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Unannounced Care Inspection
of
Gillbrooke

6 January 2016

The Regulation and Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
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1. Summary of Inspection

An unannounced care inspection took place on 06 January from 11.00 to 14.00 hours.

This inspection was underpinned by selected criteria from **Standard 4: Individualised Care and Support; Standard 6: Privacy, Dignity and Personal Care; Standard 21: Health Care and Standard 39: Staff Training and Development**

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 21 July 2015.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

The details of the Quality Improvement Plan (QIP) within this report were discussed with Hazel Latimer, Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mr Robert Alan Gilmore	**Registered Manager:**
Person in Charge of the Home at the Time of Inspection: Hazel Latimer (Manager) Dorothy Gilmour (Nurse in Charge)	**Date Manager Registered:** Mrs Hazel Latimer– application not yet submitted
Categories of Care: NH-LD, RC-I,NH-I,NH-PH	**Number of Registered Places:** 25
Number of Patients Accommodated on Day of Inspection: 17 – Nursing	**Weekly Tariff at Time of Inspection:** £470.00 - £593.00

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the selected criteria from the following standards have been met:

Standard 4: Individualised Care and Support, criteria 8
Standard 6: Privacy, Dignity and Personal Care, criteria 1, 3, 4, 8 and 15
Standard 21: Health Care, criteria 6, 7 and 11
Standard 39: Staff Training and Development, criteria 4

4. Methods/Process

Specific methods/processes used in this inspection include the following:

- discussion with the registered person (Mr Alan Gilmore)
- discussion with the manager
- discussion with staff on duty during the inspection
- review of care records
- review of training records
- observation of care practices during a tour of the environment
- evaluation and feedback.

Prior to inspection the following records were analysed:

- incident reports submitted in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005
- the registration status of the home
- any communication / information received by RQIA regarding the home since the previous care inspection
- inspection report and the returned quality improvement plan (QIP) from the previous care inspection.

During the inspection, the inspector met with two patients individually and the majority of other patients in small groups, two registered nurses and three support staff.

The following records were examined during the inspection:

- policies and procedures pertaining to the inspection focus
- three patient care records
- staff training records.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The last inspection of the home was an announced finance inspection dated 4 November 2015. The completed QIP was returned and approved by the finance inspector on 27 November 2015.

5.2 Review of Requirements and Recommendations from the last Care Inspection 21 July 2015

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 **Ref**: Regulation 27 (2) (d) & (g) **Stated:** Second time	It is required that the following be addressed; • The dining room tables and chairs should be replaced. These tables and chairs should be suitable to the patients and residents' needs.	**Met**
	Action taken as confirmed during the inspection: The dining room tables and chairs have been refurbished to a satisfactory standard and are deemed suitable to the needs of the patients'. This requirement has been met.	
Requirement 2 **Ref:** Regulation 27 (2) (b)	The registered person must ensure the current premises are kept in good state of repair internally and externally at all times to include those issues identified in section 5.5.1 of this report and findings from the audit undertaken post inspection. The registered person is requested to submit a copy of the environmental / Infection prevention control audit and a copy of the action plan when returning the Quality improvement Plan.	**Met**
	Action taken as confirmed during the inspection: A tour of the home was facilitated by the registered person. The majority of issues identified in the previous care inspection had been actioned satisfactorily. Some additional paintwork was scheduled for completion. Both the registered person and the maintenance officer advised that this work is next on the schedule for completion. Additional environmental improvements have also been completed. This requirement has been met.	

Requirement 3 **Ref:** Regulation 13 (7) **Stated:** First time	The registered person shall ensure that all issues identified in section 5.5.1 of the report pertaining to infection control and findings from the audit completed post inspection are addressed to minimise the risk of infection and spread of infection between patients and staff.	**Met**
	Action taken as confirmed during the inspection: A tour of the home was undertaken and all issues identified pertaining to infection control had been actioned. The home environment was found to be clean and comfortable. This requirement has been met.	
Last Care Inspection Recommendations		**Validation of Compliance**
Recommendation 1 **Ref**: Standard 36 **Stated:** First time	It is recommended that a policy and procedure should be developed on communicating effectively. This should include reference to the regional guidance for Breaking Bad News. The following policy guidance should be reviewed and updated to reflect GAIN Guidelines for Palliative Care and End of Life Care in Nursing Homes and Residential Care Homes (November 2013): • death and dying • terminal care.	**Met**
	Action taken as confirmed during the inspection: A review of the identified policies evidenced that these had been reviewed in September 2015. This recommendation has been met.	

5.3 Continence management

Is Care Safe? (Quality of Life)

A policy and procedure was available on continence management. However, there was no policy available for female and/ male catheterisation. This was discussed with the manager who advised that they had recently attended a training event and it was their intention to develop a policy accordingly. The manager advised that the policy would be completed and a copy would be forwarded to RQIA post inspection. A copy of the policy was forwarded by email to RQIA, 20 January 2016.

A resource folder on the management of continence/incontinence was available for staff to reference. The file included a number of regional and national guidelines, training materials and leaflets for continence and bowel management. The manager was advised of additional guidelines that could be added to the resource folder and she agreed to source these and make them available for staff.

Patient information leaflets, 'Advice on Incontinence' and "Bowel management" were available in the home for patients and their representatives.

Discussion with the manager and the continence link nurse advised that staff had received training in relation to the management of urinary and bowel incontinence. The continence link nurse had attended the continence nurse meetings with the Trust and records were available to evidence same. Topics included "an update on continence care & treatment for urinary tract infections and bowel management" and "bowel dysfunction". The manager advised that the information received from these meetings had been cascaded to staff during scheduled staff meetings. Records of a staff meeting held on 27 October 2015 evidenced that continence management was discussed.

The manager advised that care staff induction templates included continence management and all aspects of care pertaining to this area of practice. The nurse in charge competency and capability assessments included female and male catheterisation.

Discussion with the manager and a review of training records confirmed that one registered nurse had recently completed an update and assessed as competent in male urinary catheterisation and supra pubic catheterisation. Training for registered nurses in the area of female catheterisation was discussed with the manager and it was agreed that an update would be beneficial. A recommendation has been made.

Staff were knowledgeable about the important aspects of continence care including the importance of dignity, privacy and respect as well as skincare, hydration and reporting of any concerns.

Observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home. The storage of continence products was discussed with the manager in regards to best practice guidelines on infection prevention and control. The manager agreed to review the current storage arrangements and action accordingly.

Is Care Effective? (Quality of Management)

Review of three patients' care records evidenced that a continence assessment was recorded for two of the care records examined. The continence assessments completed had been reviewed on a monthly basis. The manager agreed to review the care record for which an assessment was unavailable.

The assessments reviewed clearly identified the patient's urinary continence needs. A care plan was in place to direct the care to adequately meet the needs of the patients. The specific type of continence product the patient required was recorded. However, continence assessments need to be further developed to include a baseline bowel assessment in regards to the patients' bowel pattern and type. A recommendation was made.

The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the care plans inspected. Records relating to the management of bowels were reviewed which evidenced that staff made reference to the Bristol Stool. This information was recorded in the patient's daily progress records. Recorded information identified clearly the monitoring of patients bowels and any corrective action taken. Outcomes of all interventions taken in this regard were clearly documented.

Two of the care records reviewed were in relation to the management of urinary catheters. The care plans included the necessary care interventions to ensure the safe management of the urinary catheter, including the frequency of changing the catheter in accordance with the type. Catheter care records were also available and evidenced the treatment and care delivered, however the specific details of catheter care were not recorded. This was discussed with the manager who gave an assurance this would be addressed immediately.

Fluid intake and output targets were identified in the assessments and care plans and a review of a sample of fluid intake and/output charts evidenced that these were being completed and identified targets were in the majority being achieved. Records of total fluid intake and output were evidenced in daily progress records however, this information was recorded inconsistently. This was discussed with the manager who gave an assurance that this would be actioned and monitored accordingly.

Is Care Compassionate? (Quality of Care)

During the inspection staff were noted to treat the patients with dignity and respect. Good relationships were very evident between patients and staff. Staff were observed to respond to patients' requests promptly. Patients confirmed that they were happy in the home and that staff were kind and attentive.

Staff were observed to attend to patient's continence needs in a dignified and personal manner.

Areas for Improvement

It is recommended that continence assessments and care plans reference patient's baseline bowel pattern and type.

It is recommended that registered nurses are provided with an update in training for female catheterisation.

Number of Requirements:	**0**	**Number of Recommendations**:	**2**

5.4 Additional Areas Examined

5.4.1 Environment

A discussion with the registered person and a tour of the home confirmed that a range of improvements had been made since the last care inspection. These improvements included however not limited to;

- a refurbished bath / shower room
- replacement lighting in some areas of the home

- floor coverings replaced
- refurbishment of chairs and other items of furniture.

Discussion with the registered person and the maintenance officer advised that a number of additional items were scheduled for completion. The home was found to be clean, comfortable and decorated to a satisfactory standard. No issues were identified.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Hazel Latimer, manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements	
No requirements resulted from this inspection.	
Recommendations	
Recommendation 1 **Ref**: Standard 4 Criteria (1)(7) **Stated:** First time **To be Completed by: 29 February 2016**	It is recommended that continence assessments and care plans reference patient's baseline bowel patterns and types. **Ref: Section 5.3** **Response by Registered Person(s) Detailing the Actions Taken:** Continence assessments in place for residents and baseline bowel patterns and types recorded in care plans.
Recommendation 2 **Ref**: Standard 39 Criteria 4 **Stated:** First time **To be Completed by: 6 April 2016**	It is recommended that registered nurses receive an update in female catheterisation training. **Ref: Section 5.3** **Response by Registered Person(s) Detailing the Actions Taken:** Continence Link Nurse going to Continence Link Nurse Study Day on 25th February, 2016 - Catheters to be discussed.

Registered Manager Completing QIP	Hazel Latimer	**Date Completed**	17.2.16
Registered Person Approving QIP	Alan Gilmore	**Date Approved**	17.2.16
RQIA Inspector Assessing Response	Sharon Loane	**Date Approved**	19.2.16

Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address