

Unannounced Medicines Management Inspection Report 23 January 2018



Millbrook Court

Type of service: Residential Care Home
Address: 228 Donaghadee Road, Bangor, BT20 4RZ
Tel No: 028 9146 2472
Inspector: Helen Daly

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 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 with 50 beds that provides care for residents who are living with dementia.

3.0 Service details

Organisation/Registered Provider: Fold Housing Association Responsible Individual: Mrs Fiona McAnespie	Registered Manager: Ms Siobhan (Diane) Strong
Person in charge at the time of inspection: Ms Siobhan (Diane) Strong	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) DE – dementia	Number of registered places: 50

4.0 Inspection summary

An unannounced inspection took place on 23 January 2018 from 10.20 to 15.55.

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 during and since the last medicines management inspection 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 medicines administration, the management of controlled drugs and staff interactions with residents.

Areas requiring improvement were identified in relation to staff training, governance, personal medication records and the cold storage of medicines. Improvements in the management of pain, distressed reactions and diabetes were also necessary.

Residents were complimentary about the care provided and the staff in the home.

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

*The total number of areas for improvement includes two which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Diane Strong, 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 most recent care inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 4 July 2017. Other than those actions detailed in the QIP 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 home 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 three residents, one care assistant, two senior care assistants and the registered manager.

A total of 10 questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA. Staff were invited to share their views by completing an online questionnaire.

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 | • medicine audits |
| • personal medication records | • policies and procedures |
| • medicine administration records | • care plans |
| • medicines disposed of or transferred | • training records |
| • controlled drug record book | • medicines storage temperatures |

Areas for improvement identified at the last medicines management inspection were reviewed and the assessment of compliance recorded as met, partially met, or not met.

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 4 July 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the care inspector at the next care inspection.

6.2 Review of areas for improvement from the last medicines management inspection dated 5 January 2015

Areas for improvement from the last medicines management inspection		
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 manager must ensure that the refrigerator temperature is maintained within 2°C to 8°C and that the appropriate action is taken should the temperatures deviate from the acceptable range.	Not met
	<p>Action taken as confirmed during the inspection: The current refrigerator temperature was being recorded each day. It was within the accepted range.</p> <p>However, the maximum and minimum temperatures were not being monitored and the thermometer was not being reset each day.</p> <p>This area for improvement was stated for a second time.</p>	

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).		Validation of compliance
Area for improvement 1 Ref: Standard 30 Stated: Second time	The registered manager should confirm that there is a policy in place for the management of hypoglycaemia in residents with diabetes.	Met
	Action taken as confirmed during the inspection: A standard operating procedure for diabetes management was available. This area for improvement as written has been addressed. However, the standard operating procedure was not being followed and hence a revised area for improvement was identified.	
Area for improvement 2 Ref: Standard 30 Stated: First time	The registered manager should ensure that training in the management of hypoglycaemia is provided for staff.	Met
	Action taken as confirmed during the inspection: The registered manager confirmed that training in the management of hypoglycaemia was provided for staff annually as part of the home's first aid training programme.	
Area for improvement 3 Ref: Standard 30 Stated: First time	The registered manager should review the management of 'when required' medicines for the treatment of distressed reactions to ensure that all of the appropriate records are maintained	Partially met
	Action taken as confirmed during the inspection: A review of the records for two residents indicated that care plans were not in place. The reason for and outcome of each administration was recorded on the electronic medication administration records. This area for improvement was stated for a second time.	

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.

The registered manager advised that medicines were managed by staff who have been trained and deemed competent to do so. Update training on medicines management was completed annually via e-learning. Competency assessments were completed annually. Records of medicines received, prescribed and administered were being maintained electronically. During the inspection staff on duty were unable to retrieve information from these records. This is unsatisfactory. All senior care assistants should receive further training to ensure that records of receipt, prescribing and administration can be accessed without delay. An area for improvement was identified.

In relation to safeguarding, the registered manager advised that staff were aware of the regional procedures and who to report any safeguarding concerns to.

The registered manager confirmed that systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available. There was no evidence that medicines were being omitted due to supply issues.

The management of antibiotics was reviewed. On the day of the inspection it was evident that the antibiotics had been dispensed on the day that the prescriptions had been issued (as detailed in the daily care records). However, records of receipt and administration were not readily accessible. The registered manager was able to access this information following the inspection and written confirmation that these medicines had been administered as prescribed was forwarded to RQIA on 23 January 2018. As detailed above, further training for senior care assistants is necessary. It was agreed that hand-written personal medication records and medication administration records would be brought into use if electronic records were not available at the commencement of antibiotic courses.

Prescriptions were received into the home and checked before being forwarded to the pharmacy for dispensing. Photocopies of prescriptions were available and handwritten personal medication records were maintained. An area for improvement in the standard of maintenance of the personal medication records were identified as detailed in Section 6.5.

There were procedures in place to ensure the safe management of medicines during a resident's admission to the home. It was noted that medicines had been confirmed verbally with the prescriber for one resident; written confirmation had not been received. The registered manager advised that this was not the usual practice and that this would be discussed with all senior care assistants and closely monitored. Due to these assurances an area for improvement was not 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.

Improvements in the management of diabetes were necessary. Care plans were not available on the day of the inspection and staff did not have ready access to information on the recognition and management of the signs of hypoglycaemia and hyperglycaemia. An area for improvement was identified. The registered manager forwarded a copy of a care plan to RQIA following the inspection but staff were unable to find it at the inspection; this is unsatisfactory.

Discontinued or expired medicines were returned to the community pharmacy for disposal.

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 current refrigerator temperature was being monitored and recorded each day and was within the recommended range. However, in order to ensure that the temperature is maintained within the recommended range at all times, the maximum and minimum temperatures must be recorded each day and the thermometer reset. An area for improvement was stated for the second time. It was agreed that the temperature of the treatment room would be monitored each day to ensure that it is maintained at or below 25°C.

Areas of good practice

There were examples of good practice in relation to the management of controlled drugs.

Areas for improvement

Senior care assistants who manage medicines must be provided with training on the electronic recording systems.

Detailed care plans for the management of diabetes should be in place and readily available for staff.

The maximum and minimum temperature of the refrigerator must be monitored each day to ensure that the temperature is maintained between 2°C and 8°C. The thermometer must be reset after the temperatures have been recorded. (See Section 6.2)

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

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

The sample of medicines examined had been administered in accordance with the prescriber’s instructions. There were arrangements in place to alert staff of when doses of weekly medicines were due.

When a resident was prescribed a medicine for administration on a ‘when required’ basis for the management of distressed reactions, the dosage instructions were recorded on the personal medication record. 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. The reason for and the outcome of administration were recorded on the electronic medication administration records. However, care plans directing the use of these medicines were not in place. An area for improvement was stated for the second time.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the resident was comfortable. Staff advised that only some residents could verbalise pain. Pain assessment tools had been completed with residents in August 2017 following the care inspection. However, care plans were not in place. Care plans detailing the reason for the pain, how the resident expresses their pain and any prescribed medicines should be in place. 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 resident's health were reported to the prescriber.

As detailed in Section 6.4 personal medication records and medication administration records were maintained electronically. Paper copies of the personal medication records were also maintained. The following improvements on the personal medication records were necessary:

- they must be up to date and reflect the currently prescribed medicines and nutritional supplements
- the strength of each medicine should be recorded
- there should be clear directions for eye preparations i.e. which eye

An area for improvement was identified.

Following discussion with the registered manager and staff, it was evident that when applicable, other healthcare professionals are contacted in response to medication related issues. Staff advised that they had good working relationships with healthcare professionals involved in resident care.

Areas of good practice

There were examples of good practice in relation to the administration of medicines.

Areas for improvement

The registered manager should review the management of 'when required' medicines for the treatment of distressed reactions to ensure that all of the appropriate records are maintained. The registered person should ensure that care plans for the management of distressed reactions are in place (See Section 6.2).

The registered person should ensure that care plans for the management of pain are in place.

The personal medication records should be up to date and contain all the necessary detail.

	Regulations	Standards
Total number of areas for improvement	0	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 had been completed prior to the commencement of this inspection and was not observed.

Throughout the inspection, 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.

The residents spoken to at the inspection advised that they had no concerns in relation to the management of their medicines. They confirmed that they were not in pain and that their requests for medicines prescribed on a "when required" basis were adhered to. They were complimentary regarding staff and management. Comments included:

- "It's very good here; the staff are great."
- "You wouldn't get better staff."

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As part of the inspection process, we issued 10 questionnaires to residents and their representatives. One relative completed and returned a questionnaire within the specified timeframe. Comments received were positive; with responses recorded as 'satisfied' with the care provided in the home.

Areas of good practice

Staff listened to residents and relatives 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.

The registered manager advised that written policies and procedures for the management of medicines were in place and that they included the electronic personal medication records and medication administration records.

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

The registered manager advised that six medicines were audited each month and that this included an audit of the personal medication records and the medication administration records. In addition, a quarterly audit was completed by the community pharmacist. A review of the audit records indicated that largely satisfactory outcomes had been achieved. The areas identified for improvement at this inspection had not been picked up through the current auditing systems. A robust audit tool must be implemented. Action plans to address any shortfalls should be completed. An area for improvement was identified.

Following discussion with the registered manager and care staff, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management. As discussed in Section 6.4 all senior care assistants who administer medicines must receive adequate training on the electronic recording systems and be able to retrieve any records without delay.

Two areas for improvement identified at the last medicines management inspection had not been addressed effectively. To ensure that these are fully addressed and the improvement sustained, it was suggested that the QIP should be regularly reviewed as part of the quality improvement process.

The three staff spoken to during the inspection confirmed that any concerns in relation to medicines management were raised with management. They advised that management were open and approachable and willing to listen. One member of staff advised that they often felt under pressure due to staff shortages. On the day of the inspection only one senior care assistant was on shift (for approximately four hours) as the second senior care assistant had to leave to attend an external appointment. The registered manager was in a care meeting and was dealing with telephone queries. This was discussed with the registered manager, care inspector and senior pharmacist inspector.

Twelve members of staff shared their views by completing an online questionnaire. Some of the comments received were not positive; with responses recorded as 'very unsatisfied' or 'unsatisfied' with regards to care and the management of the home. The issues raised were referred to the Safeguarding Team and discussed in detail with Mrs Fiona McAnespie, Responsible Person, via telephone call, 14 February 2018.

Areas of good practice

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

Areas for improvement

The registered person must implement a robust audit tool in order to identify any shortfalls in the management of medicines.

	Regulations	Standards
Total number of areas for improvement	1	0

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 Mrs Diane Strong, Registered Manager, as part of the inspection process. 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 the Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 13(4)</p> <p>Stated: Second time</p> <p>To be completed by: 23 February 2018</p>	<p>The registered manager must ensure that the refrigerator temperature is maintained within 2°C to 8°C and that the appropriate action is taken should the temperatures deviate from the acceptable range.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Senior team is aware of the temperature limits and recording requirements for the medication storage room and refrigerator. The current form has been adapted to improve its clarity and include the room's temperature.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 20(1)</p> <p>Stated: First time</p> <p>To be completed by: 23 February 2018</p>	<p>The registered person shall ensure that senior care assistants who manage medicines are provided with further training on the electronic recording systems.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The knowledge and competence of each member of the Senior team has been assessed and confirmed by the Registered Manager.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p> <p>To be completed by: 23 February 2018</p>	<p>The registered person shall implement a robust audit tool in order to identify and address any shortfalls in the management of medicines.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The existing audit tool has been enhanced to provide more comprehensive oversight of the medications which are spot checked each month. These will be subject to audit as part of the monthly monitoring visit.</p>

Action required to ensure compliance the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)	
Area for improvement 1 Ref: Standard 30 Stated: Second time To be completed by: 23 February 2018	<p>The registered manager should review the management of 'when required' medicines for the treatment of distressed reactions to ensure that all of the appropriate records are maintained</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Detailed care plans are in place for all residents who are in receipt of medications for the treatment of distressed reactions. On line medication records document their effectiveness.</p>
Area for improvement 2 Ref: Standard 30 Stated: First time To be completed by: 23 February 2018	<p>The registered person shall review the management of diabetes to ensure that detailed care plans are in place and readily accessible to staff.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Detailed diabetes care plans are in place for each resident who requires it.</p>
Area for improvement 3 Ref: Standard 30 Stated: First time To be completed by: 23 February 2018	<p>The registered person shall review the management of pain to ensure that detailed care plans are in place.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Detailed care plans are in place for all residents who receive analgesic medication.</p>
Area for improvement 4 Ref: Standard 31	<p>The registered person shall review the standard of maintenance of the personal medication records.</p>

<p>Stated: First time</p> <p>To be completed by: 23 February 2018</p>	Ref: 6.5
	<p>Response by registered person detailing the actions taken: A review of all Central Prescription Records has been completed. These records are subject to monthly audit by the Registered Manager and oversight as part of the monthly monitoring visit.</p>

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



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