Unannounced Medicines Management Inspection Report
24 October 2017

Gillaroo Lodge

Type of Service: Nursing Home
Address: 134 The Roddens, Larne, BT40 1PN
Tel No: 028 2826 0044
Inspector: Frances Gault

It should be noted that 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 the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for

This is a nursing home with 25 beds that provides care for patients as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Gillaroo Lodge Nursing Home Ltd **Responsible Individual(s):** Mrs Elizabeth Rowan Mrs Margaret Boyle	**Registered Manager:** Mrs Nicola Susan McCrudden
Person in charge at the time of inspection: Mrs Nicola Susan McCrudden	**Date manager registered:** 13 May 2013
Categories of care: Nursing Homes 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 registered places:** 25

4.0 Inspection summary

An unannounced inspection took place on 24 October 2017 from 10.45 to 13.45.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

The inspection assessed progress with any areas for improvement identified during and since the last medicines management inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to governance, medicine administration and records.

No areas requiring improvement were identified during this inspection.

Patients and relatives spoke very positively about the care provided in Gillaroo Lodge.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Nicola McCrudden, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 17 August 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of medication related incidents; it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection

A poster indicating that the inspection was taking place was displayed in the lobby of the home and invited visitors/relatives to speak with the inspector. No one availed of this opportunity during the inspection.

During the inspection we met with three patients, two staff, the registered manager and a patients' representative.

A total of 10 questionnaires were provided for distribution to patients and their representatives, for completion and return to RQIA. Staff were invited to share their views by completing an online survey.

A sample of the following records was examined during the inspection:

- medicines requested and received
- personal medication records
- medicine administration records
- medicines disposed of or transferred
- controlled drug record book
- medicine audits
- care plans
- medicines storage temperatures

Areas for improvements identified at the last medicines management inspection were reviewed and the assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 17 August 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the care inspector at the next care inspection.

6.2 Review of areas for improvement from the last medicines management inspection dated 24 May 2016

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 30 **Stated:** First time	The registered manager should ensure that medicines are stored under conditions that conform to the manufacturers' requirements.	**Met**
	Action taken as confirmed during the inspection: The evidence seen during the inspection indicated that medicines were being stored appropriately.	
Area for improvement 2 **Ref:** Standard 18 **Stated:** First time	The registered manager should ensure that the reason for and the outcome of the administration of "when required" medicines for distressed reaction are recorded.	**Met**
	Action taken as confirmed during the inspection: Staff usually record this on the computerised care records. It was agreed that the registered manager would remind staff to record this information on every occasion. Given her assurance this area for improvement was assessed as met.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Medicines were managed by staff who have been trained and deemed competent to do so. An induction process was in place for registered nurses and for care staff who had been delegated medicine related tasks. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Staff advised of the procedures to identify and report any potential shortfalls in medicines. Antibiotics and newly prescribed medicines had been received into the home without delay. Satisfactory arrangements were in place for the acquisition and storage of prescriptions. The registered manager advised that patients' prescribed medicines were currently being reviewed by pharmacists employed by the Northern Health and Social Care Trust. They were then, when appropriate, making recommendations to the prescribers in relation to any suggested changes.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records and handwritten entries on medication administration records were usually updated by two registered nurses. This safe practice was acknowledged.

In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to. Training had been completed in the last year.

There were procedures in place to ensure the safe management of medicines during a patient's admission to, and discharge from, the home.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Checks were performed on controlled drugs which require safe custody, at the end of each shift. It was observed that on one occasion the receipt of a controlled drug was recorded into the controlled drug book by one registered nurse. The registered manager advised that there would not always be two nurses on duty. The use of a trained care assistant as a witness for this procedure was discussed.

Robust arrangements were observed for the management of high risk medicines e.g. warfarin and insulin. The use of separate administration charts was acknowledged.

Discontinued or expired medicines were disposed of appropriately. Discontinued controlled drugs were denatured and rendered irretrievable prior to disposal by the community pharmacist and a registered nurse.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. Medicine refrigerators and oxygen equipment were checked at regular intervals.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to supervision and appraisal, the management on medicines on admission/discharge, the storage of prescriptions and medicines.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The sample of medicines examined had been administered in accordance with the prescriber's instructions. There was evidence that time critical medicines had been administered at the correct time. There were arrangements in place to alert staff of when doses of weekly medicines were due.

When a patient was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, specific dosage instructions were recorded on the personal medication record. Staff 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. The reason for and the outcome of administration were usually recorded; see Section 6.2. Care plans were in place.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the patient was comfortable. Staff advised that most of the patients could verbalise any pain, and a pain tool was used as needed. A care plan was maintained.

The management of swallowing difficulty was examined. For those patients prescribed a thickening agent, this was recorded on their personal medication record and included details of the fluid consistency. Care staff usually recorded the administration on separate records, but it was noted that this had been omitted on one day recently. The registered manager agreed to remind the registered nurses to monitor these records each day.

Staff confirmed that compliance with prescribed medicine regimes was monitored and any omissions or refusals likely to have an adverse effect on the patient's health were reported to the prescriber.

Medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included the regular renewal of the typed personal medication records. However, the registered manager was reminded that the dose of insulin should not be abbreviated on records. The term “iu” should not be used.

Practices for the management of medicines were audited regularly by the staff and management. In addition, a monthly audit was completed by the community pharmacist.

Following discussion with the registered manager and staff, it was evident that when applicable, other healthcare professionals are contacted in response to the health needs of the patients.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between patients, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Appropriate arrangements were in place to enable one patient to be actively involved in the management of their health condition.

The administration of medicines to patients had been being completed at the start of this inspection and was not observed. Staff were knowledgeable about the administration of medicines.

Throughout the inspection, it was found that there were good relationships between the staff and the patients. Staff were noted to be friendly and courteous and throughout the inspection we could hear the rapport between the staff and patients sitting in a lounge. It was clear from discussion and observation of staff, that the staff were familiar with the patients’ likes and dislikes.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Of the questionnaires that were issued, four were returned from patients and five from relatives. The responses indicated that they were very satisfied with all aspects of the care.

Relatives' comments:

"My mother has had 100% first class care since coming into this home in ….Delighted with her care."
"I am extremely happy with all at Gillaroo."

One member of staff completed the on line survey and advised that they were very satisfied with the care provided within the home.

Two of the patients spoken with were very positive about living in the home.

One relative advised that staff always ensured that the clothing their loved one wore was colour coordinated and spoke of how the registered manager motivated patients.

One care assistant when asked about her role said "love it".

Areas of good practice

Staff listened to residents and took account of their views. There was a warm and friendly atmosphere.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Written policies and procedures for the management of medicines were in place. Management advised that these had been reviewed the previous month.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. No medicine related incidents had been reported since the last medicines management inspection. In relation to the regional safeguarding procedures, staff confirmed that they were aware that medicine incidents may need to be reported to the safeguarding lead and safeguarding team.

A review of the audit records indicated that largely satisfactory outcomes had been achieved.

Following discussion with the registered manager, registered nurses and care staff, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

Staff confirmed that any concerns in relation to medicines management were raised with management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

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