

Inspection Report

Name of Service: Gillbrooke Nursing Home

Provider: Tierney Homes Ltd

Date of Inspection: 12 March 2025

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
<p>Service Profile:</p> <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 12 March 2025, from 10 am to 4.20 pm by a care inspector.

The purpose of this inspection was to follow-up on the progress made in relation to the areas for improvement identified in the home since the last care inspection on the 24 October 2024; and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

While care was found to be delivered in a compassionate manner, improvements were required to ensure the effectiveness and oversight of certain aspects of care delivery, including; record keeping, control of substances hazardous to health (COSHH), management of head injury observations, general data protection regulation (GDPR), medicines management, the reporting of notifiable events and environmental audits.

Staff were observed to be very attentive, kind and caring towards patients. Patients said they felt well cared for and 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 it was positive to note that nine areas for improvement were assessed as having been addressed by the provider. Three areas for improvement have been

stated for a second time and three areas for improvement 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 spoilt here", "This is a great place", "They (staff) are all very good here and looking after me well", "Very happy here" and "I have everything I need".

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: "The girls (staff) in here would do anything for you" and a further patient said: "The staff are all very kind".

One questionnaire was received from a relative. The respondent was very satisfied with the overall delivery of care. Comments received included: "The care provided to my (relative) is excellent", "(Relative) loves the activities provided" and "(Relative) is happy".

3.3 Inspection findings

3.3.1 Staffing Arrangements

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. Whilst most staff said they were satisfied with the staffing levels; a small number of staff commented that staffing levels were not sufficient in the evening. This was discussed with the management team who advised that there were systems in place to confirm that the number of staff on duty was regularly reviewed to ensure that the assessed needs of the patients were being met.

Review of the most recent patient dependency assessment completed on 17 February 2025 and discussion with the manager confirmed that assessments were being completed on a monthly basis. A discussion was held with the management team regarding changes to the patient occupancy levels and patients' needs since this assessment had been completed. It was agreed that the frequency of patient dependency assessments would be increased to ensure that the fluctuating needs of patients are being fully met. Following the inspection, written confirmation was received that a further patient dependency assessment had been completed and that the planned staffing levels were satisfactory.

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.

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 has been stated for a second time.

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 lovely and plenty of choices”, “The food is very good here” and “Great food 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, arts and crafts, music and games.

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.

The activity co-ordinator was very enthusiastic in her role and was observed positively engaging with patients and encouraging them to participate in activities. A number of patients were taking part in a sing along in the morning. Other patients were engaged in their own activities such as; watching TV, resting or chatting to staff.

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.

Whilst care records were regularly reviewed, some care plans required further information; this was discussed in detail with the management team who had these updated prior to the completion of the inspection.

Confidential patient information was accessible via a computer that was left on within an area of the home. Details were discussed with the management team and an area for improvement was identified.

Review of a sample of patients care records regarding skin issues such as bruising, evidenced that these were not always documented within the patients’ daily progress notes of the action taken and/or persons notified and body maps were not consistently being completed. An area for improvement has been stated for the second time.

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. There was evidence of recent improvements to the home since the last inspection, in relation to the painting of a number of walls and the refurbishment of the conservatory. The responsible individual discussed plans to replace identified floor coverings, bedroom furniture and the ongoing painting of walls. Following the inspection, the responsible individual submitted an updated refurbishment plan with estimated time frames for completion and agreed to keep RQIA updated. Progress with this will be reviewed at a future inspection.

Surface damage was also evident to identified patients chairs and overbed tables; a number of light pull cords were unclean and not suitably covered. The management team agreed to review this and following the inspection, written confirmation was received of the action taken to address these issues. This is discussed further in section 3.3.5.

The door to a cleaning store was unlocked with access to chemicals. An area for improvement was identified.

Prescribed medication and supplements was observed in two areas of the home not secured. This information was shared with the RQIA pharmacist inspector and an area for improvement was identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. 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.

The manager confirmed that the system to monitor accidents and incidents within the home had recently been changed from paper records onto a computerised system. Review of a sample of accident audits, evidenced that not all of these were recorded on the computerised system therefore, it was difficult to establish if all notifiable events had been submitted to RQIA and relevant persons informed. The management team agreed to have this system reviewed to ensure that appropriate records are maintained. This will be reviewed at a future inspection.

Review of a sample of care records evidenced that two notifiable events had not been submitted to RQIA; the manager was requested to have these submitted retrospectively and to notify all relevant persons. An area for improvement has been stated for a second time.

As mentioned above in section 3.3.4, a number of environmental issues were identified. Review of the audits completed by management evidenced that audits specific to the environment were not being completed. An area for improvement was identified.

There was evidence that the responsible individual consulted with patients, their relatives and staff and examined all areas of the running of the home on a monthly basis. Written reports were completed following these visits and were available within 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	4*	6*

The total number of areas for improvement includes two regulations and one standard that have been stated for the second time. Three areas for improvement have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Jennifer McCaffrey, Manager and Mrs Maria Virgilita Tierney, Responsible Individual, 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 13 (1) (a) (b) Stated: Second time To be completed by: 12 March 2025	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. Ref: 2.0 and 3.3.2
	Response by registered person detailing the actions taken: Staff meeting has been held, staff spoken to about the importance of completing head injury observations and recording them in line with Home policy following a fall or head injury.
Area for improvement 2 Ref: Regulation 30 Stated: Second time To be completed by: 12 March 2025	The registered person shall ensure that all notifiable events are reported to RQIA without delay. Ref: 2.0 and 3.3.5
	Response by registered person detailing the actions taken: Staff are aware that all notifiable events will be reported in a timely manner without delay.
Area for improvement 3 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: 12 March 2025	The registered person shall ensure that chemicals are securely stored at all times. Ref: 3.3.4
	Response by registered person detailing the actions taken: Staff are aware of the importance of making sure that all chemicals are securely stored at all times
Area for improvement 4 Ref: Regulation 13 (4) Stated: First time To be completed by: 12 March 2025	The registered person shall ensure that prescribed medicines and supplements are securely stored at all times. Ref: 3.3.4
	Response by registered person detailing the actions taken: Staff are aware of the importance of ensuring that prescribed medication and supplements are kept secure at all times.

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 31 Stated: Second time To be completed by: With immediate effect 16 January 2025	The registered person shall ensure that controlled drugs, including those in Schedule 3 and Schedule 4 (Part 1) are denatured prior to disposal.
	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. Ref: 2.0
Area for improvement 2 Ref: Standard 18 Stated: First time To be completed by: With immediate effect 16 January 2025	The registered person shall review that management of distressed reactions, to ensure that the reason for and outcome of the administration of 'when required' medicines is recorded on all occasions.
	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. Ref: 2.0
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.
	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. Ref: 2.0
Area for improvement 4 Ref: Standard 4.9 Stated: Second time To be completed by: 12 March 2025	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. Ref: 2.0 and 3.3.3
	Response by registered person detailing the actions taken: Staff are aware of the importance of documenting any issues with residents' skin on a body map and notifying the relevant people in a timely manner.
Area for improvement 5 Ref: Standard 37 Stated: First time	The registered person shall ensure that any record retained in the home which details patient information is stored safely in accordance with the General Data Protection Regulation and best practice standards.

To be completed by: 12 March 2025	Ref: 3.3.3
	Response by registered person detailing the actions taken: Staff have been spoken to and reminded of the importance of GDPR and the importance of patient information being kept confidential.
Area for improvement 6 Ref: Standard 35 Stated: First time To be completed by: 12 April 2025	The registered person shall ensure that audits in relation to the environment are completed on a regular basis and an action plan with time frames, person responsible and follow up are completed where issues have been identified. Ref: 3.3.5
	Response by registered person detailing the actions taken: A new environment audit has been commenced, to be completed monthly with any issues identified and followed up.

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