

# Inspection Report

10 May 2022



## Silver Birch Lodge

Type of service: Nursing Home  
Address: 54 Crossgar Road, Saintfield, BT24 7LF  
Telephone number: 028 9751 0392

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Silver Birch Lodge  <b>Responsible Individuals:</b> Dr Martin Ronald Phillips Mrs Sandra Martha Phillips	<b>Registered Manager:</b> Mrs Jillian Jayne Gilmore  <b>Date registered:</b> 1 April 2005
<b>Person in charge at the time of inspection:</b> Mrs Jillian Gilmore	<b>Number of registered places:</b> 33
<b>Categories of care:</b> 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 TI – terminally ill	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 23
<b>Brief description of the accommodation/how the service operates:</b>  Silver Birch Lodge is a registered nursing home which provides nursing care for up to 33 patients. The home is a two storey building. Bedrooms and lounges are available on both floors. The dining room is located on the ground floor.	

## 2.0 Inspection summary

An unannounced inspection took place on 10 May 2022, from 10.00am to 3.50pm. The inspection was completed by two 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.

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.

Mostly satisfactory systems were in place for the management of medicines. There was evidence that medicines were administered as prescribed and were stored safely and securely. Some medicine administration audits could not be completed because the date of opening had not been recorded. The manager advised that this had already been addressed with the

nursing staff and was being monitored through the audit process. Medicine records were well maintained, however, two nurses had not verified and signed the personal medication records when they were written and updated. The administration of controlled drugs was not witnessed on all occasions. Two new areas for improvement were identified in relation to personal medication records and the administration of controlled drugs.

RQIA would like to thank the manager 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. 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. Staff and patients views were also obtained.

### **4.0 What people told us about the service**

The inspectors met with nursing staff, the manager and the responsible persons. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

The nurse spoken with expressed satisfaction with how the home was managed and the training received. They said that the team communicated well and that management were available to discuss any issues and concerns should they arise.

Staff interactions with patients were warm, friendly and supportive. It was evident that they knew the patients well.

Feedback methods 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. At the time of issuing this report, six questionnaires completed by patients/relatives had been received by RQIA. All responses indicated that they were satisfied/very satisfied with the care provided in Silver Birch Lodge.

## 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 14 October 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure the infection prevention and control deficits identified on inspection are managed to minimise the risk and spread of infection.	<b>Carried forward to the next inspection</b>
	<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>	
<b>Area for improvement 2</b> Ref: Regulation 30 Stated: First time	The registered person shall ensure that all notifiable events are reported to RQIA in a timely manner.	<b>Carried forward to the next inspection</b>
	<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>	
<b>Area for improvement 3</b> Ref: Regulation 29 Stated: First time	The registered person shall ensure that robust Regulation 29 visits take place on a monthly basis and the reports are detailed.	<b>Carried forward to the next inspection</b>
	<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>	

<b>Action required to ensure compliance with Care Standards for Nursing Homes, April 2015</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 38  <b>Stated:</b> First time	The registered person shall ensure that any gaps in previous employment are explored, explanations are recorded and two references are obtained prior to commencing employment.	<b>Carried forward to the next inspection</b>
	<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>	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 41.7  <b>Stated:</b> First time	The registered person shall ensure there is a competent and capable nurse in charge of the home at all times.	<b>Carried forward to the next inspection</b>
	<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>	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 40  <b>Stated:</b> First time	The registered person shall ensure staff are supervised and appraised to promote the delivery of quality care and services.	<b>Carried forward to the next inspection</b>
	<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>	
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 23  <b>Stated:</b> First time	The registered person shall ensure there are clear and documented processes for the prevention and treatment of pressure damage. This is in relation to repositioning of patients.	<b>Carried forward to the next inspection</b>
	<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>	

<b>Area for improvement 5</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time	The registered person shall ensure that care plans in relation to modified diets and wound care are accurate, up to date, recorded and evaluated.	<b>Carried forward to the next inspection</b>
<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>		
<b>Area for improvement 6</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time	The registered person shall ensure the working practices in the home are regularly and robustly reviewed and audited. This is in relation to infection prevention and control, care records, wound care and restrictive practices.	<b>Carried forward to the next inspection</b>
<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>		

## 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 at the inspection were accurate and up to date. However, a second nurse had not verified and signed a significant number of the personal medication records when they were written. Updates on the personal medication records were not verified and signed by a second nurse. In line with safe practice, a second nurse should check and sign the personal medication records when they are written and updated to ensure that they are accurate. An area for improvement was identified.

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 nurses 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 nurses 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

The management of medicines prescribed on a "when required" (PRN) basis for distressed reactions was reviewed. There was evidence that these medicines were prescribed and administered infrequently. Nurses knew how to recognise signs, symptoms and triggers which may cause a change in a patient's behaviour and were aware that this change may be associated with pain/infection. Directions for use were recorded on the personal medication records and care plans directing the use of these medicines were available. Records of administration, and the reason for and outcome of each administration were maintained.

The management of pain was reviewed and discussed for four patients. Nurses advised that they were familiar with how each patient expressed their pain and that additional pain relief was administered when required. Each patient had a pain management care plan and regular pain assessments were carried out by the nursing staff. The manager agreed to update the care plans to include details of the prescribed medicines.

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 nurses and care staff should have the necessary training to ensure that they can meet the needs of the patients.

The management of thickening agents was reviewed for four patients. Care plans were in place. Records of prescribing and administration which included the recommended consistency level were maintained. The manager advised that speech and language assessments had been completed via telephone call due to the long waiting lists; records were maintained. Referrals for face-to-face assessments had been made.

Care plans were in place when patients required insulin to manage their diabetes. They included sufficient detail to direct staff if the patient's blood sugar levels were too low/high.

Occasionally, patients may require their medicines to be crushed or added to food/drink to assist administration. To ensure the safe administration of these medicines, this should only occur following a review with a pharmacist or GP and should be detailed in the patient's care plans. Written consent and care plans were in place when this practice occurred.



### **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 medicines were available for administration when patients required them. Nurses 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 observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each patient could be easily located. The medicine refrigerator and controlled drugs cabinet were being used appropriately. However, the maximum refrigerator temperature was frequently above 8°C. The manager advised that a new thermometer had recently been obtained. She agreed to ensure that nurses received further guidance on accurately recording the refrigerator temperature and to monitor this through the home's audit process.

Appropriate arrangements were in place for the 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 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.

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 was evidence that the administration of controlled drugs was not witnessed by a second nurse/trained member of staff on all occasions. In line with safe practice and the home's policy the administration of controlled drugs should be witnessed by a second nurse/trained member of staff. Staff must only sign that they have witnessed the administration of a controlled drug when they have actually witnessed the administration. An area for improvement was identified.

The audits completed at the inspection indicated that the majority of medicines had been administered as prescribed. However, some audits could not be completed because the date of opening had not been recorded. The manager advised that nurses were recently reminded of the need to record dates of opening in order to facilitate audit and disposal at expiry. The manager was requested to investigate a small number of apparent discrepancies. The outcome of the investigations concluded that one medicine had not been administered as prescribed. This was referred to the prescriber for review and an incident report was submitted to RQIA.



#### **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.

There had been no recent admissions to the home. The admission process for patients new to the home or returning to the home after receiving hospital care was discussed with the manager who provided assurances that robust arrangements were in place to ensure that the home was provided with a list of the patient's current medicines.

#### **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 helps 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.

As detailed in Section 5.2.3, one medication related incident was identified at the inspection and some audits could not be completed as dates of opening had not been recorded. The manager advised that this was being addressed with nursing staff.

#### **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 which included medicines management when this forms part of their role. Competency had been assessed following induction and annually thereafter. The manager was currently reviewing staff competency and advised that the annual medicines management update training would be completed within the next month. Records were available for inspection.

The manager advised that care staff received training on the administration of thickening agents and application of emollient preparations as part of their induction and that competence was monitored through daily observation by the nursing staff.

The medicine management policy and procedures had been updated in March 2022 and were available for staff.

## 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, 2015.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	4*	7*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Jillian Gilmore, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<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 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect (14 October 2021)	The registered person shall ensure the infection prevention and control deficits identified on inspection are managed to minimise the risk and spread of infection.
	<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>  <b>Ref:</b> 5.1
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect (14 October 2021)	The registered person shall ensure that all notifiable events are reported to RQIA in a timely manner.
	<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>  <b>Ref:</b> 5.1
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 29  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect (14 October 2021)	The registered person shall ensure that robust Regulation 29 visits take place on a monthly basis and the reports are detailed.
	<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>  <b>Ref:</b> 5.1
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect (10 May 2022)	The registered person shall ensure that the administration of controlled drugs (Schedule 2 and Schedule 3) is witnessed by a second nurse/trained member of staff. Records of administration must be accurately maintained.  <b>Ref:</b> 5.2.3
	<b>Response by registered person detailing the actions taken:</b> Two controlled drug registers in progress - checking and administration. Staff Nurses reminded re administration and documentation procedures - two signatures at time of administration.

<b>Action required to ensure compliance with Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 38  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect (14 October 2021)	The registered person shall ensure that any gaps in previous employment are explored, explanations are recorded and two references are obtained prior to commencing employment.
	<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: 5.1
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 41.7  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect (14 October 2021)	The registered person shall ensure there is a competent and capable nurse in charge of the home at all times.
	<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: 5.1

<b>Area for improvement 3</b> <b>Ref:</b> Standard 40 <b>Stated:</b> First time <b>To be completed by:</b> With immediate effect (14 October 2021)	The registered person shall ensure staff are supervised and appraised to promote the delivery of quality care and services.
	<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: 5.1
<b>Area for improvement 4</b> <b>Ref:</b> Standard 23 <b>Stated:</b> First time <b>To be completed by:</b> With immediate effect (14 October 2021)	The registered person shall ensure there are clear and documented processes for the prevention and treatment of pressure damage. This is in relation to repositioning of patients.
	<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: 5.1
<b>Area for improvement 5</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time <b>To be completed by:</b> With immediate effect (14 October 2021)	The registered person shall ensure that care plans in relation to modified diets and wound care are accurate, up to date, recorded and evaluated.
	<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: 5.1
<b>Area for improvement 6</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time <b>To be completed by:</b> With immediate effect (14 October 2021)	The registered person shall ensure the working practices in the home are regularly and robustly reviewed and audited. This is in relation to infection prevention and control, care records, wound care and restrictive practices.
	<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: 5.1

<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 29</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (10 May 2022)</p>	<p>The registered person shall ensure that personal medication records are verified and signed by a second nurse at the time of writing and at each update.</p> <p>Ref: 5.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b> All nursing staff reminded of same and all kardex's checked and included as part of medication audits.</p>

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



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Authority

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