



The Regulation and
Quality Improvement
Authority

Inspection Report 22 September 2020



Gillbrooke Nursing Home

Type of Service: Nursing Home (NH)
Address: 107 Clabby Road, Fivemiletown, BT75 0QY
Tel No: 028 8952 1888
Inspector: Paul Nixon

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Assurance, Challenge and Improvement in Health and Social Care

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 this inspection and do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

Information relating to our inspection framework, the guidance and legislation that informs the inspections, the four domains which we assess services against as well as information about the methods we use to gather opinions from people who have experienced a service can be found at <https://www.rqia.org.uk/guidance/legislation-and-standards/> and <https://www.rqia.org.uk/guidance/guidance-for-service-providers/>

1.0 Profile of service

This is a registered nursing home which provides care for up to 25 patients.

2.0 Inspection focus

This announced inspection was undertaken by a pharmacist inspector on 22 September 2020 from 09.45 to 12.45.

The inspection focused on medicines management within the home. Following discussion with the aligned care inspector, it was agreed that the areas for improvement identified at the last care inspection would be followed up at the next care inspection.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspections findings, registration information, and any other written or verbal information received.

During our inspection we:

- spoke to staff and management about how they plan, deliver and monitor the care and support provided in the home
- observed practice and daily life
- reviewed documents to confirm that appropriate records were kept.

A sample of the following records were examined and/or discussed during the inspection:

- personal medication records
- medicine administration records
- medicine receipt and disposal records
- controlled drug record book
- care records
- staff training and competency assessment records
- audit records

3.0 Service details

Organisation/Registered Provider: Gillbrooke Care Centre Ltd Responsible Individual: Mr John James Wesley Kerr	Registered Manager and date registered: Ms Jennifer McCaffrey 20 January 2020
Person in charge at the time of inspection: Ms Jennifer McCaffrey, manager	Number of registered places: 25 A maximum of 2 named patients in category NH-LD. The home is approved to provide care on a day basis for up to 3 persons.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH (E) - Physical disability other than sensory impairment – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 21

4.0 Inspection Outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Ms Jennifer McCaffrey, Manager, as part of the inspection process and can be found in the main body of the report.

The areas for improvement from the last care inspection were not reviewed and are carried forward to the next care inspection.

Enforcement action did not result from the findings of this inspection.

5.0 What has this service done to meet any areas for improvement identified at or since the last medicines management inspection (IN028560) on 18 October 2017 and last care inspection (IN033475) on 23 October 2019?

There were no areas for improvement identified at the last medicines management inspection.

Areas for improvement identified at the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: Second time	<p>The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals.</p> <p>Specific reference to care plans and daily records:</p> <ul style="list-style-type: none"> Action taken should be documented within daily records when set fluid targets have not been maintained Care plans should reflect the patients preferred time to rise Care plans need to be personalised to reflect the patients current needs Dietary care plans to include the patient's dietary/fluid type and level of assistance required. 	Carried forward to the next care inspection
	<p>Action taken as confirmed during the inspection: <i>This area for improvement was not reviewed and is carried forward to the next care inspection.</i></p>	
Area for improvement 2 Ref: Regulation 27 Stated: First time	<p>The registered person shall ensure that the environmental and infection prevention and control issues identified during this inspection are urgently addressed.</p>	Carried forward to the next care inspection
	<p>Action taken as confirmed during the inspection: <i>This area for improvement was not reviewed and is carried forward to the next care inspection.</i></p>	

<p>Area for improvement 3</p> <p>Ref: Regulation 27 (2) (t)</p> <p>Stated: First time</p>	<p>The registered person shall, having regard to the number and needs of the patients, ensure that a risk assessment to manage health and safety is carried out and updated when necessary.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • radiators • over bed lights • exposed pipes in identified ensuites <p>Action taken as confirmed during the inspection: <i>This area for improvement was not reviewed and is carried forward to the next care inspection.</i></p>	<p>Carried forward to the next care inspection</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 23</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that there are clear and documented processes for the prevention, detection and treatment of pressure damage.</p> <p>With specific reference to ensuring:</p> <ul style="list-style-type: none"> • that the settings on pressure relieving mattresses are maintained at the correct setting and included in the patients care plan • Where a patient has been repositioned the frequency should reflect the current care plan and state the intervention on each repositioning. <p>Action taken as confirmed during the inspection: <i>This area for improvement was not reviewed and is carried forward to the next care inspection.</i></p>	<p>Carried forward to the next care inspection</p>
<p>Area for improvement 2</p> <p>Ref: Standard 35</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that robust management systems are appropriately established to effectively monitor and report on the safe delivery of care in the home. The registered manager must ensure;</p> <ol style="list-style-type: none"> 1. Environmental audits provide clear action plans when deficits are identified 2. Maintenance checks of the building are 	<p>Carried forward to the next care inspection</p>

	carried out and recorded on a weekly/monthly basis as required.	
	Action taken as confirmed during the inspection: <i>This area for improvement was not reviewed and is carried forward to the next care inspection.</i>	

6.0 What people told us about this service

Good relationships between staff and patients were observed. Staff were warm and friendly and it was obvious that they knew the patients well.

On the day of inspection we spoke with three members of staff. They said that the patients were well looked after and expressed satisfaction with how the home was managed. They said that they had the appropriate training to look after patients and meet their needs.

Feedback methods also included a staff poster and paper questionnaires which were provided to the manager for any patient or their family representative to complete and return using pre-paid, self-addressed envelopes. Three questionnaires were completed within the timeframe for inclusion in this report. The responses in the questionnaires were generally positive about the care provided. Concerns raised by one respondent were shared with the manager for their attention.

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

Patients in nursing homes should be registered with a general medical practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times patients' 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.

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

Personal medication records were in place for each patient. These contained a list of all 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 e.g. medication reviews, transfers to hospital. These records had been fully and accurately completed. In line with best practice, a second member of staff checked and signed these records when they were updated to provide a double check that they were accurate. We reviewed the management of medicines prescribed on a "when required" basis for the management of distressed reactions. Care plans were in place and directions for use were clearly recorded on the personal medication records. These medicines were infrequently used.

Satisfactory systems were in place for the management of pain and thickening agents.

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

Medicines must be available to ensure that they are administered to patients as prescribed and when they require them. It is important that they are stored safely and securely and disposed of promptly so that there is no unauthorised access.

The records inspected showed that medicines were available for administration when patients required them. The manager and registered nurse advised that there was a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

On arrival at the home the medicines storage area was observed to be securely locked. It was tidy and organised so that medicines belonging to each patient could be easily located. The medicines currently in use were stored within medicine trolleys that were also securely stored so that there could be no unauthorised access. Controlled drugs were stored in the controlled drug cabinets. When medicines needed to be stored at a colder temperature, they were stored within the medicine refrigerator and the temperature of this refrigerator was monitored.

Medicines disposal was discussed with the manager. Medicines were disposed of regularly and were not allowed to accumulate in the home. Disposal of medicine records were examined and had been completed so that medicines could be accounted for.

7.3 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 patients to ensure that they are receiving the correct prescribed treatment.

Within the home, a record of the administration of medicines is completed when medicines are administered to a patient. A sample of these records was reviewed which found that they had been fully and accurately completed. The completed records were filed once completed.

The registered nurses audit medicine administration on a monthly basis within the home and report the outcomes to the manager. The audits showed that medicines had been given as prescribed. The date of opening was recorded on all medicines so that they can be easily audited. This is good practice.

Audits completed during this inspection also showed that medicines had been given as prescribed.

7.4 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.

We reviewed the management of medicines for one patient who had been admitted to the home. A hospital discharge letter had been received and a copy had been forwarded to the patient's GP. Medicines had been accurately received into the home and administered in accordance with the most recent directions.

7.5 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 that 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.

The audit system in place would help staff to identify medicine related incidents. The manager was familiar with the type of incidents that should be reported.

There had been no medication related incidents identified since the last medicines management inspection.

7.6 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 patients are well looked after and receive their medicines appropriately, staff who administer medicines to patients must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and that staff are supported.

Staff in the home had received a structured induction which included medicines management when that forms part of their role. Competency had been assessed following induction and annually thereafter. A written record was completed for induction and competency assessments.

8.0 Evaluation of Inspection

This inspection sought to assess if the home was delivering safe, effective and compassionate care and if the service was well led with respect to medicines management.

The outcome of this inspection concluded that no new areas for improvement were identified. We can conclude that patients and their relatives can be assured that medicines are well managed within the home.

We would like to thank the patients and staff for their assistance throughout the inspection.

9.0 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 Jennifer McCaffrey, 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 nursing 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.

9.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes (2015)

9.2 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 Nursing Homes Regulations (Northern Ireland) 2005

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	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the environmental and infection prevention and control issues identified during this inspection are urgently addressed.</p> <p>Ref: 5.0</p>
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