



# Unannounced Follow Up Medicines Management Inspection Report 24 May 2019



## Millbrook Court

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

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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 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

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

### 4.0 Inspection summary

An unannounced inspection took place on 24 May 2019 from 10.10 to 14.20.

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 area for improvement identified during and since the last medicines management inspection which took place on 3 October 2018:

- the management of thickening agents

Evidence of good practice was found in relation to the management of controlled drugs, pain and distressed reactions.

One area for improvement in relation to the management of antibiotics was identified.

The improvements which had been implemented were acknowledged. These must be sustained in order to ensure that staff deliver safe and effective care.

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
<b>Total number of areas for improvement</b>	1	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Ms Vigi Joby, Senior Care Assistant, and Ms Diane Strong, Registered Manager, via telephone call, 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 finance inspection

The most recent inspection of the home was an unannounced finance inspection undertaken on 16 January 2019. 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 service 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 we met with four residents, two care assistants, one acting senior care assistant and one senior care assistant.

A sample of the following records was examined:

- personal medication records
- medicine administration records
- medicines requested and received
- controlled drug record book
- care plans
- medicines transferred out of the home
- training records
- medicines storage temperatures

Areas for improvement 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 registered manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 16 January 2019

The most recent inspection of the home was an unannounced finance inspection. The completed QIP was approved by the finance inspector.

### 6.2 Review of areas for improvement from the last medicines management inspection dated 3 October 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
<b>Area for improvement 1</b>  <b>Ref: Regulation 13(4)</b>  <b>Stated: First time</b>	The registered person shall review and revise the management of thickening agents as detailed in the report.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Up to date care plans and speech and language assessment reports were in place. Records of prescribing and administration were in place.	

## 6.3 Inspection findings

See Section 6.2

### Additional areas examined

The management of antibiotics

We reviewed the management of antibiotics for two residents. There was evidence that the antibiotics had been received into the home and commenced without delay. However, we noted that two doses had been omitted in error even though the antibiotic had been recorded on the personal medication record and medication administration record. An area for improvement was identified.

The storage of medicines which require cold storage

Satisfactory recordings were observed for the daily treatment room and refrigerator temperatures indicating the improvements noted at the last medicines management inspection had been sustained.

## The management of medicines on admission

We reviewed the management of medicines on admission for two residents. The registered manager advised (via telephone call on 29 May 2019) that she had been involved in both admissions and that the medicines had been confirmed in writing with the prescribers. The personal medication records were written and verified by two members of staff. The medicines were accurately received and the audits indicated that they had been administered as prescribed.

## The standard of maintenance of the personal medication records

The majority of the personal medication records had been maintained in a satisfactory manner. The registered manager and staff were reminded that obsolete personal medication records should be cancelled and archived, that the date of prescribing should be recorded and that where medicines are administered by the community nursing team this should be recorded on the personal medication record.

## The management of warfarin

Care plans were in place and written confirmation of warfarin dosage directions were obtained. Separate records of administration were maintained and daily stock balances were maintained. The need for any transcribing to be verified and signed by two members of staff was discussed with the registered manager. It was agreed that staff would refer to the original dosage directions and hence transcribing would not be necessary.

## Areas of good practice

Areas of good practice were observed the management of controlled drugs, pain and distressed reactions.

## Areas for improvement

One area for improvement in relation to the management of antibiotics was identified.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13(4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 24 June 2019</p>	<p>The registered person shall ensure that antibiotics are administered as prescribed.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> This has been addressed with all of the Senior team. On the day of the Inspection an additional antibiotic alert notice was placed on the relevant medication trolleys as a secondary prompt for all Senior staff..</p>
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*\*Please ensure this document is completed in full and returned via the Web Portal\**





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