

# Inspection Report

**Name of Service:** Gillbrooke Nursing Home

**Provider:** Tierney Homes Ltd

**Date of Inspection:** 16 January 2025

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Tierney Homes Ltd
<b>Responsible Individual:</b>	Mrs Maria Virgilita Tierney
<b>Registered Manager:</b>	Mrs Jennifer McCaffrey
<b>Service Profile:</b>  <p>Gillbrooke Nursing Home is a registered nursing home which provides nursing care for up to 25 patients. The home is also approved to provide nursing care on a day basis for up to three patients.</p> <p>The home is a two storey dwelling and patients' bedrooms are situated over both floors. Patients have access to communal lounges, a dining room and an outdoor space.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 16 January 2025, from 10.55am to 3.40pm. The inspection was completed by a pharmacist inspector and focused on medicines management within the home.

The findings of the medicines management inspection on 8 August 2024 evidenced that safe systems were not in place for some aspects of medicines management. Areas for improvement were identified in relation to the stock ordering system, identifying and reporting medication incidents, governance and audit, the management of medicines on admission, the disposal of controlled drugs and staff training. The management team were given a period of time to address the issues identified. This follow-up inspection was undertaken to evidence if the necessary improvements had been implemented and sustained.

Improvements in the systems in place for the management of medicines were observed. Medicines were stored securely at the appropriate temperature. The majority of medicine records were well maintained. There were effective auditing processes in place to ensure that staff were trained and competent to manage medicines. Patients were administered their medicines as prescribed. However, the area for improvement in relation to denaturing controlled drugs in Schedule 4 Part (1), is stated for a second time and one new area for improvement was identified in relation to record keeping for distressed reactions.

The areas for improvement identified at the last care inspection were carried forward for review at the next inspection. Details of the inspection findings, including the area for improvement stated for a second time, areas for improvement carried forward for review at the next

inspection and the new area for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) (Section 4.0).

Patients were observed to be relaxed and comfortable in the home and in their interactions with staff. It was evident that staff were knew the patients well.

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 areas for improvement identified at previous inspections, registration information, and any other written or verbal information received from patients, 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**

Staff said they had worked hard to implement and sustain improvements identified at the last medicines management inspection and had received help and support from senior management to do so. 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 patient liked to take their medicines and medicines were administered in accordance with individual patient preference. They also said that they prioritised patients who required pain relief and time-critical medicines during each medicine round.

One member of staff said that they felt there had been many improvements made by the new owners who were very responsive to requests made by patients and staff. They advised that patients had said (at a recent meeting) they were happy in the home and felt able to ask staff for anything they required. They also said that the new system for updating care records was less time-consuming.

### 3.3 Inspection findings

#### 3.3.1 Availability of prescribed medicines

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that each patient's medicines are available for administration as prescribed.

The stock ordering system had been reviewed to ensure that medicines were available for administration as prescribed on all occasions. Additional staff hours had been made available for ordering the monthly medicines. In addition, nurses checked stock levels on a daily basis. The records reviewed showed that all medicines were available for administration when patients required them.

#### 3.3.2 Governance and audit

Following the last medicines management inspection, the management team implemented a robust audit tool which covered all aspects of the management of medicines. This audit was completed monthly and action plans were discussed with staff and implemented. In addition, nurses completed audits on the management of medicines for their named patients.

It was agreed that this level of audit activity would be continued in order to ensure that the improvements noted at this inspection are sustained.

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.

Apart from the incidents identified at the last inspection, no medicine-related incidents had been reported to RQIA since the last inspection. The manager confirmed that staff were now aware that missed doses due to stock supply issues are medication incidents, which must be reported to the prescriber for guidance, investigated and learning shared with staff in order to prevent a recurrence.

The audits completed at the inspection indicated that medicines were being administered as prescribed and that there had been no missed doses due to medicines being unavailable in the home.

#### 3.3.3 The management of medicines on admission/readmission to the home

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.

### **3.3.4 The management of controlled drugs**

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. Records for the receipt, administration and disposal of controlled drugs which require safe custody had been appropriately maintained in the controlled drug record book.

A list of controlled drugs in Schedules 2, 3 and 4 (Part 1), which must be denatured prior to disposal, was now available in the treatment room. However, review of the disposal book indicated that a number of controlled drugs in Schedule 4 (Part 1) had not been denatured prior to disposal. An area for improvement was stated for a second time.

### **3.3.5 Staff training**

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.

Following the last inspection nurses had received face-to-face and on-line training on the management of medicines. Competency assessments had also been completed. The manager advised that further training is planned as the home are implementing a new monitored dosage system.

It was agreed that the findings of this inspection would be discussed with staff to ensure that the improvements noted at this inspection are sustained.

### **3.3.6 Other areas reviewed**

All patients 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.

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 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 record and patient-centred care plans 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 and other factors. However, records of administration did not include the reason for and outcome of each administration. An area for improvement was identified.

#### 4.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3*	12*

\* the total number of areas for improvement includes one that is stated for a second time and thirteen that are 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 Virgilita Tierney, Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
<b>Action required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005</b>	
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 13 (1) (a) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 24 October 2024	<p>The registered person shall ensure that head injury observations are obtained and recorded in line with the home's policy, following a fall where there is a suspected and/or actual head injury.</p> <p><b>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.</b></p> <p>Ref: 2.0</p>
<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 14 (2) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> 24 October 2024	<p>The registered person shall ensure that cleaning trolleys containing chemicals that are not securely stored are supervised at all times.</p> <p><b>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.</b></p> <p>Ref: 2.0</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> First time  <b>To be completed by:</b> 24 October 2024	<p>The registered person shall ensure that all notifiable events are reported to RQIA without delay.</p> <p><b>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.</b></p> <p>Ref: 2.0</p>
<b>Action required to ensure compliance with the Care Standards for Nursing Homes, December 2022</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 31  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect 16 January 2025	<p>The registered person shall ensure that controlled drugs, including those in Schedule 3 and Schedule 4 (Part 1) are denatured prior to disposal.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> Meeting has taken place with Registered Nurses and a discussion has taken place re. importance of denaturing of controlled drugs including those in Schedule 3 and Schedule 4 (Part 1). List of Schedule 3 and 4 are on notice board for RN as a reference.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 18</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect 16 January 2025</p>	<p>The registered person shall review that management of distressed reactions, to ensure that the reason for and outcome of the administration of 'when required' medicines is recorded on all occasions.</p> <p>Ref: 3.3.6</p> <p><b>Response by registered person detailing the actions taken:</b> Management of distressed reaction medication has been reviewed. New PRN charts commenced for distressed reactions - detailing name and strength, quantity, purpose of medication, directions of medication and two RN signatures.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 38.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 24 October 2024</p>	<p>The registered person shall ensure that during the recruitment process, gaps in employment are explored and documented.</p> <p><b>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.</b></p> <p>Ref: 2.0</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 47.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 24 October 2024</p>	<p>The registered person shall ensure that lap belts on wheelchairs are utilised when transferring patients in accordance with the patients' assessed needs.</p> <p><b>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.</b></p> <p>Ref: 2.0</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 47.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 24 October 2024</p>	<p>The registered person shall ensure that safe moving and handling training is embedded into staff practice in accordance with the patients' assessed needs.</p> <p><b>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.</b></p> <p>Ref: 2.0</p>



<b>Area for improvement 6</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b> 7 November 2024	The registered person shall ensure that patients' normal bowel type and frequency are recorded within their care plan.  <b>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.</b>  Ref: 2.0
<b>Area for improvement 7</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b> 7 November 2024	The registered person shall ensure that where a patient has a preference to male or female staff assistance with personal care, this is clearly documented within the patients care plan.  <b>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.</b>  Ref: 2.0
<b>Area for improvement 8</b>  <b>Ref:</b> Standard 4.8  <b>Stated:</b> First time  <b>To be completed by:</b> 7 November 2024	The registered person shall ensure that any patient at risk of dehydration has a care plan in place detailing the recommended daily fluid intake with the action to take and at what stage, if the daily fluid target is not achieved.  <b>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.</b>  Ref: 2.0
<b>Area for improvement 9</b>  <b>Ref:</b> Standard 23  <b>Stated:</b> First time  <b>To be completed by:</b> 7 November 2024	The registered person shall ensure that care plans regarding wound care, contain the type of dressings to be used and the frequency for dressings to be renewed.  <b>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.</b>  Ref: 2.0

<b>Area for improvement 10</b>  <b>Ref:</b> Standard 4.9  <b>Stated:</b> First time  <b>To be completed by:</b> 7 November 2024	The registered person shall ensure that where a skin issue has been identified and recorded within a patient's body map, contemporaneous care records are maintained with the action taken and the persons notified.  <b>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.</b>  Ref: 2.0
<b>Area for improvement 11</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First time  <b>To be completed by:</b> 24 October 2024	The registered person shall ensure that hand hygiene and staff use of PPE is in accordance with regional guidance.  <b>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.</b>  Ref: 2.0
<b>Area for improvement 12</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First time  <b>To be completed by:</b> 24 October 2024	The registered person shall ensure that patient equipment is stored appropriately to reduce the risk and spread of infection.  <b>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.</b>  Ref: 2.0

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



The Regulation and  
Quality Improvement  
Authority

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