

Inspection Report

15 April 2024



Millbrook Court

Type of Service: Residential Care Home
Address: 228 Donaghadee Road, Bangor, BT20 4RZ
Telephone number: 028 9146 2472

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Radius Housing Association	Registered Manager: Mrs Sharon Stewart – registration pending
Responsible Individual: Mrs Fiona McAnespie	
Person in charge at the time of inspection: Mrs Sharon Stewart - Manager	Number of registered places: 50
Categories of care: Residential Care (RC) DE – dementia	Number of residents accommodated in the residential care home on the day of this inspection: 40
Brief description of the accommodation/how the service operates: Millbrook Court is a residential care home registered to provide personal and social care for up to 50 residents living with dementia. The home is divided in four units; Millbrook Mews, Millbrook Street, Millbrook Avenue and Millbrook Close, all located on the ground floor. Residents have access to communal lounges, dining rooms and an enclosed garden.	

2.0 Inspection summary

An unannounced inspection took place on 15 April 2024, from 10.45am to 2.00pm. This 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.

This inspection also assessed progress with the areas for improvement identified at the last medicines management inspection on 6 December 2021. The areas for improvement identified at the last care inspection have been carried forward for review at the next care inspection.

Review of medicines management found medicine records and medicine related care plans were maintained to a largely satisfactory standard. The areas for improvement identified at the last medicines management inspection had been addressed. Two new areas for improvement in relation to medicines storage and maintenance of the controlled drug record book were identified.

The findings of this report will provide the manager and management team with the necessary information to improve staff practice in relation to medicines management.

RQIA would like to thank the staff 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 they were 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. The inspection was completed by examining a sample of medicine related records, the storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. Discussions were held about how staff and management plan, deliver and monitor the management of medicines.

4.0 What people told us about the service

The inspector met with senior care staff and the manager. Staff interactions with residents were warm, friendly and supportive. It was evident that they knew the residents well.

Staff expressed satisfaction with how the home was managed. They said that they had the appropriate training to look after residents and meet their needs.

Feedback methods included a staff poster and paper questionnaires which were provided to the manager for any resident or their family representative to complete and return using pre-paid, self-addressed envelopes. At the time of issuing this report, no questionnaires had been received by RQIA.

5.0 The inspection

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

Areas for improvement from the last inspection on 17 October 2023		
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: First time	The registered person shall ensure that records for the administration of thickening agents are accurately maintained.	Met
	Thickening agent was not prescribed for any residents on the day of inspection. Discussions held identified that management and care staff were familiar with the necessary records to be maintained. This area for improvement was assessed as met.	
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that records for the administration of “when required” medicines are accurately maintained.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met. See Section 5.2.1.	
Area for improvement 3 Ref: Regulation 30 Stated: First time	The registered person shall investigate the apparent discrepancy in the administration of one medicine. An incident report form detailing the outcome of the investigation and action taken to prevent a recurrence shall be forwarded to RQIA.	Met
	Action taken as confirmed during the inspection: An incident report detailing the outcome of the investigation into the apparent discrepancy and action taken to prevent a recurrence was submitted to RQIA. This area for improvement has been assessed as met.	

<p>Area for improvement 4</p> <p>Ref: Regulation 27(1)</p> <p>Stated: First time</p>	<p>The registered person shall, subject to regulation 3(3), not use premises for the purposes of a residential care home unless the premises are suitable for the purpose of achieving the aims and objectives set out in the statement of purpose. This is stated in relation to the guest room being used as a resident's bedroom.</p>	<p>Carried forward to the next inspection</p>	
<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Validation of compliance</p>		
<p>Area for improvement 1</p> <p>Ref: Standard 30</p> <p>Stated: Second time</p>	<p>The registered person shall implement a robust audit system which covers all aspects of the management of medicines. Action plans to address any identified shortfalls should be developed and implemented.</p> <p>Records should be available for inspection.</p>	<p>Met</p>	
<p>Action taken as confirmed during the inspection:</p> <p>This area for improvement has been assessed as met. See Section 5.2.3</p>	<p>Area for improvement 2</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p>		<p>The registered person shall ensure care plans are kept up to date and reflects residents' current needs. This is stated in relation to pressure area care.</p>
<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Area for improvement 3</p> <p>Ref: Standard 8.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure records are maintained for each resident detailing personal care and support provided. This is stated in relation to repositioning charts.</p>	<p>Carried forward to the next inspection</p>
<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>			

Area for improvement 4 Ref: Standard 12.4 Stated: First time	The registered person shall ensure that the daily menu is displayed in a suitable format, and in an appropriate location.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 5 Ref: Standard 6.6 Stated: First time	The registered person shall ensure care plans are kept up to date and reflects residents' current needs. This is stated in relation to the management of diabetes, and the impact of a locked keypad on DOL safeguards.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 6 Ref: Standard 1.2 Stated: First time	The registered person shall ensure that regular residents meetings are taking place in the home.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

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

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

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

Electronic 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 largely accurate and up to date. A small number of discrepancies were highlighted to the manager for remedial action. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to state that they were accurate.

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 on 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.

Directions for use were clearly recorded on the personal medication records; and care plans directing the use of these medicines were in place. Staff knew how to recognise a change in a resident's behaviour and was aware that this change may be associated with pain or other factors. Records included the reason for and outcome of each administration.

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

Care plans were in place when residents required insulin to manage their diabetes. Insulin was administered by the district nurse.

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

Medicine 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.

The medicines storage areas were tidy and organised so that medicines belonging to each resident could be easily located. However, the medicine overstock cupboards located in the treatment room were not fitted with appropriate locks. This is necessary to prevent unauthorised access to medicines. An area for improvement was identified.

Temperatures of the medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately. A medicine refrigerator and controlled drugs cabinet were available for use as needed.

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.

Within the home, a record of the administration medicines is maintained electronically. A sample of the electronic medicines administration records was reviewed. The records were found to have been fully and accurately completed.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book. It was identified that the disposal of controlled drugs had not been recorded accurately.

Disposal to the community pharmacy and the quantity of controlled drugs returned should be clearly documented and the balance updated accurately to reflect current stock levels. An area for improvement was identified.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out. The date of opening was recorded on all medicines not supplied in the monitored dosage system so that they could be easily audited. This is good practice.

The audits completed at the inspection indicated that the majority of medicines were being administered as prescribed. A small number of minor discrepancies were highlighted to the manager for review and ongoing monitoring.

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.

A review of records indicated that satisfactory arrangements were in place to manage medicines for new residents or residents returning from hospital. Written confirmation of the resident's medicine regime was obtained at or prior to admission and details shared with the community pharmacy. The medicine records had been accurately completed.

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.

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.

Staff in the home had received a structured induction which included medicines management when this forms part of their role. Competency had been assessed following induction and annually thereafter. A written record was completed for induction and competency assessments. There was evidence of a regular programme of staff training in relation to medicines management.

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 Minimum Standards, December 2022.

	Regulations	Standards
Total number of Areas for Improvement	1*	7*

* The total number of areas for improvement includes six which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Sharon Stewart, Manager, 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

<p>Area for improvement 1</p> <p>Ref: Regulation 27(1)</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection (17 October 2023)</p>	<p>The registered person shall, subject to regulation 3(3), not use premises for the purposes of a residential care home unless the premises are suitable for the purpose of achieving the aims and objectives set out in the statement of purpose. This is stated in relation to the guest room being used as a resident's bedroom.</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>

Action required to ensure compliance with the Residential Care Homes Minimum Standards, December 2022

<p>Area for improvement 1</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection (17 October 2023)</p>	<p>The registered person shall ensure care plans are kept up to date and reflects residents' current needs. This is stated in relation to pressure area care.</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 2</p> <p>Ref: Standard 8.2</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection (17 October 2023)</p>	<p>The registered person shall ensure records are maintained for each resident detailing personal care and support provided. This is stated in relation to repositioning charts.</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>

<p>Area for improvement 3</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection (17 October 2023)</p>	<p>The registered person shall ensure that the daily menu is displayed in a suitable format, and in an appropriate location.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 4</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection (17 October 2023)</p>	<p>The registered person shall ensure care plans are kept up to date and reflects residents' current needs. This is stated in relation to the management of diabetes, and the impact of a locked keypad on DOL safeguards.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 5</p> <p>Ref: Standard 1.2</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection (17 October 2023)</p>	<p>The registered person shall ensure that regular residents meetings are taking place in the home.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 6</p> <p>Ref: Standard 32</p> <p>Stated: First time</p> <p>To be completed by: 10 June 2024</p>	<p>The registered person shall ensure that medicine overstock cupboards are fitted with appropriate locks to prevent unauthorised access to medicines.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>Actioned May 2024, locks fitted to the cupboards within the treatment room. These keys are stored in a locked keybox attached to the wall within the treatment room. The treatment room continues to be kept locked at all times, the access key is held by the person in charge and given to the oncoming person in charge at each shift handover.</p>

<p>Area for improvement 7</p> <p>Ref: Standard 31</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the controlled drug record book is accurately completed. This is stated in relation to recording the disposal of controlled drugs.</p> <p>Ref: 5.2.3</p>
<p>To be completed by: From the date of inspection (15 April 2024)</p>	<p>Response by registered person detailing the actions taken: Information reviewed with the Senior Team, practice to record zero to the Controlled Drugs Register when a medication is discontinued/ returned/ a resident is discharged is in place. The record includes the rationale, date and double staff signature.</p>

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