

Unannounced Follow up Medicines Management Inspection Report 3 October 2018



Millbrook Court

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

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 provider 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 and support for residents who are living with dementia.

3.0 Service details

Organisation/Registered Provider: Radius Housing Association Responsible Individual: Mrs Fiona McAnespie	Registered Manager: Ms Siobhan (Diane) Strong
Person in charge at the time of inspection: Ms 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 3 October 2018 from 10.45 to 14.30.

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 focus was to assess progress with the areas for improvement identified during and since the last medicines management inspection and to review:

- the storage of medicines which require cold storage
- the governance and auditing arrangements
- the confirmation of medication regimens on admission

RQIA were concerned regarding the lack of progress in addressing some of the areas for improvement identified at the last two medicine management inspections. Mrs Fiona McAnespie, Responsible Individual, was invited to a meeting in RQIA on 30 May 2018 where she provided an action plan detailing how the on-going issues would be addressed. Due to the assurances provided it was decided that enforcement action would not be taken but that this further follow up inspection would be planned to examine if the necessary improvements had been implemented and sustained.

Evidence of good practice was found in relation to medicines administration, medicine records, medicine storage and the management of controlled drugs. The registered manager advised that plans were in place to continue to complete audits so that the improvements noted are sustained.

One area for improvement in relation to care planning and records of administration of thickening agents was identified.

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	1	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Ms 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 medicine management inspection

The most recent inspection of the home was an unannounced follow up medicines management inspection undertaken on 23 May 2018. 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, however, the responsible individual was invited to attend a meeting in RQIA (See Section 4.0).

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of incidents; it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection.

During the inspection we met with three senior care assistants and the registered manager.

A sample of the following records was examined:

- medicines requested and received
- personal medication records
- medicine administration records
- medicines disposed of or transferred
- controlled drug record book
- medicine audits
- care plans
- training records
- medicines storage temperatures

Areas for improvements identified at the last medicines management inspection were reviewed and 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 last medicines management inspection dated 23 May 2018

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: Third and final 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.	Met
	Action taken as confirmed during the inspection: The daily temperature recordings indicated that the medicine refrigerator temperature was maintained between 2°C to 8°C.	
Area for improvement 2 Ref: Regulation 13 (4) Stated: Second time	The registered person shall implement a robust audit tool in order to identify and address any shortfalls in the management of medicines.	Met
	Action taken as confirmed during the inspection: Monthly audits were carried out by the registered manager and the care and support manager. Action plans to address shortfalls were completed.	
Area for improvement 3 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that written confirmation of current medication regimens is requested from the prescriber for all new admissions to the home.	Met
	Action taken as confirmed during the inspection: Written confirmation of current medication regimens had been received for new admissions to the home. A copy was available in the medicines folder.	

6.2 Inspection findings

The storage of medicines which require cold storage

A new refrigerator and thermometer had been obtained following the last medicines management inspection. Senior care assistants had received further training on how to monitor the refrigerator temperature and the action to be taken if the temperature was outside the recommended range (2°C to 8°C). Detailed directions on how to use the thermometer were available in the treatment room. Satisfactory daily temperature recordings were observed.

Governance and auditing

The registered manager completes audits on the management of medicines at monthly intervals. These audits now cover all aspects of the management of medicines, including record keeping, storage, administration, controlled drugs and care planning. Action plans to address any shortfalls identified were shared with senior care assistants.

The care and support manager completes an additional half day audit each month focusing on medication. This audit includes observation of the medicine round and a review of care plans.

The management of medicines on admission

We reviewed the management of medicines on admission for four residents. Written confirmation of medication regimens had been received. Hand-written personal medication records and medication administration records had been verified and signed by two senior care assistants. This was an improvement from the last two inspections. For three of the residents, the audits which were carried out were correct. However, for the fourth resident the audits could not be completed as the records of medicines received into the home were unclear/incorrect. It was agreed that the registered manager would review all new admissions to the home on the day of their admission to ensure that records of medicines received were accurately maintained. Due to the assurances provided and the improvements noted, this area for improvement was assessed as met.

Additional areas examined

We reviewed the management of dysphagia. Records of prescribing of thickening agents were in place. However, senior care assistants were not recording administration and care assistants were recording administration on some occasions only. Speech and language assessment reports were in place but the use of thickening agents was not recorded in the care plans. Care plans should be updated and accurate records of administration should be in place. An area for improvement was identified.

Areas for improvement

The registered person shall ensure that detailed care plans are in place for dysphagia. Records of administration of thickening agents shall be accurately maintained.

	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 Ms 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 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: First time</p> <p>To be completed by: 3 November 2018</p>	<p>The registered person shall review and revise the management of thickening agents as detailed in the report.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The management of thickening agents has been reviewed as detailed in the report. This information has been shared with all staff. Use of thickening agents has been added to the relevant resident care plans and Senior and Care staff records confirm administration.</p>

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



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