The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Silver Birch Lodge

Provider: Silver Birch Lodge

Date of Inspection: 15 May 2025

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:	Silver Birch Lodge
Responsible Persons:	Dr Martin Ronald Phillips Mrs Sandra Martha Phillips
Registered Manager:	Mrs Erminia Suciu, not registered
Service Profile: Silver Birch Lodge is a nursing home registered to provide nursing care for up to 33 patients. Patients' bedrooms are located over two floors. Patients have access to communal lounges, a dining room and garden.	

2.0 Inspection summary

An unannounced inspection took place 15 May 2025, from 10.30am to 4.30pm. The inspection was completed by a pharmacist inspector and focused on medicines management within the home.

The inspection was undertaken to evidence how medicines are managed in relation to the regulations and standards and to determine if the home is delivering safe, effective and compassionate care and is well led in relation to medicines management. The inspection also reviewed the areas for improvement identified at the last medicines management inspection. Three of the four areas for improvement identified at the last care inspection were carried forward for review at the next inspection.

The outcome of this inspection indicated that robust arrangements were not in place for some aspects of medicines management. Areas for improvement were identified in relation to: ensuring patients had a continuous supply of their prescribed medications, record keeping for controlled drugs, the administration of inhaled medicines, the management of distressed reaction and insulin, and governance and audit. In addition, the area for improvement relating to informing RQIA of notifiable events identified at the last care inspection had not been met and is stated for a second time. The areas for improvement in relation to controlled drugs and personal medication records identified at the last medicines management inspection were assessed as met

Enforcement action resulted from the findings of this inspection. In line with RQIA's enforcement procedures, the responsible persons, Dr Martin Phillips and Mrs Sandra Phillips, and the manager were invited to attend a serious concerns meeting with RQIA on 2 June 2025 to discuss the inspection findings and their plans to address the issues identified.

During the meeting, the responsible persons and manager discussed the action plan which had been submitted to RQIA on 22 May 2025 and also provided a revised action plan. They provided an update on the actions (completed and planned) to ensure the improvements necessary to achieve full compliance with the relevant regulations and standards. RQIA accepted the revised action plan and assurances provided by the management team. The responsible persons were requested to submit a copy of the next completed medicine management audit to RQIA.

RQIA will continue to monitor and review the quality of service provided in Silver Birch Lodge and will carry out a further inspection to assess compliance. Failure to implement and sustain the necessary improvements may lead to further enforcement action.

Details of the inspection findings, including new areas for improvement identified, the area for improvement stated for a second time and areas for improvement carried forward for review at the next inspection 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 knew the patients well.

RQIA would like to thank the management and staff for their assistance during 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 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. 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. They stated medication rounds were tailored to respect each individual's preferences, needs and timing requirements.

RQIA did not receive any completed questionnaires or responses to the staff survey following the inspection.

3.3 Inspection findings

3.3.1 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 best practice, a second member of staff should check and sign the personal medication records when they were written and updated to confirm that they are accurate. A small number of missed verification signatures were highlighted for immediate corrective action and on-going vigilance.

Copies of patients' prescriptions/hospital discharge letters were not consistently retained so that any entry on the personal medication record could be checked against the prescription. This was highlighted to the manager for corrective action.

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. However, some care plans did not include details of currently prescribed medicines. While 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, records of administration did not include the reason for and outcome of each administration. An area for improvement was identified.

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 were in place however one care plan needed updating with the details of the current prescribed medicines. This was discussed with the manager for correction.

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 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.

The care plans for insulin were not patient specific and did not contain enough detail on the actions to be taken if the patient's blood glucose levels was outside their recommended range. An area for improvement was identified.

3.3.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicine 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.

Records reviewed showed that medicine doses had been omitted for five patients on a number of occasions as the medicines were not available in the home. Missed doses of medication have the potential to affect the health and well-being of patients. Review of the medicine ordering system indicated that some medicines had not been ordered in a timely manner. These omissions had not been escalated to management for immediate action and investigation to prevent a recurrence. Medicines must be available for administration as prescribed. An area for improvement was identified.

The medicine storage area was observed to be securely locked to prevent any unauthorised access. It was tidy and organised so that medicines belonging to each patient could be easily located. The temperature of the medicine storage area was monitored and recorded to ensure that medicines were stored appropriately. Review of the daily room temperature log indicated that the room temperature had regularly been below 25^{o}C, however, on the day of inspection the temperature was above 25 ^{o}C. It was acknowledged that the thermometer was placed in direct sunlight. This was addressed during the inspection.

Satisfactory arrangements were in place for medicines requiring cold storage, the storage of controlled drugs and the safe disposal of medicines.

3.3.3 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 accurately completed. Records were filed once completed and were readily retrievable for audit/review.

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. A folder containing loose pages was in place for recording the administration and disposal of controlled drugs; records for the receipt of controlled drugs were not recorded on these pages. Records for the receipt, administration and disposal of controlled drugs should be maintained in a controlled drugs record book which is bound and pages should be numbered. An area for improvement was identified.

In addition to the omitted doses due to stock supply issues, the audits completed at the inspection identified discrepancies in the administration of a number of inhaled medicines. An area for improvement was identified.

The manager was requested to investigate these omissions, refer to the prescriber for guidance and report to the appropriate authorities including RQIA. Notifications were submitted to RQIA following the inspection.

The audits completed by management and staff had not identified the issues identified at this inspection including out of stock medicines, discrepancies in the administration of inhaled medicines, controlled drug records and care plans for distressed reaction and insulin. The manager should implement a robust audit system which covers all aspects of the management and administration of medicines including those identified at this inspection. Any shortfalls identified should be detailed in an action plan and addressed. An area for improvement was identified.

3.3.4 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 at the time of admission or for patients returning from hospital. Written confirmation of prescribed medicines was obtained at or prior to admission and details shared with the GP and community pharmacy. Medicine records had been accurately completed and there was evidence that medicines were administered as prescribed.

3.3.5 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.

Only two medicine related incidents had been reported to RQIA since the last inspection. Staff had not recognised that omitted doses due to stock supply issues were medicine incidents that must be referred to the prescriber for advice and reported to RQIA. An area for improvement identified at the care inspection was stated for a second time.

The findings of this inspection indicate that the auditing system is not robust and that therefore incidents may not have been identified. 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. See Section 3.3.3.

3.3.6 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.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Medicines management policies and procedures were in place.

It was agreed that staff would receive further training on the issues identified at this inspection in order to facilitate the necessary improvements.

4.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	6*	4*

* the total number of areas for improvement includes one that have been stated for a second time and three which were carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Sandra Philips, Responsible Person and Mrs Erminia Suciu, 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 30 **Stated:** Second time **To be completed by:** 15 May 2025	The registered person shall ensure that RQIA is made aware of any notifiable event without delay. Ref: 2.0 & 3.3.5
	Response by registered person detailing the actions taken: All notification of incidents,such as serious injury,death or safeguarding concerns is reported without delay. Lessons are learned and a safer environment is maintained for both residents and staff. Timely reporting helps ensure resident safety and compliance with regulatory standards.
Area for improvement 2 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 15 May 2025	The registered person shall review the medicines ordering systems to ensure that medicines are available for administration as prescribed on all occasions. Ref: 3.3.2
	Response by registered person detailing the actions taken: Prescribed medicines are consistently available for administration at all times. Medication order completed for every 28 days,stock levels of PRN medicines and creams checked and noted for ordering purposes. Ensure that residents receive their medication without omission or delay.There is a continuity of care and minimal risk of harm supporting safe and effective care delivery(30/05/2025).
Area for improvement 3 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 15 May 2025	The registered person shall ensure that records for the receipt, administration and disposal of controlled drugs are maintained in a controlled drug record book. Ref: 3.3.3
	Response by registered person detailing the actions taken: All records of controlled drug are maintained in a controlled drug record book "Checking" and "Administration" for safe handling and accountability of controlled drugs (20/05/2025).

Area for improvement 4 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 15 May 2025	The registered person shall ensure that inhaled medicines are administered in strict accordance with the prescriber's instructions. Ref: 3.3.3
	Response by registered person detailing the actions taken: Inhaled medicines are administered in accordance with the prescriber's instructions to support safe and effective treatment. All registered nurses are currently undertaking training of medication management and administration of inhaler devices including spacers or other assistive devices, training cover inhaler administration technique and medication management (09/06/2025).
Area for improvement 5 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 15 May 2025	The registered person shall ensure that a robust audit system is in place which covers all aspects of medicines management. Action plans to address any shortfalls should be developed and implemented. Ref: 3.3.3 & 3.3.5
	Response by registered person detailing the actions taken: Medication audit: checked all MAR charts are fully completed with no gaps,PRN medication record and administration protocol are in place,identify any patterns such as refusal,missed signatures or omissions. Residents care plans are currently under review to ensure the care plans are reflective of current resident's needs (28/05/2025).
Area for improvement 6 **Ref:** Regulation 14 (2) (a) (c) **Stated:** First time **To be completed by:** 28 June 2024	The registered person shall ensure that all chemicals are securely stored in keeping with Control of Substances Hazardous to Health legislation in order to ensure that patients are protected from hazards to their health.
	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: 2.0

Action required to ensure compliance with the Care Standards for Nursing Homes, December 2022	
Area for improvement 1 **Ref:** Standard 28 **Stated:** First time **To be completed by:** 15 May 2025	The registered person shall ensure that where medicines are prescribed on a “when required” basis for distressed reason care plans contain sufficient detail and the reason and outcome for administrations is recorded. Ref: 3.3.1
	Response by registered person detailing the actions taken: Review of resident's individual care plans in relation to management of distressed reactions have been commenced to include detail for recognising and identifying triggers that may lead to an individual's distress and the interventions required to direct the care to manage presenting behaviours,reason and outcome for administrations is recorded (23/05/2025).
Area for improvement 2 **Ref:** Standard 28 **Stated:** First time **To be completed by:** 15 May 2025	The registered person shall ensure that patient centred care plans are in place for the administration of insulin Ref: 3.3.1
	Response by registered person detailing the actions taken: Review of resident individual care plan in relation to the administration of insulin in line with best practice guidelines (16/05/2025).

Area for improvement 3 **Ref:** Standard N26 **Stated:** Second time **To be completed by:** 30 June 2023	The registered person shall ensure that wardrobes are secured to walls for safety.
	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. Ref: 2.0
Area for improvement 4 **Ref:** Standard 12 **Stated:** First time **To be completed by:** 28 June 2024	The registered person shall ensure that a daily menu is on display in a suitable format and in an appropriate location, showing patients what is available each mealtime.
	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. Ref: 2.0

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