

Inspection Report

Name of Service: Gillbrooke Nursing Home

Provider: Tierney Homes Ltd

Date of Inspection: 24 October 2024

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:	Tierney Homes Ltd
Responsible Individual:	Mrs Maria Virgilita Tierney
Registered Manager:	Mrs Jennifer McCaffrey
Service Profile: <p>This home is a registered nursing home which provides nursing care for up to 25 patients living with physical disability under and over 65 years of age and frail elderly over 65 years of age. There is one named patient with learning disability over 65 years of age receiving nursing care. The home is also approved to provide nursing care on a day basis for up to three patients.</p> <p>The home is a two storey dwelling and patients' bedrooms are situated over two floors. Patients have access to communal lounges, a dining room and an outdoor space.</p>	

2.0 Inspection summary

An unannounced inspection took place on 24 October 2024, from 9.25 am to 6.30 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 7 November 2023; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Since the last care inspection there has been a change in the provider, with Tierney Homes Ltd now the new owners and Mrs Maria Tierney as the Responsible Individual.

While we found care to be delivered in a compassionate manner, improvements were required to ensure the effectiveness and oversight of certain aspects of care delivery, including; recruitment, care records, control of substances hazardous to health (COSHH), moving and handling, management of head injury observations, infection prevention and control (IPC) and the reporting of notifiable events.

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. Refer to Section 3.2 for more details.

As a result of this inspection four areas for improvement were assessed as having been addressed by the provider. Six areas for improvement relating to medicines management will be reviewed at a future inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

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 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 patient's, 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.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 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: "Getting very well looked after here", "The staff are very attentive and are all very good", "I am very happy here", "I have everything I need" and "The staff are very kind".

Three questionnaires were received. The respondents were very satisfied with the overall delivery of care. Comments included: "Excellent and exemplary from care workers and nurses, so good", "They are so kind (care workers and nurses) always a smile on their face", "Very good with the care provided", "Feel very safe" and "It's just great". One patient said they would like to get up earlier in the morning and a relative commented that the heating is turned off in the evening; this information was shared with management who provided verbal and written assurances that relevant action had been taken to address these issues.

Patients told us that they were able to choose how they spent their day; that they could remain in their bedroom or go to a communal room when they requested. One patient said: "If I press my buzzer the staff attend to me very quickly" and a further patient said: "If I need anything, I only have to ask for it and the staff get it for me".

Three relatives spoken with during the inspection commented positively about the overall provision of care within the home. Comments included: “My (relative) is getting well looked after here”, “The staff are great”, “Very good communication from the staff”, “(Relative) is always well presented and her room is kept clean”, “I couldn’t fault the care” and “Always made welcome”.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. Review of two staff files evidenced that gaps in employment had not been fully explored for one staff member. Details were discussed with the management team and an area for improvement was identified.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Observation of the delivery of care evidenced that patients’ needs were met by the number and skills of the staff on duty.

3.3.2 Quality of Life and Care Delivery

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. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

A number of patients were being transferred in wheelchairs without a lapbelt being used; and two staff were observed utilising incorrect moving and handling techniques during patient transfers. Details were discussed with the manager and areas for improvement were identified.

Review of a sample of care records regarding unwitnessed falls evidenced that not all head injury observations were completed in line with the home’s policy. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple

encouragement through to full assistance from staff and their diet modified. A menu was on display within the home offering a choice of two meals.

The dining experience was an opportunity for patients to socialise, and the atmosphere was calm, relaxed and unhurried. 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.

Patients commented positively about the food provided within the home with comments such as: "The food is great here and plenty of choices", "The food is great" and "The food is nice here".

The importance of engaging with patients was well understood by management and staff. An activity schedule was on display within the home offering a range of individual and group activities such as bingo, celebrating birthdays, arts and crafts, baking and films.

Patients commented positively regarding the activities provided within the home and were seen to be content and settled in their surroundings and in their interactions with staff. Comments included: "There is lots of activities and things to do and they always try to get everyone involved", "Plenty of activities here, everyday there is something different" and "There is plenty of things to do here".

The activity co-ordinator was very enthusiastic in her role and was observed positively engaging with patients and encouraging them to participate in activities. Arts and crafts made by the patients were displayed on a table within the reception area and jewellery making was taking place in the morning to add to the display table for an upcoming event to raise money for charity.

Some patients were engaged in their own activities such as; watching TV, resting or chatting to staff and arrangements were in place to meet patients' social, religious and spiritual needs within the home.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. There was evidence of scoring out in some care records and not all entries were signed and/or dated. This was discussed with the management team who confirmed that a new electronic system was in the process of being implemented which would address these issues.

Whilst care records were regularly reviewed; some care plans lacked sufficient details such as the patients normal bowel type and frequency; preference to male or female care assistant with personal care needs and the management of daily fluid intake targets with the action to take and at what stage if the daily fluid target is not achieved. Areas for improvement were identified.

Care records regarding wound care evidenced that the care plan did not state the type of dressing or frequency for renewal. It was therefore difficult to establish if the wound was being dressed within the required timeframe. An area for improvement was identified.

Review of a sample of body maps within patients care records evidenced that entries regarding skin issues such as bruising were not always documented within the patients' daily progress notes of the action taken and/or persons notified. An area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

The home was neat and tidy and patients' bedrooms were personalised with items important to the patient. Whilst there was evidence of recent improvements to the home in relation to the painting of walls and the refurbishment of the dining room; surface damage was evident to a number of walls, floor coverings, door frames and bedroom furniture. The responsible individual discussed the refurbishment plans for the home and submitted an environmental action plan following the inspection, with time frames to address these issues. This will be reviewed at a future inspection.

A cleaning trolley was left unsupervised with access to chemicals on a number of occasions throughout the inspection. This was discussed with the manager and an area for improvement was identified.

The door to a store was unlocked with oxygen cylinders inside; there was no oxygen sign on the door and the oxygen was not securely stored. This was discussed with the manager who took relevant action to address this and agreed to monitor going forward.

A number of staff were observed moving between patients' bedrooms without changing their personal protective equipment (PPE) or washing their hands, and some staff were observed applying PPE incorrectly. It was further identified that incontinence pads were out of the packaging within a store room and patient equipment was inappropriately stored within a communal shower room and a number of patient en-suites. Areas for improvement were identified.

3.3.5 Quality of Management Systems

As mentioned above in section 2.0, there has been a change in the provider and Responsible Individual for the home since 25 June 2024. Mrs Jennifer McCaffrey remains as the Manager since 20 January 2020.

Staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

A review of the records of accidents and incidents which had occurred in the home found that several notifiable events had not been submitted to RQIA and the manager was requested to have these submitted retrospectively. An area for improvement was identified.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

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	7*	12*

* The total number of areas for improvement includes four regulations and two standards that have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with management team, 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 13 (4) Stated: First time To be completed by: From the date of inspection onwards (8 August 2024)	The registered person shall review the medicine ordering system to ensure that patients have a continuous supply of their prescribed medicines. Ref: 2.0
	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.
Area for improvement 2 Ref: Regulation 30 Stated: First time To be completed by: From the date of inspection onwards (8 August 2024)	The registered person shall ensure that medicine incidents are reported to the prescriber for guidance, investigated to prevent a recurrence and reported to the appropriate authorities, including RQIA. Ref: 2.0
	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.

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection onwards (8 August 2024)</p>	<p>The registered person shall implement a robust audit system which covers all aspects of the management of medicines. Any shortfalls identified should be detailed in an action plan and addressed.</p> <p>Ref: 2.0</p> <p>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.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection onwards (8 August 2024)</p>	<p>The registered person must ensure that robust systems are in place for the management of medicines on admission to ensure that medicines are administered as prescribed.</p> <p>Ref: 2.0</p> <p>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.</p>
<p>Area for Improvement 5</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 24 October 2024</p>	<p>The registered person shall ensure that head injury observations are obtained and recorded in line with the home's policy, following a fall where there is a suspected and/or actual head injury.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: Staff are aware of the importance of completing CNS observation on a resident following a fall. Staff fully aware to follow post fall guidelines and follow protocol when completing CNS obs, copy in falls folder, copy at Nurses' station for all staff to see.</p>
<p>Area for Improvement 6</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: 24 October 2024</p>	<p>The registered person shall ensure that cleaning trolleys containing chemicals that are not securely stored are supervised at all times.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: New cleaning trolley purchased so all chemicals being used will be locked in the cleaning trolley. No one will have access except cleaners.</p>

Area for improvement 7 Ref: Regulation 30 Stated: First time To be completed by: 24 October 2024	The registered person shall ensure that all notifiable events are reported to RQIA without delay. Ref: 3.3.5 Response by registered person detailing the actions taken: Staff aware of the importance of reporting notifiable events to RQIA without delay.
Action required to ensure compliance with Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 31 Stated: First time To be completed by: 8 August 2024	The registered person shall ensure that controlled drugs, including those in Schedule 3 and Schedule 4 (Part 1) are denatured prior to disposal. Ref: 2.0 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.
Area for improvement 2 Ref: Standard 28 Stated: First time To be completed by: 8 October 2024	The registered person shall ensure that nurses receive further training and competency assessment in relation to medicines management. Ref: 2.0 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.
Area for improvement 3 Ref: Standard 38.3 Stated: First time To be completed by: 24 October 2024	The registered person shall ensure that during the recruitment process, gaps in employment are explored and documented. Ref: 3.3.1 Response by registered person detailing the actions taken: Staff will ensure that during the recruitment process applications will be monitored closely and all documentation will be put in place with no gaps in employment.

<p>Area for improvement 4</p> <p>Ref: Standard 47.3</p> <p>Stated: First time</p> <p>To be completed by: 24 October 2024</p>	<p>The registered person shall ensure that lapbelts on wheelchairs are utilised when transferring patients in accordance with the patients' assessed needs.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: Staff informed to ensure that when residents are being transported in a wheelchair that the lapbelt is secured.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 47.3</p> <p>Stated: First time</p> <p>To be completed by: 24 October 2024</p>	<p>The registered person shall ensure that safe moving and handling training is embedded into staff practice in accordance with the patients' assessed needs.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: All staff aware of the importance of proper moving and handling techniques when transferring residents and importance of following resident's plan of care.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 7 November 2024</p>	<p>The registered person shall ensure that patients' normal bowel type and frequency are recorded within their care plan.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: Staff aware of importance of recording in resident's plan of care the type and frequency of their bowel movements.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 7 November 2024</p>	<p>The registered person shall ensure that where a patient has a preference to male or female staff assistance with personal care, this is clearly documented within the patients care plan.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: Staff aware of importance of documenting if a resident prefers male or female carers. Consent forms always signed on admission.</p>

Area for improvement 8 Ref: Standard 4.8 Stated: First time To be completed by: 7 November 2024	<p>The registered person shall ensure that any patient at risk of dehydration has a care plan in place detailing the recommended daily fluid intake with the action to take and at what stage, if the daily fluid target is not achieved.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: Staff aware of documenting fluids targets for residents and the reason why they are not met and what action was taken if they haven't met the target.</p>
Area for improvement 9 Ref: Standard 23 Stated: First time To be completed by: 7 November 2024	<p>The registered person shall ensure that care plans regarding wound care, contain the type of dressings to be used and the frequency for dressings to be renewed.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: Staff aware of importance of making sure that all information regarding wounds is included in resident's care plan.</p>
Area for improvement 10 Ref: Standard 4.9 Stated: First time To be completed by: 7 November 2024	<p>The registered person shall ensure that where a skin issue has been identified and recorded within a patient's body map, contemporaneous care records are maintained with the action taken and the persons notified.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: All staff made aware of importance of documenting any issues with resident's skin is documented on body map and progress notes and what action was taken and who was notified.</p>
Area for improvement 11 Ref: Standard 46 Stated: First time To be completed by: 24 October 2024	<p>The registered person shall ensure that hand hygiene and staff use of PPE is in accordance with regional guidance.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: All staff have been spoken to about importance of infection control and proper use of PPE within the home.</p>

Area for improvement 12 Ref: Standard 46 Stated: First time To be completed by: 24 October 2024	The registered person shall ensure that patient equipment is stored appropriately to reduce the risk and spread of infection. Ref: 3.3.4
	Response by registered person detailing the actions taken: Staff aware of the importance of storing resident's equipment properly to reduce the spread of infection.

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