



The Regulation and
Quality Improvement
Authority

Inspection Report

Name of Service:

Millverne

Provider:

Carewell Homes Ltd

Date of Inspection:

9 December 2024

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Carewell Homes Ltd
Responsible Individual:	Mrs Carol Kelly
Registered Manager:	Mrs Julianne Treacy
Service Profile:–	
<p>Millverne is a registered residential care home which provides health and social care for up to 45 residents. The home is located across three floors; the lower level accommodates up to 20 residents living with dementia, the ground and first floors provide general health and social care for up to 17 residents over 65 years of age and up to 8 residents who are under or over 65 years old with mental health needs. There are a range of communal areas throughout the home and residents have access to an outdoor area.</p> <p>There is a separate registered nursing home which occupies the same site.</p>	

2.0 Inspection summary

An unannounced inspection took place on 9 December 2024, from 10.45am to 3.30pm. The inspection was completed by a pharmacist inspector and focused on medicines management within the home.

The inspection was undertaken to evidence how medicines are managed in relation to the regulations and standards and to determine if the home is delivering safe, effective and compassionate care and is well led in relation to medicines management. The areas for improvement identified at the last care inspection were carried forward for review at the next inspection.

Mostly satisfactory arrangements were in place for the safe management of medicines. Medicines were stored securely. Medicine records and medicine related care plans were well maintained. Records of staff training were available and the majority of medicines were administered as prescribed. However, improvements were necessary in relation to treatment room temperatures and the management of eye preparations.

Whilst areas for improvement were identified, there was evidence that with the exception of a small number of medicines, residents were being administered their medicines as prescribed.

Residents were observed to be relaxed and comfortable in the home and in their interactions with staff. It was evident that staff knew the residents well. Residents said that living in the home was a good experience.

Details of the inspection findings, including areas for improvement carried forward for review at the next inspection, and new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) (Section 4.0).

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

3.0 The inspection

3.1 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 against the regulations and standards, 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 registration information, and any other written or verbal information received from residents, relatives, staff or the commissioning trust.

Throughout the inspection process, inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

3.2 What people told us about the service and their quality of life

Ten questionnaires were received from residents who indicated that they were very satisfied with how their medicines were managed. Comments included: 'staff always provide me with my medication when needed', 'very happy with all care', 'we can always talk about anything if needed', 'always ask me if I need anything else' and 'I am very happy here'.

Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after residents and meet their needs. They said that the team communicated well and the management team were readily available to discuss any issues and concerns should they arise.

Staff advised that they were familiar with how each resident liked to take their medicines and medicines were administered in accordance with individual resident preference.

No responses to the staff survey were received following the inspection.

3.3 Inspection findings

3.3.1 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 were accurate and up to date. 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 confirm that they were accurate. Copies of residents' prescriptions/hospital discharge letters were retained so that any entry on the personal medication record could be checked against the prescription.

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.

The management of distressed reactions, pain, thickening agents and insulin were reviewed. Care plans contained sufficient detail to direct the required care. Medicine records were well maintained. The audits completed indicated that medicines were administered as prescribed.

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 were in place. The recommended consistency level was clearly recorded in the care plans and medication administration records. The manager was reminded that the recommended consistency level should also be recorded on the personal medication record.

3.3.2 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.

Records reviewed 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 medicine storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each resident could be easily located.

Medicines must be stored at the manufacturers' recommended temperature in order to ensure their stability and efficacy; this is usually at or below 25°C for medicines recommended to be stored at room temperature. Review of the daily treatment room temperature records evidenced temperatures above 25°C had regularly been recorded in the previous four weeks. This had not been escalated by staff and no corrective action had been taken. An area for improvement was identified.

Satisfactory arrangements were in place for medicines requiring cold storage and the storage of controlled drugs.

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

3.3.3 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. All records were found to have been accurately completed. Records were filed once completed and were readily retrievable for audit/review.

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. There were satisfactory arrangements in place for the management of controlled drugs.

Staff audited the administration of medicines on a regular basis within the home. The medicines management audit tool available on the RQIA website was discussed and shared with the manager after the inspection. The manager advised that they would implement this audit tool.

The date of opening was recorded on the majority of medicines to facilitate audit and disposal at expiry. A number of eye preparations were observed to be in use for more than 28 days after opening; these were replaced during the inspection. The management of eye preparations should be reviewed to ensure that they are administered as prescribed and disposed of at expiry. An area for improvement was identified.

3.3.4 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 at the time of admission or for residents returning from hospital. Written confirmation of prescribed medicines was obtained at or prior to admission and details shared with the GP and community pharmacy.

Medicine records had been accurately completed and there was evidence that medicines were administered as prescribed.

3.3.5 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 the learning shared with staff in order to prevent a recurrence.

The audits completed at the inspection indicated that the majority of medicines were being administered as prescribed.

3.3.6 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 their staff are competent in managing medicines and that they are supported. Policies and procedures should be up to date and readily available for staff reference.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Medicines management policies and procedures were in place.

It was agreed that the findings of this inspection would be discussed with staff to facilitate the necessary improvements.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations.

	Regulations	Standards
Total number of Areas for Improvement	4*	4*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Julianne Treacy, Registered 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 Home Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (9 December 2024)</p>	<p>The registered person shall ensure that medicines are stored at the manufacturers' recommended temperature. The temperature of the treatment rooms should be maintained at or below 25°C.</p> <p>Ref: 3.3.2</p> <hr/> <p>Response by registered person detailing the actions taken: Air conditioning units have been ordered for both treatment rooms- installation date to be confirmed.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (9 December 2024)</p>	<p>The registered person shall ensure eye preparations have the date of opening recorded, are administered as prescribed and disposed of at expiry.</p> <p>Ref: 3.3.3</p> <hr/> <p>Response by registered person detailing the actions taken: The date of opening is recorded on the outer box, they are administered as prescribed and a new system has been implemented to diarise expiry dates of eye drops to ensure they are disposed of on the date of expiry.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 19 (1) (a) Schedule 3 (3) (j)</p> <p>Stated: First time</p> <p>To be completed by: 14 October 2024</p>	<p>The registered person shall ensure post falls documentation clearly records staff's consideration to head injury at the time of the incident and the actions taken.</p> <hr/> <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: 2.0</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 27 (4) (d) (i)</p> <p>Stated: First time</p> <p>To be completed by: 14 October 2024</p>	<p>The registered person shall ensure that fire extinguishers are not obstructed in any area of the home.</p> <hr/> <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: 2.0</p>
<p>Action required to ensure compliance with the Care Standards for Residential Homes, December 2022</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 25.3</p> <p>Stated: First time</p> <p>To be completed by: 14 October 2024</p>	<p>The registered person shall ensure there is a competent and capable person in charge of the home at all times and that this is clearly identified on the duty rota.</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: 2.0</p>
<p>Area for improvement 2</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: 11 November 2024</p>	<p>The registered person shall ensure that the system in place to monitor those residents with a DoLs in place is regularly reviewed and updated to reflect the most recent DoLs status of each resident.</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: 2.0</p>
<p>Area for improvement 3</p> <p>Ref: Standard 12.10</p> <p>Stated: First time</p> <p>To be completed by: 14 October 2024</p>	<p>The registered person shall ensure that residents receive the correct level of assistance at meal times as directed in their Speech and Language Therapy (SALT) assessments.</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: 2.0</p>

<p>Area for improvement 4</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 11 November 2024</p>	<p>The registered person shall ensure that care plans are drawn up to direct care for individuals and manage any associated risks, this is with specific reference to:</p> <ul style="list-style-type: none"> • Denture cleaning tablets and, • Smoking
	<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: 2.0</p>

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