



## **RESIDENTIAL CARE HOME MEDICINES MANAGEMENT INSPECTION REPORT**

**Inspection No:**

**Establishment ID No:**

**1636**

**Name of Establishment:**

**Millbrook Court**

**Date of Inspection:**

**5 January 2015**

**Inspector's Name:**

**Cathy Wilkinson**

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
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## 1.0 GENERAL INFORMATION

<b>Name of home:</b>	Millbrook Court
<b>Type of home:</b>	Residential Care Home
<b>Address:</b>	228 Donaghadee Road Bangor BT20 4RZ
<b>Telephone number:</b>	(028) 9146 2472
<b>E mail address:</b>	diane.strong@foldgroup.co.uk
<b>Registered Organisation/ Registered Provider:</b>	Fold Housing Association Ms Fiona McAnespie
<b>Registered Manager:</b>	Ms Siobhan Diane Strong
<b>Person in charge of the home at the time of inspection:</b>	Ms Siobhan Diane Strong
<b>Categories of care:</b>	RC-DE
<b>Number of registered places:</b>	50
<b>Number of residents accommodated on day of inspection:</b>	47
<b>Date and time of current medicines management inspection:</b>	5 January 2015 10:45 – 13:00
<b>Name of inspector:</b>	Cathy Wilkinson
<b>Date and type of previous medicines management inspection:</b>	1 August 2011 Unannounced

## 2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year is required.

This is the inspection report of an unannounced medicines management inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

### PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service provided to residents was in accordance with their assessed needs and preferences and was in compliance with legislative requirements and current minimum standards, through a process of evaluation of available evidence.

RQIA aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the management of medicines in the home, and to determine and assess the home's implementation of the following:

The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003

The Residential Care Homes Regulations (Northern Ireland) 2005

The Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

### METHODS/PROCESS

Discussion with Ms Diane Strong, Registered Manager  
Audit trails carried out on a sample of randomly selected medicines  
Review of medicine records  
Observation of storage arrangements  
Spot-check on policies and procedures  
Evaluation and feedback

This unannounced inspection was undertaken to examine the arrangements for the management of medicines within the home, and to examine the steps being taken to improve the standards in place for the management of medicines since the previous inspection.

## HOW RQIA EVALUATES SERVICES

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards (2011) and to assess progress with the issues raised during and since the previous inspection:

Standard 30: Management of Medicines

Standard Statement - Medicines are handled safely and securely

Standard 31: Medicine Records

Standard Statement - Medicine records comply with legislative requirements and current best practice

Standard 32: Medicines Storage

Standard Statement - Medicines are safely and securely stored

An outcome level was identified to describe the service's performance against each criterion that the inspector examined. Table 1 sets the definitions that RQIA has used to categorise the service's performance:

**Table 1: Compliance statements**

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and being made within the inspection report.

### **3.0 PROFILE OF SERVICE**

Millbrook Court was completed in 1995 to provide Housing-with-Care accommodation that has been designed to meet the needs of 50 older people with dementia in en-suite single room accommodation. The home is situated in Bangor, approximately one mile from the town centre and is located within the geographical area of the South Eastern Health and Social Care Trust.

The accommodation is purpose built to promote independence, ensure privacy and security in a caring, comfortable and relaxed setting. The home is divided up into different areas although residents can freely move between areas. Lounge and dining rooms are provided in each area. Each dining room has a fitted kitchen area where residents and their visitors can avail of tea making facilities or making snacks if they wish. Communal living rooms are also situated just off the main reception area.

The home has a mature garden around the perimeter of the home and a courtyard garden with adequate seating areas, is accessible by public transport and there are adequate car parking spaces available.

Ms Diane Strong is the registered manager and has been in post since 1999.

### **4.0 EXECUTIVE SUMMARY**

An unannounced medicines management inspection of Millbrook Court was undertaken by Cathy Wilkinson, RQIA Pharmacist Inspector, on 5 January 2015 between 10:45 and 13:00. This summary reports the position in the home at the time of the inspection.

The purpose of this inspection was to consider whether the service provided to residents was in compliance with legislative requirements and current minimum standards, through a process of evaluation of the available evidence. The inspector examined the arrangements for medicines management within the home and focused on three of the four medicine standards in the DHSSPS Residential Care Homes Minimum Standards (2011):

- Standard 30: Management of Medicines
- Standard 31: Medicine Records
- Standard 32: Medicines Storage

During the course of the inspection, the inspector met with Ms Diane Strong, Registered Manager, and staff on duty. The inspector observed practices for medicines management in the home, inspected storage arrangements for medicines, examined a selection of medicine records and conducted an audit of a sample of randomly selected medicines.

This inspection indicated that the arrangements for the management of medicines in Millbrook Court are substantially compliant with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found no significant areas of concern; however, some areas for improvement were noted.

Since the previous inspection RQIA has monitored the management of medicines in the home through the reporting of medicine incidents and discussion with other inspectors.

The requirements and recommendations which were made at the previous medicines management inspection were reviewed. The inspector's validation of compliance is detailed in Section 5 of this report.

The outcomes of the audits which were carried out at this inspection indicated that medicines are being administered as prescribed.

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.

There is a programme of medicines management training. Staff should be provided with further training on the management of hypoglycaemia.

Records had been maintained in a satisfactory manner.

Storage was observed to be tidy and organised. The management of the medicines refrigerator requires further attention to ensure that it is maintained within the required temperature range and the thermometer is reset daily.

The inspection attracted one requirement and three recommendations. These are detailed in the Quality Improvement Plan.

The inspector would like to thank the registered manager and staff on duty for their assistance and co-operation throughout the inspection.

## 5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 1 August 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	Liquid and inhaled medicines should be closely monitored as part of the home's routine audit arrangements.  <b>Stated once</b>	No discrepancies were noted in the audits completed on these medicines.	<b>Compliant</b>
2	13(4)	The registered manager must review the arrangements for auditing medicines management to ensure that evidence of all audit activity is recorded and retained on file.  <b>Stated once</b>	Evidence of audit activity was provided for inspection.	<b>Compliant</b>
3	13(4)	The necessary arrangements must be put in place to ensure that personal medication records are fully and accurately maintained.  <b>Stated twice</b>	Personal medication records contained all of the required information and were up to date.	<b>Compliant</b>
4	13(4)	The necessary arrangements must be put in place to ensure that MARs sheets are fully and accurately maintained.  <b>Stated once</b>	MARs sheets had been fully and accurately maintained.	<b>Compliant</b>



NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
5	13(4)	<p>A record of the administration of all prescribed medicines including those administered by care assistants must be maintained.</p> <p><b>Stated once</b></p>	<p>Care assistants administer external medicines and food supplements. The administration is recorded on Topical MARs sheets by the care assistants.</p>	<p><b>Compliant</b></p>

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	30	Examination of the personal medication record and the MARs sheets should form part of the home's routine audit procedure.  <b>Stated once</b>	Personal medication records and MARs sheets had been satisfactorily maintained	<b>Compliant</b>
2	31	The registered manager should confirm that there is a policy in place for the management of hypoglycaemia in patients with diabetes.  <b>Stated once</b>	This could not be confirmed at the time of the inspection. Further training on the signs and symptoms of hypoglycaemia is also recommended.  <b>This recommendation has been restated</b>	<b>Not compliant</b>
3	33	The administration of controlled drugs should be witnessed by a second member of staff.  <b>Stated once</b>	The administration of controlled drugs is witnessed.	<b>Compliant</b>

## SECTION 6.0

### STANDARD 30 - MANAGEMENT OF MEDICINES Medicines are handled safely and securely.

<b>Criterion Assessed:</b> 30.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
<p>This inspection indicated that the arrangements for the management of medicines were compliant with legislative requirements and current minimum standards.</p> <p>The range of audit trails, which was performed on randomly selected medicines during the inspection, indicated that a satisfactory correlation existed between the prescribed instructions, patterns of administration and stock balances of medicines.</p> <p>Prescriptions are received and checked by the home before being dispensed by the pharmacy.</p> <p>The registered manager advised that written confirmation of current medication regimes is obtained from a health care professional for new admissions to the home.</p>	Compliant
<b>Criterion Assessed:</b> 30.2 The policy and procedures cover each of the activities concerned with the management of medicines.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
<p>Policies and procedures for the management of medicines, including standard operating procedures for the management of controlled drugs, are in place. They were not examined during this inspection. A policy for the management of hypoglycaemia should be in place. This recommendation has been restated.</p>	Substantially compliant

## STANDARD 30 - MANAGEMENT OF MEDICINES

<p><b>Criterion Assessed:</b> 30.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.</p>	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
<p>The registered manager advised that training on the management and administration of medicines is provided for designated staff annually. Competency assessments are also completed annually and more often if required. Samples were provided for inspection.</p> <p>There is a list of the names, signatures and initials of senior staff who have been trained and deemed competent to administer medicines.</p>	Compliant
<p><b>Criterion Assessed:</b> 30.4 The impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of staff.</p>	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
<p>The registered manager advised that supervisions are carried out with staff at regular intervals and there is annual staff appraisal.</p>	Compliant
<p><b>Criterion Assessed:</b> 30.5 When necessary, in exceptional circumstances, training in specific techniques (e.g. the administration of medicines using invasive procedures; the administration of medicines through a PEG-tube; the administration of medicines in treating a life threatening emergency) is provided for named staff by a qualified healthcare professional in accordance with legislative and professional guidelines.</p>	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
<p>Training in the management of hypoglycaemia should be provided for staff. A recommendation has been made.</p>	Substantially compliant

## STANDARD 30 - MANAGEMENT OF MEDICINES

<b>Criterion Assessed:</b> 30.6 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
The home has a procedure to report medicine incidents. No medication incidents have been reported to RQIA since April 2014.	Compliant
<b>Criterion Assessed:</b> 30.7 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Out of date and discontinued medicines are returned to the community pharmacy.	Compliant
<b>Criterion Assessed:</b> 30.8 Practices for the management of medicines are systematically audited to ensure they are consistent with the home's policy and procedures, and action is taken when necessary.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Recorded evidence of the medicines management audit activity is maintained. The registered manager completes an audit monthly and this is supplemented by a quarterly audit completed by the community pharmacy.  The date and time of opening had been recorded on medicine containers which facilitates the audit process.	Compliant
<b>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant

**STANDARD 31- MEDICINE RECORDS**  
**Medicine records comply with legislative requirements and current best practice.**

<b>Criterion Assessed:</b> 31.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.	Compliant
<b>Criterion Assessed:</b> 31.2 The following records are maintained: <ul style="list-style-type: none"> <li>• Personal medication record</li> <li>• Medicines administered</li> <li>• Medicines requested and received</li> <li>• Medicines transferred out of the home</li> <li>• Medicines disposed of.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
The personal medication records and medication administration records which were reviewed at this inspection had been maintained in a satisfactory manner. Staff are commended for their ongoing efforts.  Records for the receipt and disposal of medicines had been maintained in a satisfactory manner.	Compliant
<b>Criterion Assessed:</b> 31.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Schedule 2 controlled drugs are not currently prescribed for any residents.	Not applicable

**STANDARD 31- MEDICINE RECORDS**

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b> Compliant
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**STANDARD 32 - MEDICINES STORAGE**  
**Medicines are safely and securely stored.**

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
32.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	
<b>Inspection Findings:</b>	
<p>Satisfactory arrangements were observed to be in place for the storage of medicines. There was sufficient storage space for medicines within the medicine trolleys and the overstock cupboard.</p> <p>The refrigerator temperature is monitored daily. It was observed that the maximum and minimum temperatures of the medicines refrigerator had been outside of the acceptable range of 2°C to 8°C. There was evidence that the thermometer is not routinely reset. The registered manager must ensure that appropriate action is taken should the temperatures deviate from the acceptable range. A requirement has been made.</p>	Substantially compliant



## STANDARD 32 - MEDICINES STORAGE

<p><b>Criterion Assessed:</b> 32.2 The key of the controlled drug cabinet is carried by the person-in-charge. Keys to all other medicine cupboards and trolleys are securely held by either the person-in-charge or by a designated member of staff. The safe custody of spare keys is the responsibility of the registered manager.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>The keys of the medicine trolleys were observed to be in the possession of the registered manager.</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b> 32.3 Quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled on each occasion when responsibility for safe custody is transferred.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>Schedule 2 controlled drugs are not prescribed for any residents. Reconciliation checks are completed for Schedule 3 controlled drugs. There was evidence that the balance of one supply of patches had been amended for several consecutive days. The registered manager should ensure that the reconciliation checks are robust. This was discussed with the registered manager following the inspection.</p>	<p>Substantially compliant</p>
<p><b>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Substantially compliant</p>

## 7.0 ADDITIONAL AREAS EXAMINED

### Management of Medicines for Distressed Reactions

The management of medicines for two residents who were prescribed anxiolytic or antipsychotic medicines for distressed reactions was reviewed. Both residents were receiving these medicines regularly. There was no care plan in place to direct the management of distressed reactions and the administration of these medicines. The administration had been recorded on the MARs sheets; however, the reason for the administration and the outcome following administration had not been documented. The management of 'when required' medicines for the management of distressed reactions must be reviewed to ensure that all appropriate records are maintained. The residents' general practitioner should be requested to review those medicines which are required regularly but are prescribed on a 'when required' basis. A recommendation has been made.

## 8.0 QUALITY IMPROVEMENT PLAN

All registered establishments and agencies are required to comply with The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the 2003 Order) and the subordinate regulations specific to the particular service being provided.

Registered providers / managers are also expected to ensure that their service operates in accordance with the minimum standards relevant to their establishment or agency that have been issued by the Department of Health, Social Services and Public Safety (DHSSPS).

Enforcement action is an essential element of the responsibilities of RQIA under the 2003 Order, and is central to the aim of RQIA to protect the safety of residents and to bring about sustained improvements in the quality of service provision.

In line with the principles set out in the Enforcement Policy, RQIA will normally adopt a stepped approach to enforcement where there are areas of concern. Any enforcement action taken by RQIA will be proportionate to the risks posed to residents and the seriousness of any breach of legislation.

The Quality Improvement Plan (QIP) appended to this report details the action required to ensure compliance with legislation and improvement in the quality of the service. These details were discussed with **Ms Diane Strong, Registered Manager**, as part of the inspection process. The registered provider must record comments on the QIP and return it to RQIA within the required timeframe.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement action. It should also be noted that under the 2003 Order, failure to comply with some regulations is considered to be an offence and RQIA has the power to prosecute in conjunction with other enforcement action, for example place conditions on registration.

Enquiries relating to this report should be addressed to:

**Cathy Wilkinson**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



**QUALITY IMPROVEMENT PLAN**

**RESIDENTIAL CARE HOME**  
**UNANNOUNCED MEDICINES MANAGEMENT INSPECTION**

**MILLBROOK COURT**  
**5 JANUARY 2015**

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with **Ms Diane Strong, Registered Manager**, during the inspection visit.

The timescales for completion commence from the date of inspection.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. 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.

**STATUTORY REQUIREMENTS**

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Care Homes Regulations (NI) 2005.

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	13(4)	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.  <b>Ref: Criterion 32.1</b>	One	Staff have been reminded of this regulation, more frequent checks to ensure compliance will be carried out by RM	5 February 2015

**RECOMMENDATIONS**

These recommendations are based on the Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	30	The registered manager should confirm that there is a policy in place for the management of hypoglycaemia in patients with diabetes.  <b>Ref: Section 5 and Criterion 30.2</b>	Two	A Policy has been devised for the Management of Hypoglycaemia in residents with Diabetes	5 February 2015
2	30	The registered manager should ensure that training in the management of hypoglycaemia is provided for staff.  <b>Ref: Criterion 30.5</b>	One	Training has been arranged for staff on the management of hypoglycaemia	5 February 2015
3	30	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.  <b>Ref: Section 7</b>	One	The management of "when required " medicines has been discussed with the senior team, all appropriate records are being maintained	5 February 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Siobhan Diane Strong
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Fiona McAnespie

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	Yes		Cathy Wilkinson	27/03/2015
B.	Further information requested from provider				