

Inspection Report

20 June 2023



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: 23
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. The home operates over two floors.	

2.0 Inspection summary

This unannounced inspection was conducted by a care inspector on 20 June 2023, from 9.45am to 3.50pm.

The inspection assessed 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.

It was evident that staff promoted the dignity and well-being of patients. Staff interactions with patients were seen to be kind, caring, warm and supportive.

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.

Five areas requiring improvement were identified during this inspection. These were in relation to staffing, risk assessment of the environment, fire safety, care records pertaining to spiritual care and putting in place environmental audits of areas that need upgraded and redecorated.

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 for improvement.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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.

Questionnaires 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 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 Jennifer McCaffrey at the conclusion of the inspection.

4.0 What people told us about the service

Patients said that they were happy with their life in the home and that staff were kind and caring. Patients also said that they enjoyed the meals and the general atmosphere in the home. Patients who were unable to articulate their views were seen to be comfortable and at ease in their environment and interactions with staff. One patient made comments about delays with staff attending to call alarm, which was referred to the Manager to address.

Staff said that they felt the care provided to patients was good, as was the provision of training. Concerns were expressed in respect of staffing levels; they stated that they felt there was a frequency of working below the expected numbers of staff and they felt that staffing levels

needed to be reviewed. Staff said that there was a negative impact on their morale with the staffing levels in the home.

Five visiting relatives said that they were very pleased with the home and staff were very kind and caring. One relative said; "Everything is 100%."

No questionnaires were returned in time for inclusion to this report.

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 18 October 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: Second 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. 	Met
	Action taken as confirmed during the inspection: All these areas have been addressed other than the first floor flooring. An email was received following this inspection confirming that a date for a replacement floor covering has been set for the end of July 2023.	
Area for improvement 2 Ref: Regulation 30 Stated: First time	The registered person shall ensure that all notifiable events are submitted to RQIA without delay.	Met
	Action taken as confirmed during the inspection: A review of the accident and incident reports confirmed that these were reported appropriately to RQIA.	

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: Second time	The registered person shall ensure that care plans regarding skin care are reflective of the patient's needs.	Met
	Action taken as confirmed during the inspection: Records reviewed confirmed that care plans in relation to skin care were reflective of patient's needs.	
Area for improvement 2 Ref: Standard 23 Stated: Second 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.	Met
	Action taken as confirmed during the inspection: These records were maintained appropriately.	
Area for improvement 3 Ref: Standard 40 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A schedule of staff supervision has been put in place.	
Area for improvement 4 Ref: Standard 4 Stated: First time	The registered person shall ensure that care plans are person centred and reflective of the patients' current medical needs.	Met
	Action taken as confirmed during the inspection: Care records reviewed were person centred and reflective of patients' current medical needs.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of a sample of a recently appointed staff member's recruitment records, confirmed that there was a robust system in place to ensure staff were recruited correctly to protect patients.

Any nurse who has responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place.

A check is carried out on a monthly basis to ensure all staff are up-to-date with their registration with the Nursing & Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC). These checks were maintained appropriately.

A matrix of mandatory training provided to staff was in place. This gave good managerial oversight into staff training needs. There were systems in place to ensure staff were trained and supported to do their job. Staff confirmed that a range of mandatory and additional training was completed by staff on a regular basis. Staff spoke positively on the provision of training.

A schedule of staff supervision and appraisals was in place.

Staff said there was good team work but had concerns with the workload being excessive due to staffing levels in the home. Staff said that there was a frequent shortage of care staffing shifts due to shifts not being covered. At the time of this inspection the evening shift was short one member of care staff. This was brought to the attention of the responsible individual, who was visiting the home, and this deficit was resolved. An area of improvement was made to put in place an adequate system to ensure deficits in staffing such as staff absences is covered.

Staff also stated that due to the lack of catering staff in the early evening they were required to undertake associate tasks. They also felt the staffing numbers on night duty was not in keeping with patients' dependencies and that there was a lack of paid time for handover of information between shifts. An area of improvement was made in this regard.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way at the time of this inspection; and to provide patients with a choice on how they wished to spend their day. Two patients made the following comments; "I am very happy here. The staff are very good." and "It's a brilliant place. I haven't any problems. The food is very good here." Two patients made comments on delays with staff in responding to call assistance alarms and busy workload. These comments were brought to the attention of the Manager during the inspection feedback.

5.2.2 Care Delivery and Record Keeping

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

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.

Patients who were less able to mobilise require special attention to their skin care. Records of this care were maintained appropriately.

Falls in the home were monitored monthly to enable the Manager to identify if any patterns were emerging which in turn could assist the Manager in taking actions to prevent further falls from occurring.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The lunchtime dining experience was seen to be a pleasant opportunity for patients to socialise and the atmosphere was calm and relaxed. Patients who choose to have their lunch in their bedroom had trays delivered to them and their food was adequately covered. The dining room was dated and tired in appearance but fit for purpose.

Staff had made an effort to ensure patients were comfortably seated and enjoyed their meal. There was evidence that patients' needs in relation to nutrition and the dining experience were being met. For example, staff recognised that patients may need a range of support with meals and were seen to helpfully encourage and assist patients as required.

There was a choice of meals offered, the food was attractively presented and wholesome. Staff knew which patients preferred a smaller portion and demonstrated their knowledge of individual patient's likes and dislikes. There was a variety of drinks available. Patients confirmed that they very much enjoyed the food provided in the home.

Staff members were seen to be supportive and attentive to patients whilst providing the appropriate level of assistance at mealtimes. Staff described how they were made aware of patients' individual nutritional and support needs based on recommendations made by the Speech and Language Therapist (SALT).

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

Care records were mostly well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Daily progress records were kept of how each patient spent their day and the care and support provided by staff.

It was noted that there was a lack of information in care records pertaining to spiritual care needs. An area of improvement was identified to put in place sufficient information and contact details for patients' spiritual care needs in the care records.

Care records were maintained safely and securely.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout. The general décor in the home was dated and tired in many areas but fit for purpose. Many of the patients' bedrooms had been redecorated and refurnished and nicely personalised. Communal areas were suitably furnished

and comfortable. Bathrooms and toilets were clean and hygienic. The issue of redecoration and upkeep of the home was discussed with the responsible individual who agreed to review the allocated maintenance hours as part of this redress.

An area of improvement was made to put in place an audit of the environment to ascertain a concise action plan of areas of the environment that need updated and redecorated.

A number of wardrobes and a chest of drawers were free standing and posed a risk if a patient were to pull on these in the event of a fall. A number of radiators were also in situ adjacent to patient's beds and posed a risk if a patient lay against the hot surface in the event of a fall. Advice was given in respect of these matters with an area of improvement identified to put in place appropriate risk assessments.

Cleaning chemicals were stored safely and securely.

The grounds of the home were nicely maintained.

The home's most recent fire safety risk assessment was completed on 6 June 2023. There were no recommendations made from this assessment. Fire safety records were appropriately maintained with up-to-date fire safety checks of the environment and fire safety drills. A number of staff were not in receipt of up-to-date training in fire safety. An area of improvement was made in this regard.

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

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Patients confirmed that they could remain in their bedroom or go to a communal room when they requested.

The genre of music and television played which in keeping with patients' age group and tastes.

During the inspection a number of patients were observed engaged in activities organised by the activity coordinator and appeared to enjoy the company of staff and each other. Other patients were engaged in their own activities such as; watching TV, resting or chatting to staff. Patients were seen to be content and settled in their surroundings and in their interactions with staff.

Two patients made the following comments; "They (the staff) are very good here. I am very comfortable." and "All is very good. I am being well looked after and the staff are very good."

5.2.5 Management and Governance Arrangements

The responsible individual was visiting the home at the time of this inspection and received preliminary feedback of inspection findings.

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 any issues of concern to management and felt these would be addressed appropriately.

Accidents and incidents were notified, if required, to patients' next of kin, their care manager 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 system of audits and quality assurance in place. These audits included; infection prevention and control, wound care, catering and care records.

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. These reports are 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	3	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Jennifer McCaffrey, 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 20(1)(a)

Stated: First time

To be completed by: 27 June 2023

The registered person shall put in place an adequate system to ensure deficits in staffing such as staff absences is covered.

The registered person shall also undertake a review of staffing levels in relation to;

- 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.

Ref: 5.2.1

Response by registered person detailing the actions taken:

The Home Manager or Nurse in Charge will act immediately upon receipt of the knowledge that a member of staff cannot come on duty as per the rota, to ensure that all avenues are explored to have the shift of duty covered as soon as possible. A review has been carried out in relation to staffing levels in the following areas:-

1. Catering staff hours - all catering is carried out by the catering team. Care staff do not participate in food preparation and only assist in distributing food to patients and assisting the patients where necessary.
2. Night duty staff have been consulted and are of the view that they have adequate staff on duty at night, provided they have an additional member of staff on the twilight shift up to 10pm. This is already in place.
3. It is expected and will be reinforced that a sufficiently comprehensive report is provided at handover by the Nurse going off duty to the incoming Nurse.
4. Staffing within the Home is subject to continual ongoing review in order to maintain the proper ratio of staff to patients. The number of patients in the home at any given time and their dependencies are taken into consideration during such review procedures.

<p>Area for improvement 2</p> <p>Ref: Regulation 27(2)(t)</p> <p>Stated: First time</p> <p>To be completed by: 20 July 2023</p>	<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. <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The maintenance person was tasked with a review of all free standing furniture (wardrobes and chests of drawers) within the home to ensure they are fixed to the wall, where necessary. This has been completed and necessary action taken to ensure compliance with current safety guidance. A check has been carried out on radiators within the home to ensure that none pose a risk to any patient. Remedial action has been taken where necessary and radiator covers will be placed on radiators which are deemed to pose a risk.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 27(4)(e)</p> <p>Stated: First time</p> <p>To be completed by: 20 July 2023</p>	<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>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Full fire safety training is provided for all staff. Staff have been notified as appropriate to undertake online training provided and a deadline set for completion. Refresher on practical fire training is in the process of being organised.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 9(5)</p> <p>Stated: First time</p> <p>To be completed by: 20 July 2023</p>	<p>The registered person shall put in place sufficient information and contact details for patients' spiritual care needs in the care records.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Records have been updated to ensure sufficient information and contact details are included for patients' spiritual needs to be appropriately met. Person centred care plan training has been organised for staff on 7-9-23.</p>

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. Ref: 5.2.3
To be completed by: 20 July 2023	Response by registered person detailing the actions taken: The maintenance person has been employed for 4 additional hours per week to help accelerate the redecoration program that is already in place. There are 8 bedrooms still on the list for redecoration. Curtains have been ordered for a number of bedrooms upstairs. The entrance foyer and adjoining stairway is in the process of being redecorated. New flooring has been laid upstairs this month as part of this redecoration process.

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