

# Inspection Report

24 January 2023



## Malone

Type of Service: Residential Care Home  
Address: 188 Upper Malone Road, Belfast, BT17 9JZ  
Tel no: 028 9061 1745

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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

|   |   |
|---|---|
| <p><b>Organisation/Registered Provider:</b><br/>Malone Residential Home</p> <p><b>Responsible Individual:</b><br/>Mr Kevin McKinney</p>   | <p><b>Registered Manager:</b><br/>Mrs Julie-Ann Russell</p> <p><b>Date registered:</b><br/>31 July 2015</p>   |
| <p><b>Person in charge at the time of inspection:</b><br/>Mrs Julie-Ann Russell</p>   | <p><b>Number of registered places:</b><br/>28</p> <p>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.</p> |
| <p><b>Categories of care:</b><br/>Residential Care (RC)<br/>I – old age not falling within any other category<br/>DE – dementia<br/>PH – physical disability other than sensory impairment</p>  | <p><b>Number of residents accommodated in the residential care home on the day of this inspection:</b><br/>27</p>   |
| <p><b>Brief description of the accommodation/how the service operates:</b></p> <p>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.</p> |   |

## 2.0 Inspection summary

An unannounced inspection took place on 24 January 2023, from 10.00am to 1.30pm. This was completed by a pharmacist inspector and focused on medicines management within the home.

The purpose of this 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.

At the last medicines management inspection on 13 May 2022 robust arrangements were not in place for the management of medicines. Areas for improvement were identified in relation to: the standard of maintenance of personal medication and medicine administration records, the storage of medicines and medicines audit.

Following the inspection, the findings were discussed with the senior pharmacist inspector in RQIA and with Mr Kevin McKinney, responsible individual. It was decided that the home would be given a period of time to implement the necessary improvements and that this follow up inspection would be carried out to ensure that the improvements had been implemented and sustained.

The outcome of this inspection evidenced that improvements had been made in relation to the standard of maintenance of personal medication records and medicine administration records. However, despite medicine administration audits being completed, there had been no overarching medicines management audits completed to identify deficits. The storage of medicines was not compliant with infection prevention and control measures. The areas for improvement in relation to audit and medicines storage have been stated for a second time. One new area for improvement was identified in relation to the maintenance of the controlled drug record book. Details of the areas for improvement are included in the quality improvement plan.

Following discussion with the aligned care and finance inspectors, it was agreed that the areas for improvement identified at the last inspection would be followed up at the next inspection.

RQIA will continue to monitor and review the quality of service provided in Malone and will carry out a further inspection to assess compliance.

### **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. Staff views were also obtained.

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

The inspector 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, no questionnaires had been received by RQIA.

## 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 13 <sup>th</sup> & 17 <sup>th</sup> May 2022           |  |   |
|--|--|---|
| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 |  | Validation of compliance                      |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Regulation 20 (3)<br><br><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>             |   |
| <b>Area for improvement 2</b><br><br><b>Ref:</b> Regulation 13 (4)<br><br><b>Stated:</b> First time      | The responsible person shall ensure that personal medication records are fully and accurately completed and are reflective of the resident's currently prescribed medicines. | <b>Met</b>                                    |
|  | <b>Action taken as confirmed during the inspection:</b><br>This area for improvement has been assessed as met.<br><br><b>See Section 5.2.1</b>                               |   |
| <b>Area for improvement 3</b><br><br><b>Ref:</b> Regulation 13 (4)<br><br><b>Stated:</b> First time      | The responsible person shall ensure that medicine storage areas are maintained in line with infection prevention and control (IPC) measures.                                 | <b>Partially met</b>                          |
|  | <b>Action taken as confirmed during the inspection:</b><br>This area for improvement has been assessed as partially met.<br><br><b>See Section 5.2.2</b>                     |   |

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|---|---|--|
| <p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p>    | <p>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.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>This area for improvement has been assessed as partially met.</p> <p><b>See Section 5.2.3</b></p>   | <p><b>Partially met</b></p>                          |
| <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>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><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></p> | <p><b>Carried forward to the next inspection</b></p> |
| <p><b>Action required to ensure compliance with Residential Care Homes Minimum Standards 2011</b></p>         |   | <p><b>Validation of compliance</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>The responsible person shall ensure that gaps in employment are explored and explanations are recorded before an offer 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><b>Carried forward to the next inspection</b></p> |
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 31</p> <p><b>Stated:</b> First time</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><b>Action taken as confirmed during the inspection:</b><br/>This area for improvement has been assessed as met.</p> <p><b>See Section 5.2.1</b></p>  | <p><b>Met</b></p>                                    |

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|--|---|---|
| <b>Area for improvement 3</b><br><br><b>Ref:</b> Standard 8.7<br><br><b>Stated:</b> First time | 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. | <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 Medicine related records

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.

The personal medication records reviewed at the inspection were accurate and reflective of the residents' currently prescribed medicines. 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 state that they were accurate. Copies of residents' prescriptions/hospital discharge letters were retained in the home so that any entry on the personal medication record could be checked against the prescription. This is good practice.

A sample of the medication administration records (MARs) were reviewed. The records had been accurately completed. Handwritten entries on MARs had been signed by two staff to ensure accuracy.

### 5.2.2 Medicines storage

The medicines storage area was observed to be securely locked to prevent any unauthorised access. The medicine trolley used to store residents' medicines had been replaced since the last inspection; the replacement trolley was clean and resident's medicines were easily identifiable. However, the medicine storage area was not compliant with infection prevention control measures and it was evident the storage area was not part of the routine cleaning schedule of the home. This area for improvement has been stated for a second time.

### 5.2.3 Medicines audit

The medicines audit process was reviewed. Medicine audits were completed by senior care staff on a monthly basis and focused on the administration of medicines not supplied in the monitored dosage system.

Whilst medicine administration audits were completed, the audit process did not encompass all aspects of the management of medicines. The manager had a template available for use, however it had not yet been completed.

Audits completed by the inspector identified the large majority of medicines had been administered as prescribed. A small number of minor discrepancies were highlighted to the manager for ongoing monitoring.

The findings of this inspection indicate that whilst the majority of medicines were administered as prescribed, deficits were identified in relation to medicines storage and controlled drugs. Review of the latest monthly monitoring visit reports showed that medicines management was not regularly reviewed as part of the visits. The medicines audit process should encompass all aspects of medicines management; including storage, record keeping, controlled drugs and medicine administration. This area for improvement has been stated for a second time.

#### 5.2.4 Controlled drugs

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 a controlled drug record book. However, it was observed that although the receipts had been recorded, each entry had not been completed in full with the name of the community pharmacy or hospital supplying the controlled drugs. The name, strength and form of each controlled drug had not been consistently recorded on each page of the record book and a recent administration of a controlled drug had not been recorded. Retrospective amendments had been made to running stock balances of controlled drugs despite daily stock reconciliation checks being completed by staff. An area for improvement was identified.

### 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 Homes Regulations (Northern Ireland) 2005.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of Areas for Improvement</b> | 5*          | 2*        |

\* The total number of areas for improvement includes two that have been stated for a second time and four 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.

| <b>Quality Improvement Plan</b>   |   |
|---|---|
| <b>Action required to ensure compliance with The Residential Care Home Regulations (Northern Ireland) 2005</b>  |   |
| <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b><br/>Immediately from the date of inspection<br/>(24 January 2023)</p> | <p>The responsible person shall ensure that medicine storage areas are maintained in line with infection prevention and control (IPC) measures.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b><br/>The medication room has been refurbished and a cleaning schedule implemented, to ensure medicine storage areas are maintained in line with infection prevention and control.</p>   |
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b><br/>Ongoing from the date of inspection<br/>(24 January 2023)</p>     | <p>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.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b><br/>A more robust audit system has now been implemented to ensure shortfalls are identified and addressed.</p>  |
| <p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 20 (3)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>16 July 2021</p>   | <p>The responsible person shall ensure that the assessment of staff competency and capability covers all necessary areas.</p> <p><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></p> <p>Ref: 5.1</p>   |
| <p><b>Area for improvement 4</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><br/>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><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></p> |



|   |   |
|---|---|
|   | Ref: 5.1  |
| <b>Area for improvement 5</b>   | The registered person shall ensure the controlled drug record book is accurately maintained.  |
| <b>Ref:</b> Regulation 13 (4)   | Ref: 5.2.4  |
| <b>Stated:</b> First time   |   |
| <b>To be completed by:</b><br>Ongoing from the date of inspection<br>(24 January 2023)                      | <b>Response by registered person detailing the actions taken:</b><br>The Controlled Drug Record Book has been reviewed, and all Senior Staff are aware of the importance of maintaining accurate records.   |
| <b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</b> |   |
| <b>Area for improvement 1</b>   | The responsible person shall ensure that gaps in employment are explored and explanations are recorded before an off of employment is made.   |
| <b>Ref:</b> Standard 19.2   |   |
| <b>Stated:</b> First time   | <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>  |
| <b>To be completed by:</b><br>With immediate effect<br>(20 May 2021)  | Ref: 5.1  |
| <b>Area for improvement 3</b>   | 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. |
| <b>Ref:</b> Standard 8.7  |   |
| <b>Stated:</b> First time   |   |
| <b>To be completed by:</b><br>30 June 2022  | <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>  |
|   | Ref: 5.1  |

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



The Regulation and Quality Improvement Authority

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