

Inspection Report

18 July 2023



Mantlin Court

Type of service: Residential Care Home
Address: Mantlin Road, Kesh, BT93 1TU
Telephone number: 028 6863 3149

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Western Health and Social Care Trust Responsible Individual: Mr Neil Guckian	Registered Manager: Ms Gillian Ingram Date registered: 1 April 2005
Person in charge at the time of inspection: Mrs Karen Freeburn, Team Leader	Number of registered places: 18
Categories of care: Residential Care (RC): LD – learning disability LD(E) – learning disability – over 65 years	Number of residents accommodated in the residential care home on the day of this inspection: 16
Brief description of the accommodation/how the service operates: Mantlin Court is a registered residential care home which provides health and social care for up to 18 residents. Each resident has their own bedroom and residents also have access to communal areas and outside spaces.	

2.0 Inspection summary

An unannounced inspection took place on 18 July 2023, from 10.55am to 3.40pm. The inspection was completed by a pharmacist inspector and focused on medicines management within the home.

The purpose of the inspection was to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to medicines management.

Review of medicines management found that the majority of medicines were administered as prescribed. Arrangements were in place to ensure that staff were trained and competent in medicines management. The majority of medicine related records were well maintained. However, areas for improvement were identified in relation to medication administration records, monitoring the medicines refrigerator temperature and the auditing system.

RQIA would like to thank the staff and residents for their assistance throughout the inspection.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. To complete the inspection, the following were reviewed: a sample of medicine related records, storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. The inspector spoke with staff and management about how they plan, deliver and monitor the management of medicines in the home.

4.0 What people told us about the service

The inspector met with the administrator and two team leaders.

Staff were warm and friendly and it was evident from discussions that they knew the residents well. The staff members spoken with expressed satisfaction with how the home was managed and the training received. They said that the team communicated well and the manager was readily available to discuss any issues and concerns should they arise.

Feedback methods included a staff poster and paper questionnaires which were provided to the administrator for any resident or their family representative to complete and return using pre-paid, self-addressed envelopes.

At the time of issuing this report, ten residents had completed and returned questionnaires. Their responses indicated that they were satisfied/very satisfied with all aspects of the care provided. Responses were received from two staff members who also indicated that they were satisfied/very satisfied with the care provided and management of the home. Their comments included: "happy with my work environment" and "well run home, residents appear very happy and comfortable in their surroundings".

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

The last inspection of this residential care home was undertaken on 10 November 2022 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Residents in residential care homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times residents' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by a GP, a pharmacist or during a hospital admission.

Residents in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each resident. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. In line with safe practice, a second member of staff had checked and signed the personal medication records when they were written and updated to confirm that they were accurate.

All residents should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets etc.

Residents will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the resident's distress and if the prescribed medicine is effective for the resident.

The management of medicines prescribed on a 'when required' basis for distressed reactions was reviewed for three residents. 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, infection or constipation. Directions for use were clearly recorded on the personal medication records. Care plans directing the use of these medicines were available for two of the residents only. Staff advised that the third care plan would be written immediately following the inspection. Records of administration and the reason for and outcome of administration were recorded.

The management of pain was discussed. Staff advised that they were familiar with how each patient expressed their pain and that pain relief was administered when required. Care plans and pain assessments were in place and reviewed regularly.

Some residents may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the resident should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the resident.

The management of thickening agents was reviewed. Speech and language assessment reports and care plans for the administration of medicines were in place. Records of prescribing and administration, which included the recommended consistency level, were maintained.

5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when residents required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

With the exception of the medicines refrigerator, the medicines storage areas were observed to be securely locked to prevent any unauthorised access. This was addressed during the inspection; the medicines refrigerator was locked and the key added to the medicines key. Storage was organised so that medicines belonging to each resident could be easily located. It was agreed that spacer devices would be labelled to denote ownership and cleaned/replaced regularly.

Medicines which require cold storage must be stored between 2°C and 8°C to maintain their stability and efficacy. In order to ensure that this temperature range is maintained it is necessary to monitor the maximum and minimum temperatures of the medicines refrigerator each day and to then reset the thermometer. Review of the daily records for the refrigerator temperature indicated that the minimum temperature was frequently below 2°C and that staff had not taken any corrective action. An area for improvement was identified.

Satisfactory arrangements were in place for the safe disposal of medicines.

5.2.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed. Most of the records were found to have been fully and accurately completed. However, three anomalies were brought to the attention of the team leader. For one medicine, records of administration had not been maintained; the audit completed at the inspection indicated that the medicine had been

administered as prescribed. It was identified that for two prescribed calcium supplements, the brand recorded on the pre-printed medicine administration record did not match the brand being administered; this resulted in staff administering the incorrect dose to one resident. This was highlighted to the team leader for investigation. An incident report detailing the action taken to prevent a recurrence was submitted to RQIA on 18 July 2023. The registered person must ensure that medication administration records are accurately maintained. An area for improvement was identified.

Management and staff audited medicine administration on a regular basis within the home. The audits completed at the inspection indicated that the majority of medicines were being administered as prescribed. However, audit discrepancies were observed in the administration of a small number of medicines. A review of the daily and monthly management audits indicated that the issues raised at this inspection were not being identified. The registered person should implement a robust audit system which covers all aspects of the management of medicines. Any shortfalls identified should be detailed in an action plan and addressed. An area for improvement was identified.

5.2.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

There had been no recent admissions or re-admissions to the home. The admission process for residents new to the home or residents returning from hospital was reviewed. Staff advised that robust arrangements were in place to ensure that they were provided with a current list of the resident's medicines and this was shared with the community pharmacist.

5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

Management and staff were familiar with the type of incidents that should be reported. The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and learning shared with staff in order to prevent a recurrence.

As detailed in Section 5.2.3, the home's audit process should be further developed to cover all aspects of medicines management to ensure that medication related incidents are identified.

5.2.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and they are supported. Policies and procedures should be up to date and readily available for staff.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Ongoing review was monitored through supervision sessions with staff and at annual appraisal. Medicines management policies and procedures were in place.

It was agreed that the findings of this inspection would be discussed with staff for ongoing improvement.

6.0 Quality Improvement Plan/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 Residential Care Homes Minimum Standards 2021.

	Regulations	Standards
Total number of Areas for Improvement	2	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Karen Freeburn, Team Leader, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Home Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: From the date of inspection (18 July 2023)	The registered person shall ensure that the medicine refrigerator is maintained between 2°C and 8°C. Corrective action must be taken if temperatures outside this range are observed. Ref: 5.2.2
	Response by registered person detailing the actions taken: Temperature records now showing fridge running within appropriate range. Corrective action and advice from the community pharmacy will be sought if outside the temperature range.
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: From the date of inspection (18 July 2023)	The registered person shall ensure that medication administration records are accurately maintained. Ref: 5.2.3
	Response by registered person detailing the actions taken: The registered person will ensure medication administration records are accurately maintained and double checked by a second person.
Action required to ensure compliance with Residential Care Homes Minimum Standards 2021	
Area for improvement 1 Ref: Standard 30 Stated: First time To be completed by: From the date of inspection (18 July 2023)	The registered person shall implement a robust audit system which covers all aspects of the management of medicines. Any shortfalls identified should be detailed in an action plan and addressed. Ref: 5.2.3 & 5.2.5
	Response by registered person detailing the actions taken: the registered manager completed an audit on 31/07/23 and going forward I will ensure an audit is completed on a monthly ad hoc basis. Any identified shortfalls, corrective actions will be implemented and shared with the staff team to ensure learning.

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



The Regulation and Quality Improvement Authority

RQIA, 1st Floor
James House
Gasworks
2 – 4 Cromac Avenue
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
📍 @RQIANews

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