

Inspection Report

15 March 2022



Gillaroo Lodge

Type of service: Nursing Home
Address: 134 The Roddens, Larne, BT40 1PN
Telephone number: 028 2826 0033

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Gillaroo Lodge Nursing Home Ltd	Registered Manager: Ms Nicola Susan McCrudden
Responsible Individual: Mr Patrick Samuel MacMahon	Date registered: 13 May 2013
Person in charge at the time of inspection: Ms Nicola Susan McCrudden	Number of registered places: 25
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: 25
Brief description of the accommodation/how the service operates: This is a home which provides nursing care for up to 25 patients. The home is two storey with bedrooms split over both floors.	

2.0 Inspection summary

An unannounced inspection took place on 15 March 2022 from 10am to 1.15pm. The inspection focused on medicines management within the home and was completed by a pharmacist inspector. 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, with the exception of one area for improvement in relation to fire risk.

Review of medicines management found that robust arrangements were in place for the safe management of medicines. Staff were trained and competent to manage medicines and patients were administered their medicines as prescribed.

Two areas for improvement were identified in relation to the audit process and the completion of the personal medication records. Further detail is provided in the body of this report.

Based on the inspection findings and discussions held, RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the management team.

RQIA would like to thank the 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 they were 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

Staff interactions with patients were warm, friendly and supportive. It was evident that they knew the patients well. Patients were comfortable in their rooms or the lounges.

At the time of the inspection, patients were being assisted to attend the podiatrist. Good, supportive relationships were observed between the staff, patients and podiatrist.

All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after patients and meet their needs.

Feedback methods included a staff poster, 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, no questionnaires had been received by RQIA.

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 September 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (7) Stated: First time	The responsible individual shall make suitable arrangements to minimise the risk of infection. This is in relation to aprons stored inappropriately, unclean shelving, staff not always wearing aprons and gloves when required or taking the opportunity to sanitise hands when appropriate, unclean hoists and equipment stored in a shower room.	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 (4) (c) Stated: First time	The responsible individual shall ensure the means of escape in the event of a fire is kept clear of obstacles.	Met
	Action taken as confirmed during the inspection: This area for improvement related to the front door of the home being obstructed. The front door was clear of obstacles during this inspection and there was clear means of escape through this exit in the event of a fire.	
Area for Improvement 3 Ref: Regulation 29 Stated: First time	The responsible individual shall ensure where required in the Regulation 29 report, a detailed action plan is put in place and followed up to ensure that the actions are correctly addressed.	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.	

Action required to ensure compliance with Care Standards for Nursing Homes, April 2015		Validation of compliance
Area for Improvement 1 Ref: Standard 39.4 Stated: First time	The responsible individual shall ensure staff are trained for their roles and responsibilities and an up to date written record of training required and completed is kept in the home.	Carried forward to the next inspection
	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.	
Area for improvement 2 Ref: Standard 4.9 Stated: First time	The responsible individual shall ensure a record is kept of any nursing interventions required or carried out in relation to each patient and any variation to the care plan, reasons and outcomes.	Carried forward to the next inspection
	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.	
Area for improvement 3 Ref: Standard 44 Stated: First time	The responsible individual shall ensure the premises are safe and well maintained and remain suitable for their stated purpose. This is in relation to chipped furniture, skirting boards and door frames in identified rooms, and two damaged support chairs.	Carried forward to the next inspection
	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.	
Area for improvement 4 Ref: Standard 35.3 Stated: First time	The responsible individual shall ensure that systems are in place to monitor the delivery of nursing care and other services provided in the home. This is in relation to robust quality audits for wounds, restrictive practices, nutrition, care records and IPC.	Carried forward to the next inspection
	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.	

Area for improvement 5 Ref: Standard 22.4 Stated: First time	The responsible individual shall ensure that systems are in place to ensure falls assessments, preventive measures and post falls care are carried out in line with best practice.	Carried forward to the next inspection
	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.	

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 the GP, the 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.

It was identified that these records were not always up to date with the most recent prescription. Newly prescribed medicines had not been added to the record in a timely manner. This could result in medicines being administered incorrectly or the wrong information being provided to another healthcare professional. An area for improvement was identified.

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 nurses 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 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 for the patient.

The management of medicines prescribed on a “when required” basis for the management of 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. Nurses knew how to recognise a change in a patient’s behaviour and were aware that this change may be associated with pain. Records included the reason for and outcome of each administration.

The management of pain was discussed. Staff advised that they 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.

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 and nutritional supplements were reviewed. A speech and language assessment report and care plan was in place. Records of prescribing and administration were completed. Staff were reminded that the recommended consistency level should be recorded on all records.

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. Staff 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. Temperatures of medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately. A medicine refrigerator and controlled drugs cabinet were available for use as needed.

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 and found to have been fully and accurately completed. Staff were reminded that medicines that had been discontinued should be removed from the pre-printed records. The records were filed once 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 were recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs.

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 satisfactory arrangements were in place to manage medicines for new patients or patients returning from hospital. Written confirmation of the patient's medicine regime was obtained at, or prior to admission. The medicine records had been accurately completed.

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 will help staff to identify medicine related incidents.

Management and staff were familiar with the type of incidents that should be reported. There have been no medicine related incidents reported to RQIA since 2014. The manager advised that there was a stable staff group who were very familiar with the patients and their medicines and no errors have occurred.

The audits completed by staff in the home are limited to stock balance checks of six to eight medicines per month. There is no overarching process to review the quality of medicines management in the home. A robust audit system which covers all aspects of medicines is necessary to ensure that safe systems are in place and any learning from errors/incidents can be actioned and shared with relevant staff. An area for improvement was identified.

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.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Ongoing review was monitored through supervision sessions with staff and at annual appraisal.

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 or the Care Standards for Nursing Homes, 2015.

	Regulations	Standards
Total number of Areas for Improvement	4*	5*

* The total number of areas for improvement includes two in relation to regulations and five in relation to standards which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Nicola McCrudden, 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 Nursing Home Regulations (Northern Ireland) 2005	
Area for Improvement 1 Ref: Regulation 13 (7) Stated: First time To be completed by: With immediate effect (7 September 2021)	<p>The responsible individual shall ensure suitable arrangements to minimise the risk of infection. This is in relation to aprons stored inappropriately, unclean shelving, staff not always wearing aprons and gloves when required or taking the opportunity to sanitise hands when appropriate, unclean hoists and equipment stored in a shower room.</p> <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 2 Ref: Regulation 29 Stated: First time To be completed by: With immediate effect (7 September 2021)	<p>The responsible individual shall ensure where required in the Regulation 29 report a detailed action plan is put in place and followed up to ensure that the actions are correctly addressed.</p> <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 3 Ref: Regulation 13(4) Stated: First time To be completed by: With immediate effect (15 March 2022)	<p>The registered person shall ensure that personal medication records are updated in a timely manner when new medicines have been prescribed.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Staff have been reminded to update medicine kardexes when there are any changes to medications. Correlation of medicine kardexes and MARS is also completed on a regular basis as part of the audit process.</p>
Area for improvement 4 Ref: Regulation 13(4) Stated: First time To be completed by: 15 April 2022	<p>The registered person shall ensure that a comprehensive audit, which includes all aspects of medicines management, is completed regularly.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: We are now using a different audit tool that covers all aspects of medicines management along with the drug stock check and will continue to use this going forward.</p>

Action required to ensure compliance with Care Standards for Nursing Homes, April 2015	
Area for Improvement 1 Ref: Standard 39.4 Stated: First time To be completed by: With immediate effect (7 September 2021)	The responsible individual shall ensure staff are trained for their roles and responsibilities and an up to date written record of training required and completed is kept in the home.
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