

Unannounced Follow Up Medicines Management Inspection Report 23 May 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

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: 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 May 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 any areas for improvement identified during and since the last medicines management inspection and to review the management of:

- the storage of medicines which require cold storage
- training on the electronic system for recording the prescribing, administration and receipt of medicines
- governance and auditing
- care plans for the management of distressed reactions, pain and diabetes
- the standard of maintenance of the personal medication records
- the management of medicines on admission

RQIA were concerned regarding the lack of progress in addressing some of the areas for improvement identified at the last medicines management inspection and the responsible individual, Mrs Fiona McAnespie, was invited to a meeting in RQIA on 30 May 2018 where she provided assurance that the issues would be addressed.

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*	0

*The total number of areas for improvement includes one in relation to the regulations which has been stated for a third and final time and one in relation to the regulations which has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mrs Diane Armstrong, 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

No further actions were required to be taken following the most recent unannounced care inspection on 18 February 2018.

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 incidents; it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection.

During the inspection the inspector met with several residents, one relative, one care assistant, two senior care assistants and the registered manager.

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

A sample of the following records was examined during the inspection:

- 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 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 18 February 2018

The most recent inspection of the home was an unannounced care inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last medicines management inspection dated 23 January 2018

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13(4) Stated: Second 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
	Action taken as confirmed during the inspection: Current, maximum and minimum temperatures were being recorded twice daily. Several of the recordings were outside the accepted range. This had not been identified during the internal audits.	
	The thermometer was reset at the start of the inspection and satisfactory temperatures were observed.	
	Guidance on resetting the thermometer and the recommended temperatures was given to the registered manager and one of the senior carers during the inspection.	
	The registered manager advised that an easy read thermometer would be obtained.	

	<p>Following discussion with the responsible individual(see section 4.0) this area for improvement was stated for the third and final time</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 20(1)</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: The registered manager advised that all senior carers received training on the electronic recording systems following the last medicines management inspection. The two senior carers on duty were able to retrieve all the required information from the recording system.</p> <p>Records of the training had not been maintained. The registered manager advised that the training records would be updated following this inspection. Records of the competency assessments which had been completed following the training were in place.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: The registered manager had completed some audits in January and February 2018 and the findings had been shared with staff for improvement.</p> <p>However, the auditing system was not robust as not all areas for improvement identified or discussed at the last inspection had been addressed.</p> <p>This area for improvement was stated for a second time.</p>	<p>Partially met</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		Validation of compliance
Area for improvement 1 Ref: Standard 30 Stated: Second 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	Met
	Action taken as confirmed during the inspection: Care plans for the management of distressed reactions were in place. The reason for and outcome of administration were recorded in the electronic medication administration records.	
Area for improvement 2 Ref: Standard 30 Stated: First time	The registered person shall review the management of diabetes to ensure that detailed care plans are in place and readily accessible to staff.	Met
	Action taken as confirmed during the inspection: Care plans were in place and available for reference.	
Area for improvement 3 Ref: Standard 30 Stated: First time	The registered person shall review the management of pain to ensure that detailed care plans are in place.	Met
	Action taken as confirmed during the inspection: Care plans for the management of pain were in place.	

Area for improvement 4 Ref: Standard 31 Stated: First time	The registered person shall review the standard of maintenance of the personal medication records.	Met
	Action taken as confirmed during the inspection: Significant improvements in the standard of maintenance of the personal medication records were observed. Some discrepancies were discussed and assurances were provided that the personal medication records would be included in the home's audit process. Due to the assurances provided on the day of the inspection and at the meeting (See Section 4.0) this area for improvement was assessed as met and not restated.	

6.3 Inspection findings

The storage of medicines which require cold storage

Current, maximum and minimum temperatures were being recorded twice daily. Several of the recordings were outside the accepted range and staff on duty were unable to explain the readings observed. The thermometer was reset at the start of the inspection and satisfactory temperatures were observed.

The incorrect use of the thermometer had not been identified and rectified as part of the home's audit procedures. Guidance on resetting the thermometer and the recommended temperatures was given to the registered manager and one of the senior carers. The registered manager advised that an easy read thermometer would be obtained.

The area for improvement, in relation to the regulations, was stated for the third and final time

Training on the electronic system for recording the prescribing, administration and receipt of medicines.

Training on electronic records was provided for all senior carers following the last medicines management inspection. This training was delivered by the registered manager. Records of the training had not been maintained. However, records of the competency assessments which were completed following the training were available.

The two senior carers on duty were able to retrieve all the required information from the electronic recording system indicating that this area for improvement had been addressed.

Governance and auditing

The registered manager had completed some audits in January 2018 and February 2018 and the findings had been shared with staff for improvement. However there was no evidence that internal audits for March, April and May 2018 had been completed.

Running stock balances were maintained for all medicines following completion of the electronic medication administration records. A review of these audits indicated that largely satisfactory outcomes had been achieved. However as detailed in Section 6.2 not all of the areas for improvement which were identified at the last medicines management inspection had been addressed. The findings of this inspection indicated that a comprehensive auditing system must be implemented and completed regularly.

The area for improvement, in relation to the regulations, which was identified at the last medicines management inspection was stated for a second time

Care plans for the management of distressed reactions, pain and diabetes

A review of six care plans indicated that detailed care plans were in place for the management of distressed reactions, pain and diabetes. Staff are prompted by the electronic medication administration recording system to record the reason for and outcome of administration of “when required” medicines. The care plan for the management of diabetes could not be found at the start of the inspection as it had been archived in error. This was addressed during the inspection.

Personal medication records

Significant improvements in the standard of maintenance of the personal medication records were observed. The majority of the medicine records had been well maintained. However some personal medication records had not been updated in a timely manner and a number of entries had not been verified and signed by two members of staff. Personal medication records should be up to date and reflect the prescribers’ most recent directions. Due to the improvements observed since the last medicines management inspection and the assurances provided that the personal medication records would be included in the home’s audit process an area for improvement was not identified.

Management of medicines on admission

At the last medicines management inspection medicines had not been confirmed on admission for one resident. We were advised that this was an oversight and hence an area for improvement had not been identified. We reviewed the management of medicines on admission for two residents and robust procedures were not observed. For one resident written confirmation of their medication regimen had not been requested from the prescriber and for the second resident the hospital discharge letter had been misplaced. In order to ensure safe and effective care medicines must be confirmed in writing with the prescriber on admission. An area for improvement was identified.

Areas for improvement

Current medication regimens should be confirmed in writing with the prescriber.

Two areas for improvement in relation to the internal auditing systems and the management of fridge temperatures were identified for the second and third time respectively.

	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: Third and final time</p> <p>To be completed by: 23 June 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 and 6.3</p> <p>Response by registered person detailing the actions taken: A new fridge and thermometer have been purchased and installed in the medication storage area. All Senior staff have been retrained regarding this requirement.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: Second time</p> <p>To be completed by: 23 June 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: 6.2 and 6.3</p> <p>Response by registered person detailing the actions taken: Audit requirements have been re stated for the Registered Manager and the designated person, monthly audit enhanced to provide a more robust review.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: 23 June 2018</p>	<p>The registered person shall ensure that written confirmation of current medication regimens is requested from the prescriber for all new admissions to the home.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Registered Manger and Senior team have been informed that no admissions are permitted to the home without written confirmation of current medication regimens.</p>

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



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