned and shared with relevant staff.

#### **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 they are supported. Policies and procedures should be up to date and readily available for staff.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Ongoing review was monitored through supervision sessions with staff. Medicines management policies and procedures were in place.

The manager advised that the findings of this inspection would be shared with staff in order to drive and sustain improvement.

#### **5.2.7 What arrangements are in place to ensure that residents' monies, valuables and personal property are appropriately managed and safeguarded?**

It is the policy of the home for residents to manage their own monies. However, in line with The Residential Care Homes Regulations (NI) 2005, a safe place was available for residents to deposit items for safekeeping when required. No monies or valuables were held on behalf of residents at the time of the inspection.

Discussion with staff and a review of records confirmed that no written agreements were in place for residents. Records showed that a draft agreement had been developed but had yet to be finalised and issued to residents. An area for improvement was identified.

Discussion with staff confirmed that no resident was paying an additional amount towards their fee over and above the amount agreed with the Health and Social Care Trusts.

Discussion with the manager confirmed that no member of staff was the appointee for any resident, namely a person authorised by the Department for Communities to receive and manage the social security benefits on behalf of an individual.

Discussion with the manager confirmed that it was policy to pay for services, such as hairdressing and podiatry, in advance and subsequently invoice residents or their representatives for the services provided. The provision of newspapers was also paid in advance and invoiced to residents.

A review of a sample of invoices issued to residents showed that the amounts on the invoices reflected the amounts detailed in the records provided by the hairdresser and podiatrist. These records listed the names of the residents availing of the services and the amount charged to each resident. The hairdressing and podiatry records were signed by two members of staff to confirm that the services took place. Two signatures were also recorded against the newspaper records used to invoice residents.

The manager informed the inspector that no other transactions were undertaken on behalf of residents. Other items, such as toiletries, were purchased by residents or provided by family members.

Discussion with the manager and a review of records confirmed that property records were in place for residents. The records were not up to date with items brought into the residents' rooms, or when items were disposed of, following admission to the home. The records were not checked and signed at least quarterly. An area for improvement was identified.

Financial policies and procedures were available for inspection. The policies were readily available for staff use. A review of the policies evidenced that they reflected the operational areas for managing residents' finances. The policies were up to date and reviewed at least every three years.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Home Regulations (Northern Ireland) 2005 and Residential Care Homes Minimum Standards 2011.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	5*	3*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Julie-Ann Russell, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.



Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Home Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 20 (3)  <b>Stated:</b> First time  <b>To be completed by:</b> 16 July 2021	The responsible person shall ensure that the assessment of staff competency and capability covers all necessary areas.
	<b>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.</b>  Ref: 5.1
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> Ongoing from the date of inspection (13 May 2022)	The responsible person shall ensure that personal medication records are fully and accurately completed and are reflective of the resident's currently prescribed medicines.  Ref: 5.2.1
	<b>Response by registered person detailing the actions taken:</b> is maintained Medicine records reviewed against GP records and updated to reflect currently prescribed medication.
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately from the date of inspection (13 May 2022)	The responsible person shall ensure that medicine storage areas are maintained in line with infection prevention and control (IPC) measures.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> New medicine trolley now in use and staff to ensure the trolley and all equipment is maintained in accordance with IPC measures.
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> Ongoing from the date of inspection (13 May 2022)	The responsible person shall implement a robust audit system which covers all aspects of the management of medicines. Any shortfalls identified should be detailed in an action plan and addressed.  Ref: 5.2.3 & 5.2.5
	<b>Response by registered person detailing the actions taken:</b> A more robust audit system implemented to ensure shortfalls are identified and addressed.

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 4 (1) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 July 2022</p>	<p>The responsible person shall ensure that the draft written agreement is finalised and issued to residents. The agreements should reflect the current weekly fee paid by, or on behalf of, residents. The agreements should be signed by the resident, or their representative, and a representative from the home.</p> <p>Ref: 5.2.7</p> <p><b>Response by registered person detailing the actions taken:</b> Agreement reviewed to reflect weekly fee paid, including any sundries, and are being put in place for all residents.</p>
<p><b>Action required to ensure compliance with Residential Care Homes Minimum Standards 2011</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 19.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (20 May 2021)</p>	<p>The responsible person shall ensure that gaps in employment are explored and explanations are recorded before an off of employment is made.</p> <p><b>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.</b></p> <p>Ref: 5.1</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 31</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Ongoing from the date of inspection (13 May 2022)</p>	<p>The responsible person shall ensure that all handwritten entries on medication administration records are verified and signed by two trained staff to ensure accuracy.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Full review of all medicine records carried out to ensure all handwritten entries are checked and signed by two staff.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 8.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2022</p>	<p>The responsible person shall ensure that the records of residents' personal possessions are kept up to date with adequate details of the items brought into the residents' rooms and the items disposed of. The records should be reconciled at least quarterly and signed by two members of staff.</p> <p>Ref: 5.2.7</p> <p><b>Response by registered person detailing the actions taken:</b> Property records reviewed and updated to ensure accurate and up to date details of items within the Home as far as possible is maintained and is signed by two staff.</p>

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



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