

# Inspection Report

25 July 2023



## Malone

Type of service: Residential Care Home  
Address: 188 Upper Malone Road, Belfast, BT17 9JZ  
Telephone number: 028 9061 1745

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Malone Residential Home</p> <p><b>Responsible Individual:</b> Mr Kevin McKinney</p>	<p><b>Registered Manager:</b> Mrs Julie-Ann Russell</p> <p><b>Date registered:</b> 31 July 2015</p>
<p><b>Person in charge at the time of inspection:</b> Mrs Julie-Ann Russell</p>	<p><b>Number of registered places:</b> 28</p> <p>This number 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> Residential Care (RC) I – old age not falling within any other category. DE – dementia. 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> 25</p>
<p><b>Brief description of the accommodation/how the service operates:</b> Malone is a registered residential care home which provides health and social care for up to 28 residents. Residents bedrooms are located over both floors in the home. The lounge, dining room and conservatory are located on the ground floor. The home has a large garden and a raised patio area.</p>	

## 2.0 Inspection summary

An unannounced follow-up inspection took place on 25 July 2023, from 10.30am to 12.45pm. This was completed by a pharmacist inspector and focused on medicines management 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. The areas for improvement identified at the last care inspection have been carried forward for review at the next care inspection.

The findings of the last medicines management inspection on 24 January 2023 indicated robust arrangements were not in place for the management of medicines. Two areas for improvement in relation to the storage of medicines and medicines audit were stated for a second time.

In addition, a further area for improvement was identified in relation to the management of controlled drugs. Following the inspection, the findings were discussed with the senior pharmacist inspector in RQIA. It was decided that the manager and care staff would be given a period of time to implement the necessary improvements and that this follow up inspection would be completed to ensure the improvements had been implemented and sustained.

The outcome of this inspection evidenced that the area for improvement in relation to medicines audit had been suitably addressed. A regular programme of medicines audit was in place to ensure residents were administered their medicines as prescribed. The area for improvement in relation to the storage of medicines had been validated at the care inspection (16 March 2023); the improvements had been sustained. However, the area for improvement in relation to controlled drugs has not been met and is stated for a second time. No new areas for improvement were identified.

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. The inspector spoke to staff and management about how they plan, deliver and monitor the management of medicines in the home.

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

The inspector met with senior care staff and the manager. Staff said they had worked hard to implement and sustain improvements identified at the last medicines management inspection and had received help and support from management in order to do so.

Staff interactions with residents were warm, friendly and supportive. It was evident that they knew the residents well.

## 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 16 March 2023		
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 13 (4) <b>Stated:</b> Second time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement has been assessed as met.  <b>See Section 5.2.1</b>	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The registered person shall ensure the controlled drug record book is accurately maintained.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement has been assessed as not met.  <b>See Section 5.2.2</b>	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2021) (Version 1:1)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 24.2 <b>Stated:</b> First time	The registered person shall ensure that staff are provided with recorded individual, formal supervision no less than every six months or more frequently if required.	<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>	

<b>Area for improvement 2</b> <b>Ref:</b> Standard 6 <b>Stated:</b> First time	The registered person shall ensure that care plans are person centred and reflect the current identified needs of the individual resident.	<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>	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 6 <b>Stated:</b> First time	The registered person shall ensure that where pressure relieving equipment is recommended and in use relevant care plans are developed and kept under review.	<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>	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time	The registered person shall ensure that: <ul style="list-style-type: none"> <li>• the cleaning of soap dispensers routinely includes the underside of the dispensers.</li> <li>• toiletries are stored in appropriate storage areas such as vanity units and are not left cluttered on sinks or on windowsills.</li> </ul>	<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 Medicines audit

The audit process had been reviewed and improved following the last medicines management inspection. Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out and records of the audits completed were available for review. Running stock balances of medicines administered on a 'when required' basis, such as laxatives and pain relief, were maintained and accurately reflected the actual stock. The date of opening was recorded on all medicines so that they could be easily audited. This is good practice. The manager was reminded to continue the system of regular audit in order to sustain the improvements made.

Audits completed by the inspector identified the medicines had been administered as prescribed. Personal medication records were accurate and up to date and reflective of the residents' currently prescribed medicines. The sample of medicine administration records reviewed had been accurately completed.

The records inspected showed that medicines were available for administration when residents required them. However, it was identified that six missed doses of a Schedule 2 controlled drug had occurred as the medicine was out of stock. This was highlighted to the manager for investigation and review. An incident report detailing the actions taken and measures implemented to prevent a recurrence was submitted to RQIA on 26 July 2023.

### 5.2.2 Management of 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 should be recorded in a controlled drug record book. It was found that although the receipts and administration had been recorded, each entry had not been completed fully and all of the appropriate columns in the record book had not been completed. Full details of the controlled drug prescribed including the drug name, form and strength were not recorded consistently on each page. As stated in Section 5.2.1, doses were missed for one controlled drug as it had been out of stock.

The area for improvement in relation to controlled drugs has been assessed as not met and is stated for a second time.

## 6.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1*	4*

\* The total number of areas for improvement includes one which has been stated for a second time and four which are carried forward for review at the next inspection.

The restated area 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 timescale for completion commences 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>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect (25 July 2023)	The registered person shall ensure the controlled drug record book is accurately maintained.  Ref: 5.1 & 5.2.2  <b>Response by registered person detailing the actions taken:</b> All senior staff aware that the controlled drug book must be fully completed and accurately maintained for all controlled medication.
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 24.2  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect (16 March 2023)	The registered person shall ensure that staff are provided with recorded individual, formal supervision no less than every six months or more frequently if required.  <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
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<b>Area for improvement 3</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect (16 March 2023)	The registered person shall ensure that where pressure relieving equipment is recommended and in use relevant care plans are developed and kept under review.  <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

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (16 March 2023)</p>	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> <li>• the cleaning of soap dispensers routinely includes the underside of the dispensers.</li> <li>• toiletries are stored in appropriate storage areas such as vanity units and are not left cluttered on sinks or on windowsills.</li> </ul>
	<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>

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





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