

Inspection Report

6 December 2021



Millbrook Court

Type of service: Residential Care Home
Address: 228 Donaghadee Road, Bangor, BT20 4RZ
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Radius Housing Association Responsible Individual: Mrs Fiona McAnespie	Registered Manager: Mrs Siobhan Diane Strong Date registered: 1 April 2005
Person in charge at the time of inspection: Mrs Vigi Joby, Senior Carer	Number of registered places: 50
Categories of care: Residential Care (RC): DE – dementia	Number of residents accommodated in the residential care home on the day of this inspection: 36
Brief description of the accommodation/how the service operates: This home is a registered residential care home which provides social care for up to 50 people who are living with dementia. The home is divided in four units which are located on the ground floor, Millbrook Mews, Millbrook Street, Millbrook Avenue and Millbrook Close. Residents have access to communal lounges, dining rooms and an enclosed garden area.	

2.0 Inspection summary

An unannounced inspection took place on 6 December 2021 between 10.10am and 4.30pm. The inspection was conducted by a pharmacist inspector and focused on medicines management within the home.

The inspection also assessed progress with two of the four areas for improvement identified at the last care inspection; the remaining two were not reviewed and have been carried forward for review at the next inspection.

Review of medicines management found that residents were administered their medicines as prescribed. Arrangements were in place to ensure that staff were trained and competent in medicines management. The majority of records were well maintained. Improvements in the audit system and records of the administration of “when required” medicines were identified.

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. To complete the inspection the following were 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. The inspector also 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 one care assistant and the senior carer.

Staff were warm and friendly and it was evident from discussions 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 and the training received. They said that the team communicated well and the manager was readily available to discuss any issues and concerns should they arise.

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 last inspection?

Areas for improvement from the last inspection on 22 June 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that records for the administration of thickening agents are accurately maintained.	Carried forward to the next inspection
	Action taken as confirmed during the inspection: Staff advised that thickening agents were not currently prescribed. This area for improvement will be reviewed at the next inspection.	
Area for improvement 2 Ref: Regulation 14 (2) (a) (c) Stated: First time	The registered person shall ensure that hazards to their safety and unnecessary risks to the health and welfare of residents are identified and so far as possible eliminated.	Met
	Action taken as confirmed during the inspection: This area for improvement was identified in relation to residents having unsupervised access to the kitchenettes. The kitchenettes were observed to be locked throughout the inspection.	
Action required to ensure compliance with Residential Care Homes Minimum Standards (2011)		Validation of compliance summary
Area for improvement 1 Ref: Standard 35 Stated: Second time	The registered person shall ensure that all pull cords throughout the home are fitted with washable covers in order to adhere to infection prevention and control best practice.	Met
	Action taken as confirmed during the inspection: The pull cords were observed to be washable. This was also confirmed by the manager via email following the inspection.	

<p>Area for improvement 2</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p>	<p>The registered person shall ensure that management systems are in place that support and promote the delivery of safe, quality care services, and that working practices are systematically audited and that action is taken when necessary.</p> <p>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.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 3</p> <p>Ref: Standard 30</p> <p>Stated: First time</p>	<p>The registered person shall ensure that regular use of medicines which are prescribed to be administered “when required” is referred to the prescriber for review.</p> <p>Action taken as confirmed during the inspection: There was evidence regular use of medicines which are prescribed to be administered “when required” was referred to the prescriber for review.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that care plans for adding medicines to food/drinks to assist swallowing contain sufficient detail to direct the required care.</p> <p>Action taken as confirmed during the inspection: Care plans for adding medicines to food/drinks to assist swallowing contained sufficient detail to direct the required care.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 30</p> <p>Stated: First time</p>	<p>The registered person shall implement a robust audit system which covers all aspects of the management of medicines. Action plans to address any identified shortfalls should be developed and implemented.</p> <p>Records should be available for inspection.</p> <p>Action taken as confirmed during the inspection: It was acknowledged that improvements in the auditing system had been implemented. However, shortfalls in the records of administration of medicines prescribed to be administered “when required” and a medication related incident had not been</p>	<p>Partially met</p>

	identified through the audit process. This area for improvement is therefore stated for a second time.	
Area for improvement 6 Ref: Standard 27 Stated: First time	The registered person shall ensure that the identified area is repaired, well maintained and decorated to an acceptable standard for the residents. 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.	Carried forward to the next inspection

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 residents' needs will change and therefore their medicines should be regularly monitored and reviewed. This is usually done by a GP, a 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 and hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. In line with safe practice, a second member of staff had verified and signed the personal medication records when they are written and updated to provide a check that they were accurate. Staff were reminded that obsolete personal medication records should be cancelled and archived. This is necessary to ensure that staff do not refer to obsolete directions in error and administer medicines incorrectly to the resident.

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 safe practice.

All residents should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets etc.

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 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" (PRN) basis for distressed reactions was reviewed for four residents. 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. Care plans directing the use of these medicines were available for three residents; it was agreed that a care plan would be written for the fourth resident following the inspection. Directions for use were clearly recorded on the personal medication records. The audits completed at the inspection indicated that records of administration had not been completed on four occasions recently. The reason for and outcome of administration were recorded on all occasions when the administration had been recorded. The registered person should ensure that records for the administration of PRN medicines are accurately maintained. See also Section 5.2.3

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. Two residents' records were reviewed; both residents had a pain management care plan and regular pain assessments were carried out by the staff.

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. Two staff were involved in checking and receiving the monthly medication order. It was agreed that staff would sign the records of receipt.

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. Medicine refrigerators and controlled drugs cabinets were being used appropriately.

A number of creams were stored in resident bathrooms. The manager advised that they were stored out of the reach of the residents. It was agreed that this would be risk assessed to ensure that there were no safety issues.

Discontinued medicines were returned to the community pharmacy for disposal. The senior carer was reminded that staff should sign the records of disposal. It was agreed that this would be implemented, and monitored through the audit process.

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.

A record of the administration of medicines was completed electronically. A sample of these records was reviewed and most were found to have been accurately completed. A prompt was in place to remind staff to record the administration of all regular medicines. However, the audits indicated that the administration of medicines which were prescribed to be administered PRN (diazepam, paracetamol) had not been completed on a number of occasions. The registered person should ensure that records for the administration of PRN medicines are accurately maintained. See also Section 5.2.1

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 in Schedules 2 and 3 were recorded in controlled drug record books. Robust arrangements were in place for the management of these medicines. However, no additional monitoring was observed for Schedule 4 controlled drugs, for example, diazepam, lorazepam and zopiclone prescribed for PRN administration. As minor discrepancies were identified in the administration of these medicines, it was agreed that additional monitoring checks would be implemented and that this would be monitored as part of the audit process.

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 process to ensure the safe management of medicines on admission/readmission to the home was examined for two residents. There was evidence that written confirmation of medication regimes had been received at the time of admission and shared with the community pharmacist. Personal medication records had been accurately written and checked by two trained staff and medicines had been accurately received into the home. Records of administration indicated that with the exception of one medicine, all prescribed medicines were being administered in accordance with the most recent directions. However, it was unclear if the correct dose of one medicine was being administered. The senior carer was requested to contact the prescriber following the inspection to confirm the prescribed dose. The registered person should investigate this discrepancy. An incident report form detailing the outcome of the investigation and action taken to prevent a recurrence should be forwarded to RQIA. An area for improvement was identified.

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 medicine related incident which had been reported to RQIA since the last inspection was discussed with the senior carer. There was evidence that the incident had been reported to the prescriber for guidance, investigated and learning shared with staff in order to prevent a recurrence.

The home's audit system helps staff to identify medicine related incidents. Management and staff were familiar with the type of incidents that should be reported. However, as detailed above discrepancies in the administration of some PRN medicines and one medicine prescribed for a recently admitted resident had not been identified through the home's audit process. This indicated that although improvements in the auditing system had been implemented, further improvements were necessary. An area for improvement was identified for the second time.

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. Policies and procedures should be up to date and readily available.

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.

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 with regards to medicines management.

The outcome of this inspection concluded that improvements in some areas for the management of medicines were necessary. One area for improvement in relation to the audit process was stated for a second time and two new areas for improvement were identified as detailed in the quality improvement plan.

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

7.0 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 the Residential Care Homes Minimum Standards (2021)

	Regulations	Standards
Total number of Areas for Improvement	3*	3*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Vigi Joby, Senior Carer, on the day of the inspection and with Mrs Diane Strong, Registered Manager, via telephone call, 13 December 2021, 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	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: From the date of the inspection (8 October 2020)	The registered person shall ensure that records for the administration of thickening agents are accurately maintained. 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
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: From the date of the inspection	The registered person shall ensure that records for the administration of "when required" medicines are accurately maintained. Ref: 5.2.1 & 5.2.3 Response by registered person detailing the actions taken: Daily audit of PRN medication has been introduced. Senior staff reminded to record date and time the medication was added to the trolley for use and of recording requirements.

<p>Area for improvement 3</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: 6 January 2021</p>	<p>The registered person shall investigate the apparent discrepancy in the administration of one medicine. An incident report form detailing the outcome of the investigation and action taken to prevent a recurrence shall be forwarded to RQIA.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken: Investigation and incident notification to RQIA have been completed. Reflective learning shared with the Senior Team.</p>
<p>Action required to ensure compliance with The Residential Care Homes Minimum Standards (2021)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 30</p> <p>Stated: Second time</p> <p>To be completed by: From the date of the inspection (6 December 2021)</p>	<p>The registered person shall implement a robust audit system which covers all aspects of the management of medicines. Action plans to address any identified shortfalls should be developed and implemented.</p> <p>Records should be available for inspection.</p> <p>Ref: 5.1, 5.2.2, 5.2.3 & 5.2.5</p> <p>Response by registered person detailing the actions taken: More robust audit system has been introduced. Seniors required to sign off action plan.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required (22 June 2021)</p>	<p>The registered person shall ensure that management systems are in place that support and promote the delivery of safe, quality care services, and that working practices are systematically audited and that action is taken when necessary.</p> <p>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.</p> <p>Ref: 5.1</p>
<p>Area for improvement 3</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2021</p>	<p>The registered person shall ensure that the identified area is repaired, well maintained and decorated to an acceptable standard for the residents.</p> <p>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.</p> <p>Ref: 5.1</p>

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