

Inspection Report

8 August 2024



Gillbrooke Nursing Home

Type of service: Nursing Home
Address: 107 Clabby Road, Fivemiletown, BT75 0QY
Telephone number: 028 8952 1888

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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: Tierney Homes Ltd Responsible Individual: Ms Maria Virgilita Tierney | Registered Manager: Mrs Jennifer McCaffrey Date registered: 20 January 2020 |
| Person in charge at the time of inspection: Mrs Hilary Palmer, Nurse in charge | Number of registered places: 25 This includes a maximum of one named patient in category NH-LD and one named patient in NH-LD (E). The home is approved to provided care on a day basis for up to three patients. |
| Categories of care: Nursing (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: 23 |
| Brief description of the accommodation/how the service operates: Gillbrooke Nursing Home is registered to provide nursing care for up to 25 patients. | |

2.0 Inspection summary

An unannounced inspection took place on 8 August 2024 from 10.20am to 3.15pm. The inspection was completed by pharmacist inspectors 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.

The areas for improvement identified at the last care inspection will be followed up at the next inspection.

Review of medicines management found that medicines were stored securely, records were well maintained and the majority of medicines were administered as prescribed. However,

robust arrangements were not in place for other aspects of the management of medicines. Areas for improvement were identified in relation to: the medicine ordering process; the management of medicine incidents; the management of medicines on admission; the disposal of controlled drugs; staff training and competency assessment and the medicine's management auditing process.

After the inspection, the findings were discussed with an assistant director in RQIA and with Mrs Maria Tierney, Registered Person. RQIA decided that a period of time would be given to implement the necessary improvements. A follow up inspection will be undertaken to determine if the improvements have been implemented and sustained. Failure to implement and sustain the improvements may lead to enforcement.

RQIA would like to thank the patients and 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 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 inspectors 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 inspectors met with the administrator and the nurse in charge.

Staff were warm and friendly and it was evident from discussions that they knew the patients well.

The staff members spoken with expressed satisfaction with how the home was managed. They said that the team communicated well.

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

At the time of issuing this report, one relative and two patients had returned questionnaires. Their responses indicated that they were very satisfied with how medication was managed.

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 care inspection on 7 November 2023 | | |
|--|--|---|
| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for Improvement 1 Ref: Regulation 20 (1) (a) Stated: Second time | The registered person shall put in place an adequate system to ensure deficits in staffing such as staff absences is covered. The registered person shall also undertake a review of staffing levels in relation to: <ul style="list-style-type: none"> • night duty staffing levels • ensuring that the staffing in the home is in accordance with patients' dependencies and the size and layout of the home. | Carried forward to the next inspection |
| | 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. | |
| Area for Improvement 2 Ref: Regulation 27 (2) (t) Stated: Second time | The registered person shall put in place a risk assessment in accordance with current safety guidance and subsequent appropriate action for: <ul style="list-style-type: none"> • all free standing furniture / wardrobes | Carried forward to the next inspection |
| | 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. | |

| | | |
|---|--|---|
| Area for improvement 3 Ref: Regulation 13 (1) (a) Stated: First time | The registered person shall ensure that a person centred programme of activities is put in place. | Carried forward to the next inspection |
| | 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. | |
| Area for improvement 4 Ref: Regulation 30 (1) (d) Stated: First time | The registered person shall notify RQIA when planned staffing levels are not met. | Carried forward to the next inspection |
| | 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. | |

5.2 Inspection findings

5.2.1 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 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 a GP, a pharmacist or during a hospital admission.

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

Personal medication records were in place for each patient. 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 safe practice, a second nurse had checked and signed the personal medication records when they were written and updated to confirm that they were accurate.

Copies of patients' prescriptions/hospital discharge letters were retained in the home so that any entry on the personal medication record could be checked against the prescription. This is good practice.

Patients 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 patient's distress and if the prescribed medicine is effective for the patient.

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 patient's behaviour and were aware that this change may be associated with pain or other factors. These medicines were being administered regularly to a small number of patients. The nurse in charge provided assurances that this had been reviewed with and authorised by the patients' GPs.

The management of pain was reviewed. The nurse in charge advised that staff 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. There was evidence that medicines were administered as prescribed.

Some patients 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 patient 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 patient.

The management of thickening agents was reviewed. Speech and language assessment reports and care plans 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 patient'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 the majority of medicines were available for administration when patients required them. With the exception of one medicine which was being reviewed by the GP, all medicines were available for administration as prescribed on the day of the inspection. However, there was evidence that doses had been missed for a small number of medicines in the previous four weeks due to being out of stock. Staff had not recognised that these omissions as medicine related incidents which must be referred to the prescriber for advice and reported to the appropriate authorities, including RQIA. The manager was requested to investigate these discrepancies and to submit notifications to RQIA; these were received following the inspection. The stock ordering system should be reviewed to ensure that medicines are available for administration as prescribed on all occasions. Any omissions due to stock supply issues must be investigated and reported. Two areas for improvement were identified.

The medicines storage area was observed to be securely locked to prevent any unauthorised access. Storage was tidy and organised so that medicines belonging to each patient could be easily located. Satisfactory arrangements were in place for the storage of controlled drugs and medicines which require cold storage.

Medicines awaiting disposal were observed to be stored securely. However, it was noted that only controlled drugs which are subject to safety custody requirements were being denatured prior to disposal. All controlled drugs in Schedules 2, 3 and 4 (Part 1) must be denatured prior to disposal. An area for improvement was identified.

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 patients 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. A small number of discrepancies were highlighted to the nurse in charge for ongoing close monitoring.

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. With the exception of the arrangements for the disposal of controlled drugs (Section 5.2.2), there were satisfactory arrangements in place for the management of controlled drugs.

Management and staff audited medicine administration on a regular basis within the home. Although the audit process covered the areas for improvement identified at this inspection, the issues had not been identified. This was discussed with the nurse on duty and with the manager via telephone call (15 August 2024). The manager was directed to the guidance document in relation to medication audit which is available on RQIA's website. 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.

A review of records indicated that written confirmation of patients' medicine regimes was obtained at or prior to admission to enable nurses to reconcile the medicines supplied with the medicines prescribed and to follow up any anomalies with the prescribers. However, an anomaly had not been followed up for one recent admission resulting in a number of missed doses. The manager was requested to investigate this incident, refer to the prescriber for guidance and submit an incident report to RQIA. The incident report was received on 19 August 2024.

Robust systems must be in place for the management of medicines on admission to ensure that medicines are administered as prescribed. An area for improvement was identified.

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.

There had been no medicine related incidents reported to RQIA since the last inspection. However, the findings of this inspection including a small number of discrepancies in the administration of medicines and missed doses due to stock supply issues indicate that staff were not familiar with the type of incidents which must be reported to RQIA. Staff were reminded that all medicine incidents must be reported to the prescriber for guidance, investigated and learning shared with staff in order to prevent a recurrence. Incidents must also be reported to the appropriate authorities, including RQIA (See Section 5.2.2).

The manager was directed to the guidance document in relation to medication incidents which is available on RQIA's website.

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 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 they 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.

The manager advised that nurses received a structured induction and annual update training on the management of medicines. Records were submitted to RQIA following the inspection. However, competency assessments in relation to medicines management had not been completed with nurses. The findings of this inspection indicate that nurses should receive further training and/or supervision in relation to the areas for improvement identified. Competency assessments should be completed and reviewed regularly and when a need is identified through the audit process. An area for improvement was identified.

6.0 Quality Improvement Plan/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 Care Standards for Nursing Homes, December 2022.

| | Regulations | Standards |
|--|--------------------|------------------|
| Total number of Areas for Improvement | 8* | 2 |

* the total number of areas for improvement includes four that have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Jennifer McCaffrey, Registered Manager, and Mrs Maria Tierney, Registered Person, 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 Nursing 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 onwards 8 August 2024 | <p>The registered person shall review the medicine ordering system to ensure that patients have a continuous supply of their prescribed medicines.</p> <p>Ref 5.2.2</p> <p>Response by registered person detailing the actions taken: Medication ordering system reviewed. A R/N has been allocated and given extra 5 hours to complete monthly drug order. She will monitor any shortfalls to prevent the occurrence of out of stock medications.</p> |
| Area for improvement 2 Ref: Regulation 30 Stated: First time To be completed by: From the date of inspection onwards 8 August 2024 | <p>The registered person shall ensure that medicine incidents are reported to the prescriber for guidance, investigated to prevent a recurrence and reported to the appropriate authorities, including RQIA.</p> <p>Ref 5.2.2 & 5.2.5</p> <p>Response by registered person detailing the actions taken: Staff are aware to contact the GP or pharmacist if there are any issues with out of stock medications. Staff are aware of the importance of completing incident form and reporting to RQIA. Discussions have taken place face to face with Registered Nurses re. those issues.</p> |
| Area for improvement 3 Ref: Regulation 13 (4) Stated: First time To be completed by: From the date of inspection onwards 8 August 2024 | <p>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.</p> <p>Ref 5.2.3</p> <p>Response by registered person detailing the actions taken: The Manager has included the RQIA Medicines Management Audit tool in her monthly Audit of Medication. This is assisting in identifying any shortfalls within medication administration for residents. Further medication training has been organised for 14/10/24 1pm-4pm with Dr Kevin moore to improve knowledge and to assist in putting better systems in place for the ordering, administration and documenting of medication in Gillbrooke Nursing Home.</p> |

| | |
|---|---|
| <p>Area for improvement 4</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection onwards</p> <p>8 August 2024</p> | <p>The registered person must ensure that robust systems are in place for the management of medicines on admission to ensure that medicines are administered as prescribed.</p> <p>Ref 5.2.4</p> <p>Response by registered person detailing the actions taken: Staff are fully aware of the importance of contacting GPs for list of medication prior to accepting an admission to Gillbrooke. Also checking medication brought into the home against current list from GP, ensuring all medication is administered as prescribed.</p> |
| <p>Area for Improvement 5</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: Second time</p> <p>To be completed by: 21 November 2023</p> | <p>The registered person shall put in place an adequate system to ensure deficits in staffing such as staff absences is covered.</p> <p>The registered person shall also undertake a review of staffing levels in relation to:</p> <ul style="list-style-type: none"> • night duty staffing levels • ensuring that the staffing in the home is in accordance with patients' dependencies and the size and layout of the home. <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> |
| <p>Area for Improvement 6</p> <p>Ref: Regulation 27 (2) (t)</p> <p>Stated: Second time</p> <p>To be completed by: 14 November 2023</p> | <p>The registered person shall put in place a risk assessment in accordance with current safety guidance and subsequent appropriate action for:</p> <ul style="list-style-type: none"> • all free standing furniture / wardrobes <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> |

| | |
|---|---|
| Area for improvement 7 Ref: Regulation 13 (1) (a) Stated: First time To be completed by: 7 December 2023 | The registered person shall ensure that a person centred programme of activities is put in place. 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. Ref: 5.1 |
| Area for improvement 8 Ref: Regulation 30 (1) (d) Stated: First time To be completed by: 14 November 2023 | The registered person shall notify RQIA when planned staffing levels are not met. 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. Ref: 5.1 |
| Action required to ensure compliance with Care Standards for Nursing Homes, December 2022 | |
| Area for improvement 1 Ref: Standard 31 Stated: First time To be completed by: 8 August 2024 | The registered person shall ensure that controlled drugs, including those in Schedule 3 and Schedule 4 (Part 1) are denatured prior to disposal. Ref 5.2.2 Response by registered person detailing the actions taken: Registered Nurses are fully aware of the control drugs that require denaturing. List of drugs on display for R/N to refer to. |
| Area for improvement 2 Ref: Standard 28 Stated: First time To be completed by: 8 October 2024 | The registered person shall ensure that nurses receive further training and competency assessment in relation to medicines management. Ref: 5.2.6 Response by registered person detailing the actions taken: Further training has been organised for 14 th October 2024 by Dr Kevin Moore for Registered Nurses to improve knowledge and assist in putting better systems in place to improve medication administration within Gillbrooke. Manager has completed Medication Competency assessment with all Registered Nurses in relation to Medication Management. |

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



The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care