

Inspection Report

7 November 2023



Gillbrooke Nursing Home

Type of service: Nursing Home

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Gillbrooke Care Centre Ltd	Registered Manager: Mrs Jennifer McCaffrey
Responsible Individual: Mr John James Wesley Kerr	Date registered: 20 January 2020
Person in charge at the time of inspection: Mrs Hilary Palmer, Staff Nurse	Number of registered places: 25 A maximum of one named patient in category NH-LD and one named patient in NH-LD (E). The home is approved to provide care on a day basis for up to 3 persons.
Categories of care: Nursing Home (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: 23
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 23 patients.	

2.0 Inspection summary

This unannounced inspection took place on 7 November 2023, from 10am to 1.50pm. The inspection was conducted by a care inspector.

The inspection sought to assess progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Two areas of improvement in respect of staffing levels and risk with free standing wardrobes have been stated for a second time. Two other areas of improvement were made in respect of provision of activities and notification to RQIA in relation to shortfalls in staffing.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

RQIA will be assured that the delivery of care and service provided in Gillbrooke Nursing Home will be safe, effective, compassionate and well led, in addressing these areas of improvement as detailed in the quality improvement plan.

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 we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Mrs Hilary Palmer, Staff Nurse, at the conclusion of the inspection.

4.0 What people told us about the service

In accordance with their capabilities, patients said they were happy with the care provided, and that staff were kind and caring and that they enjoyed the meals. One patient commented on the lack of activities.

Staff said that the standard of care provided for was good. Concerns were expressed in respect of staffing levels in terms of numbers of staff on duty and shortfalls in staffing due to staff absences and vacancies. This is further discussed in section 5.2.1.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 20 June 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (1) (a) Stated: First time	<p>The registered person shall put in place an adequate system to ensure deficits in staffing such as staff absences is covered.</p>	Not met
	<p>The registered person shall also undertake a review of staffing levels in relation to;</p> <ul style="list-style-type: none"> • Catering staff hours so that care staff do not undertake mixed duties • Night duty staffing levels • Sufficient handover time for information between shifts • Ensuring that the staffing in the home is in accordance with patients' dependencies and the size and layout of the home. 	
	<p>Action taken as confirmed during the inspection:</p> <p>A formal review of staffing levels had not been undertaken and there continued to be deficits in staffing. This area for improvement has not been met and is now stated for a second time.</p> <p>Staffing is further discussed in section 5.2.1.</p>	

Area for improvement 2 Ref: Regulation 27 (2) (t) Stated: First time	<p>The registered person shall put in place a risk assessment in accordance with current safety guidance and subsequent appropriate action for;</p> <ul style="list-style-type: none">• All free standing furniture / wardrobes• All radiators / hot surfaces.	Partially met
	<p>Action taken as confirmed during the inspection: Three wardrobes were found to be free standing and posed risk if a patient were to pull on same in the event of a fall.</p> <p>Radiators and hot surfaces were risk assessed monthly with subsequent appropriate action.</p> <p>This area of improvement was partially met and restated for a second time in respect of free standing wardrobes.</p>	
Area for improvement 3 Ref: Regulation 27 (4) (e) Stated: First time	<p>The registered person shall ensure all staff employed in the home are in receipt of up-to-date training in fire safety.</p> <p>Action taken as confirmed during the inspection: All staff employed in the home are in receipt of up-to-date training in fire safety.</p>	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for improvement 1 Ref: Standard 9 (5) Stated: First time	<p>The registered person shall put in place sufficient information and contact details for patients’ spiritual care needs in the care records.</p> <p>Action taken as confirmed during the inspection: These details were recorded appropriately.</p>	Met

Area for improvement 2 Ref: Standard 35 (6) Stated: First time	The registered person shall put in place an audit of the environment to ascertain a concise action plan of areas of the environment that need updated and redecorated.	Met
	Action taken as confirmed during the inspection: Evidence was in place to confirm there was a plan of redecoration and upkeep being put in place.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the nurse in charge when the Manager was not on duty.

Staff reported that shortfalls in staffing occurred regularly which impacted on the time that they had to spend with patients for example, with engaging in activities. A review of the duty rota confirmed that the planned staffing was not always met. On the day of the inspection there were no domestic staff on duty and there was no one available for the care staff twilight evening shift. The nurse in charge was asked to report this concern to the responsible individual without delay, which she did.

The provision of staffing was identified as an area for improvement as a result of the previous inspection. The manager confirmed that as a result of this the catering staff allocations had been reviewed to avoid care staffing undertaking mixed duties. However, since that review care staff were having to undertake cleaning duties due to deficits in domestic staffing hours. This area for improvement has now been stated for a second time.

Details of these shortfalls in staffing were further discussed with the Manager after this inspection on 9 November 2023 and on 16 November 2023. Satisfactory assurances were received to confirm that these issues were being acted upon, by the Manager. It was agreed that the Manager would notify RQIA when the planned staffing was not met; this was identified as an area for improvement.

Staff said that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. One patient said that; "The staff are very kind and couldn't do enough for you."

Mandatory training for staff was maintained on an up-to-date basis. Staff expressed concerns about large elements of mandatory training that they needed to complete on their own time, which they said is being raised with the responsible individual.

5.2.2 Care Delivery and Record Keeping

Staff interactions with patients were observed to be polite, friendly and warm. Expressions of consent were evident with statements such as “Are you okay with...” or “Would you like to ...” when dealing with care delivery. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients’ needs.

It was observed that staff respected patients’ privacy by their actions such as knocking on doors before entering, discussing patients’ care in a confidential manner, and by offering personal care to patients discreetly.

Care records were maintained which accurately reflected the needs of the patients. Staff were knowledgeable of individual patients’ needs, their daily routine wishes and preferences.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

Examination of records and discussion with staff confirmed that the risk of falling and falls were suitably managed. There was evidence of appropriate onward referral as a result of the post falls review.

Care records were held confidentially.

Daily progress records were kept of how each patient spent their day and the care and support provided by staff.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was tidy and fresh smelling throughout, with improvements to the standard of décor and furnishings being addressed. Patients’ bedrooms were comfortable, suitably facilitated and personalised. Communal areas were reasonably decorated and comfortable.

Cleaning chemicals were stored safely and securely.

There were no recommendations made from the home’s most recent fire safety risk assessment, dated 6 June 2023.

Fire safety training, safety drills and checks in the environment were maintained on an up-to-date basis.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided. Staff were also seen to adhere to correct IPC protocols.

5.2.4 Quality of Life for Patients

Observations of care practices confirmed that patients were able to choose how they spent their day. It was also observed that staff offered choices to patients throughout the day which included preferences for food and drink options.

The atmosphere in the home was relaxed with patients seen to be comfortable, content and at ease in their environment and interactions with staff.

The genre of music and television programmes was in keeping with patients' age group and tastes.

Observations of care practices and discussions with patients and staff found that there was no programme of activities in place due to a vacancy for an activities co-ordinator and deficits in the planned staffing. An area of improvement was made for this provision to be put in place.

5.2.5 Management and Governance Arrangements

It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Discussions with staff confirmed knowledge and understanding of the safeguarding policy and procedure. Staff also said that they felt confident about raising such issues to management and felt these would be addressed appropriately.

Accidents and incidents were notified, if required, to patients' next of kin, aligned named worker and to RQIA. A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported to the relevant stakeholders.

There was evidence that complaints were managed correctly and that records of complaint were suitably maintained.

There was a good system of audits and quality assurance in place. These audits included; environmental, infection prevention and control, mealtime experience and care records.

The home was visited each month by a representative on behalf of the responsible individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. The last three months' reports were reviewed and were sufficiently detailed with the overview of the service. However, the issues with staffing were not identified. The need to ensure that the reports included an accurate review of staffing was discussed with the Manager and will be reviewed at the next inspection.

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.

	Regulations	Standards
Total number of Areas for Improvement	4*	0

* The total number of areas for improvement includes two that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Hilary Palmer, Staff Nurse, 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 Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 20 (1) (a) Stated: Second time To be completed by: 21 November 2023	<p>The registered person shall put in place an adequate system to ensure deficits in staffing such as staff absences is covered.</p> <p>The registered person shall also undertake a review of staffing levels in relation to;</p> <ul style="list-style-type: none"> • Night duty staffing levels • Ensuring that the staffing in the home is in accordance with patients' dependencies and the size and layout of the home. <p>Ref: 5.1 and 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A list of agency contacts are available for the nurse in charge for staff in the event of an emergency, after approval by the proprietors. Two care assistants have completed induction for night duty and we have two care assistants and one nurse on every night. This will take away the need for 5-10 shifts in the evening.</p>
Area for improvement 2 Ref: Regulation 27 (2) (t) Stated: Second time To be completed by: 14 November 2023	<p>The registered person shall put in place a risk assessment in accordance with current safety guidance and subsequent appropriate action for;</p> <ul style="list-style-type: none"> • All free standing furniture / wardrobes <p>Ref: 5.1</p>

	Response by registered person detailing the actions taken: All free standing furniture was checked again by the maintenance person to ensure all furniture was made safe and secured to the wall.
Area for improvement 3 Ref: Regulation 13 (1) (a) Stated: First time To be completed by: 7 December 2023	The registered person shall ensure that a person centred programme of activities is put in place. Ref: 5.2.1
	Response by registered person detailing the actions taken: A new activity therapist has been recruited. At present a care assistant has been allocated daily to complete activities each afternoon until the new activity therapist has been inducted.
Area for improvement 4 Ref: Regulation 30 (1) (d) Stated: First time To be completed by: 14 November 2023	The registered person shall notify RQIA when planned staffing levels are not met. Ref: 5.2.4
	Response by registered person detailing the actions taken: If any issues with staffing arise, the registered manager will notify the RQIA. All avenues will be considered if short staffed, bank staff will be contacted and agency if necessary.

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