

Inspection Report

18 October 2022



Gillbrooke Nursing Home

Type of service: Nursing Home
Address: 107 Clabby Road, Fivemiletown, BT75 0QY
Telephone number: 028 9852 1888

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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 Jennifer McCaffrey	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: 24
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 25 patients. Patients' bedrooms are situated over two floors. Patients have access to lounges, a dining room and conservatory.	

2.0 Inspection summary

An unannounced inspection took place on 18 October 2022, from 9.35am to 4.45pm by a care inspector.

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

Areas for improvement identified during the inspection are detailed throughout this report and within the Quality Improvement Plan (QIP) in section 6.0. Three areas for improvement have been stated for a second time in relation to the environment, care plans regarding skin care and wound care records.

Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff are included in the main body of this report.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

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 patients and staff were asked for their opinion on the quality of the care and their experience of living 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.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were provided to the Manager at the conclusion of the inspection.

4.0 What people told us about the service

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "This is a nice place", "The staff are great here", "I have everything I need here", "I feel safe here" and "Getting well looked after".

Three questionnaires were received which did not state if they are from a relative or a patient. The respondents indicated that they were satisfied or very satisfied with the overall delivery of care. Comments received as follows: "They need more carers" and "Everything is 100% very good".

Staff said that the Manager was very approachable, teamwork was good and that they felt well supported in their role. One staff member said: "Jenny (Manager) is great" and a further staff member said "I like working here". Some staff said that more care assistants were required to cover mornings and staff leave but also said they were aware that management were doing their best to recruit more staff. There was no response from the online staff survey.

One relative commented positively about the home and the care provided. Comments included; "I am very happy with my (relatives) care", "Well cared for here", "(The) staff are very kind and caring" and "No concerns or complaints".

Comments received from patients, relatives and staff were shared with the Manager to action where necessary.

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 13 January 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (2) (b) Stated: First time	The registered person shall ensure that a refurbishment plan is submitted to RQIA and implemented with timeframes for completion. With specific reference to: <ul style="list-style-type: none"> • door frames • over bed tables • walls • floor coverings • bedroom furniture. 	Partially met
	Action taken as confirmed during the inspection: Observation of the environment and discussion with the Manager evidenced that this area for improvement had not been fully met and has been stated for a second time. This is discussed further in section 5.2.3.	
Area for improvement 2 Ref: Regulation 13 (7) Stated: Second time	The registered person shall ensure that infection prevention and control practices are reviewed. Specific reference to: <ul style="list-style-type: none"> • staff are bare below the elbow • PPE is worn in accordance with the regional COVID-19 guidelines. 	Met
	Action taken as confirmed during the inspection: Observation of staff practices and discussion with the Manager evidenced that this area for improvement had been met.	

Area for improvement 3 Ref: Regulation 27 (2) (b) (c) Stated: First time	The registered person shall ensure that windows are reviewed and restrictors fitted where necessary with robust tamper proof fixings.	Met
	Action taken as confirmed during the inspection: Observation of the environment and discussion with the Manager evidenced that this area for improvement had been met.	

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 18 Stated: First time	The registered person shall ensure the following in regards to the provision of care to patients who require the use of restrictive practices, specifically the use of a monitoring device: <ul style="list-style-type: none"> • should be reflected within the patients care plan • risk assessment should be implemented and reviewed regularly. 	Met
	Action taken as confirmed during the inspection: Review of a sample of care records and discussion with the Manager evidenced that this area for improvement had been met.	
Area for improvement 2 Ref: Standard 35 Stated: Second time	The registered person shall ensure that a system for auditing newly admitted patients care plans and risk assessments is implemented to ensure they are completed within the required timeframe.	Met
	Action taken as confirmed during the inspection: Review of relevant records and discussion with the Manager evidenced that a system of auditing had been implemented and that this area for improvement had been met.	
Area for improvement 3 Ref: Standard 4 Stated: First time	The registered person shall ensure that care plans regarding skin care are reflective of the patient's needs.	Partially Met
	Action taken as confirmed during the inspection: Review of a sample of care records and discussion with the Manager evidenced that this area for improvement had not been fully met and has been stated for a second time.	

	This is discussed further in section 5.2.2.	
Area for improvement 4 Ref: Standard 23 Stated: First time	The registered person shall ensure that where a patient has been assessed as requiring wound care dressings, the frequency of dressing renewals is in accordance with the care plan and reflected within the wound assessment charts.	Partially Met
	Action taken as confirmed during the inspection: Review of a sample of care records and discussion with the Manager evidenced that this area for improvement had not been fully met and has been stated for a second time. This is discussed further in section 5.2.2.	
Area for improvement 5 Ref: Standard 4 Stated: First time	The registered person shall review the management of recording patients weight to ensure: <ul style="list-style-type: none"> • newly admitted patients are weighed on admission • where a patient has lost weight relevant action is taken and care records updated • the exact date of when a patient has been weighed is clearly recorded • the MUST assessment clearly records the exact date of when the assessment was completed. 	Met
	Action taken as confirmed during the inspection: Review of a sample of care records and discussion with the manager evidenced that this area for improvement had been met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling, fire safety and adult safeguarding. Staff confirmed that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively. The Manager confirmed that there was ongoing monitoring of training to ensure full compliance.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC).

Review of two employee recruitment records evidenced that relevant pre-employment checks had been completed.

Staff said they felt supported in their roles and that there was good team work with effective communication between staff and management. As mentioned above in section 4.0 some staff said that more care assistants were required to cover mornings and staff leave. This was discussed with the Manager who confirmed that recruitment was ongoing for suitably skilled care assistants and that agency care assistants would be sourced where required.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the Manager was not on duty. Observation of the delivery of care during the inspection evidenced that patients' needs were met by the levels and skill mix of staff on duty with staff confirming that some patients choose to get up later in the day.

The inspector requested a sample of registered nurses competency and capability assessments for taking charge of the home in the absence of the Manager and found these to have been completed.

A matrix system was in place for staff appraisals to record staff names and the date that the appraisal had taken place. However, there was no record of twice yearly supervisions. This was discussed with the Manager and an area for improvement was identified.

5.2.2 Care Delivery and Record Keeping

There was clear evidence of a relaxed, pleasant and friendly atmosphere between patients and staff. The inspector also observed where staff facilitated the patient's favourite music or television programme for those patients who were on bed rest. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Patients who were less able to mobilise require special attention to their skin care. The Manager confirmed that there were currently no patients requiring repositioning. However, review of three patient's care records evidenced that care plans specific to skin care stated; 'reposition regularly using sliding sheet'. It was further identified that one patient who did require the use of a sliding sheet to position them in bed was not recorded within their moving and handling risk assessment. The Manager acknowledged the shortfalls in the care records and agreed to have these reviewed. This area for improvement has been stated for a second time.

Review of wound assessment charts and care records for one patient with two wounds evidenced that one of the wounds did not have a care plan to direct staff on the type of dressing required or the frequency of dressing renewal. Details were discussed with the Manager and an area for improvement has been stated for a second time.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients and the lunchtime dining experience was seen to be calm and relaxed. Patients who

choose to have their lunch in their bedroom had trays delivered to them and the meals were covered on transport.

There was a choice of meals offered, the food was attractively presented by the catering staff and smelled appetising. Staff knew which patients preferred a smaller portion and demonstrated their knowledge of individual patient's likes and dislikes. Patients said they very much enjoyed the food provided in the home.

Staff said they were made aware of patients' nutritional needs to ensure that recommendations made by the Speech and Language Therapist (SALT) were adhered to. Discussion with staff evidenced that they were providing the correct diet as recommended by SALT.

Review of three patient care records evidenced that care plans and risk assessments were reviewed on a regular basis. However, a number of care plans had not been personalised to reflect the patients assessed needs. It was further identified that care plans were not in place for relevant medical conditions. Details were discussed with the Manager and an area for improvement was identified.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. Corridors were clear of clutter and obstruction and fire exits were also maintained clear.

The home was warm, clean and comfortable. Patients' bedrooms were personalised with items important to the patient. There was evidence that a number of walls had been painted since the previous inspection. However, surface damage remained evident to identified floor coverings, walls, woodwork and bedroom furniture. This area for improvement has been stated for a second time.

There were a number of maintenance issues identified during the inspection which required review/repair. Details were discussed with the Manager and following the inspection written confirmation was received from the Manager that these works had been completed.

Oxygen cylinders were observed within an unlocked store. This was discussed with the Manager and following the inspection written confirmation was received from the Manager that relevant action had been taken to address this.

The Manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases and that any outbreak of infection was reported to the Public Health Agency (PHA).

There was a good supply of personal protective equipment (PPE) and hand sanitising gel in the home. Staff use of PPE and hand hygiene was regularly monitored by management and records were kept. The Manager also said that any issues observed regarding infection prevention and control (IPC) measures or the use of PPE was immediately addressed.

5.2.4 Quality of Life for Patients

Observation of life in the home and discussion with staff and patients established that staff engaged with patients individually or in groups; patients were afforded the choice and opportunity to engage in social activities, if they wished.

During the inspection a number of patients participated in a 'balloon therapy session' with the activity coordinator. Other patients were observed engaged in their own activities such as; watching TV, resting or chatting to staff. Patients appeared to be content and settled in their surroundings and in their interactions with staff.

Patients commented positively about the food provided within the home with comments such as; "The food is excellent", "If you don't like something they will make you something different", "The food is very nice" and "I like the food here."

Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There has been no change to management arrangements for the home since the last inspection. The Manager said they felt well supported by senior management and the organisation.

A review of the records of accidents and incidents which had occurred in the home found that three notifiable events and had not been submitted to RQIA and retrospective notifications were requested. This was identified as an area for improvement.

There was evidence that the Manager had a system of auditing in place to monitor the quality of care and other services provided to patients. Where deficits were identified the audit process included an action plan with the person responsible for completing the action and a time frame for completion with follow up to ensure the necessary improvements had been made.

The home was visited each month by the Responsible Individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed and available for review by patients, their representatives, the Trust and RQIA.

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 (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	2*	4*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Jennifer McCaffrey, 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 Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (2) (b) Stated: Second time To be completed by: 31 March 2023	<p>The registered person shall ensure that a refurbishment plan is submitted to RQIA and implemented with timeframes for completion.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • door frames • over bed tables • walls • floor coverings • bedroom furniture. <p>Ref: 5.1 and 5.2.3</p>
	<p>Response by registered person detailing the actions taken: Refurbishment plan submitted on 27.10.22 detailing time-frame for overbed tables, door frames and walls. A further 6 sets of bedroom furniture have now been built and distributed to various rooms throughout the home. Carpet on the landing will be replaced early next year Feb/March, 2023.</p>
Area for improvement 2 Ref: Regulation 30 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that all notifiable events are submitted to RQIA without delay.</p> <p>Ref: 5.2.5</p>
	<p>Response by registered person detailing the actions taken: Registered manager will ensure all notifiable events will be submitted to the RQIA without delay. All requested notifiable events that were requested on day of inspection were forwarded to the RQIA on the 19.10.22.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 4 Stated: Second time To be completed by: With immediate effect	The registered person shall ensure that care plans regarding skin care are reflective of the patient's needs. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: Staff have been spoken to in regard to the importance of care plans reflecting the patients needs and the importance of updating care plans as their needs change.
Area for improvement 2 Ref: Standard 23 Stated: Second time To be completed by: With immediate effect	The registered person shall ensure that where a patient has been assessed as requiring wound care dressings, the frequency of dressing renewals is in accordance with the care plan and reflected within the wound assessment charts. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: Staff have been spoken to about the importance of wound care documentation and documenting in the diary when dressings are due and this will be reflected in the wound charts after each dressing change.
Area for improvement 3 Ref: Standard 40 Stated: First time To be completed by: 18 December 2022	The registered person shall ensure that individual staff supervisions are completed no less than every six months and a record of the dates of each supervision is maintained for inspection. Ref: 5.2.1
	Response by registered person detailing the actions taken: The Registered Manager will ensure staff supervisions are completed every 6 months and this record will be kept for the RQIA inspections.
Area for improvement 4 Ref: Standard 4 Stated: First time To be completed by: 18 November 2022	The registered person shall ensure that care plans are person centred and reflective of the patients' current medical needs. Ref: 5.2.2
	Response by registered person detailing the actions taken: Staff have been spoken to with regards to developing care plans that meet the current medical needs of the patient and that they are personalised for each individual patient.

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



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