

# Inspection Report

13 January 2022



## Gillbrooke Nursing Home

Type of service: Nursing Home  
Address: 107 Clabby Road,  
Fivemiletown, BT75 0QY  
Telephone number: 028 8952 1888

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

|   |   |
|---|---|
| <p><b>Organisation/Registered Provider:</b><br/>Gillbrooke Care Centre Ltd</p> <p><b>Responsible Individual:</b><br/>Mr John James Wesley Kerr</p>  | <p><b>Registered Manager:</b><br/>Mrs Jennifer McCaffrey</p> <p><b>Date registered:</b><br/>20 January 2020</p>   |
| <p><b>Person in charge at the time of inspection:</b><br/>Mrs Jennifer McCaffrey</p>  | <p><b>Number of registered places:</b><br/>25</p> <p>A maximum of 1 named patient in category NH-LD. The home is approved to provide care on a day basis for up to 3 persons.</p> |
| <p><b>Categories of care:</b><br/>Nursing Home (NH)<br/>I – Old age not falling within any other category.<br/>PH – Physical disability other than sensory impairment.<br/>PH (E) - Physical disability other than sensory impairment – over 65 years.</p>  | <p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b><br/>21</p>   |
| <p><b>Brief description of the accommodation/how the service operates:</b></p> <p>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.</p> |   |

## 2.0 Inspection summary

An unannounced inspection took place on 13 January 2022, from 10.40 am to 4.15 pm by a care inspector.

The purpose of the inspection was to assess 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.

Areas for improvement were identified during the inspection as discussed throughout this report and quality improvement plan (QIP) in Section 7.0.

Two areas for improvement in relation to infection prevention and control (IPC) and care record audits for newly admitted patients have been stated for a second time. Two areas for improvement have been carried forward for review at the next inspection.

Based on the inspection findings RQIA were assured that compassionate care was being delivered in Gillbrooke and that management had taken relevant action to ensure the delivery of safe, effective and well led care.

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, visiting 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**

Eight staff, nine patients individually and others in groups were spoken with during the inspection. Patients said that they felt well cared for, enjoyed the food and that staff were helpful and friendly.

One questionnaire was returned from a relative. The respondent was very satisfied with the overall provision of care. Comments received: "Care is very good" and "Very well looked after."

Staff said that the manager was very approachable, teamwork was great and that they felt supported in their role. One staff member said: "I love working here." Some staff said that staffing levels especially in the morning needed reviewed.

There was one response from the staff online survey. The staff member indicated they were satisfied/very satisfied with the overall provision of care. However, the following comment was received and shared with the Manager: "Staff shortage in mornings and at night."

## 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 9 June 2021                                       |   |                          |
|---|---|--------------------------|
| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005     |   | Validation of compliance |
| <b>Area for improvement 1</b><br><b>Ref:</b> Regulation 13 (7)<br><b>Stated:</b> Second time        | The registered person shall ensure that infection prevention and control practices are reviewed.<br><br>Specific reference to: <ul style="list-style-type: none"> <li>• storage of equipment in en-suites, communal shower room and sluice room.</li> </ul>   | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b><br>Observation of the environment evidenced that this area for improvement had been met.  |                          |
| <b>Area for improvement 2</b><br><b>Ref:</b> Regulation 13 (1) (a) (b)<br><b>Stated:</b> First time | The registered person shall ensure that there are clear and documented processes for the prevention, detection and treatment of pressure damage.<br><br>With specific reference to ensuring: <ul style="list-style-type: none"> <li>• that the settings on pressure relieving mattresses are maintained at the correct setting and included in the patients care plan</li> <li>• where a patient has been assessed as requiring repositioning the recommended frequency of repositioning is recorded within the patients care plan and a record of each change of position by staff is maintained</li> <li>• where a patient has been repositioned the</li> </ul> | <b>Met</b>               |

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|  | <p>frequency should reflect the current care plan and state the intervention on each repositioning.</p>   |  |
|  | <p><b>Action taken as confirmed during the inspection:</b><br/>Review of relevant care records and discussion with the manager evidenced that this area for improvement has been met.</p>   |  |
| <p><b>Area for improvement 3</b><br/><b>Ref:</b> Regulation 13 (7)<br/><b>Stated:</b> First time</p>     | <p>The registered person shall ensure that infection prevention and control practices are reviewed.</p> <p>Specific reference to:</p> <ul style="list-style-type: none"> <li>• staff are bare below the elbow</li> <li>• the correct gloves for personal care delivery are made available</li> <li>• PPE is worn in accordance with the regional COVID-19 guidelines</li> </ul> | Partially Met                          |
|  | <p><b>Action taken as confirmed during the inspection:</b><br/>Observation of the environment, staff practices and discussion with the manager evidenced that this area for improvement had not been fully met and has been stated for a second time.</p> <p>This is discussed further in section 5.2.3.</p>  |  |
| <p><b>Area for improvement 4</b><br/><b>Ref:</b> Regulation 27 (2) (b)<br/><b>Stated:</b> First time</p> | <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"> <li>• door frames</li> <li>• over bed tables</li> <li>• walls</li> <li>• floor coverings</li> <li>• bedroom furniture.</li> </ul>                                | Carried forward to the next inspection |
|  | <p><b>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.</b></p>   |  |
| <b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>       |   | Validation of compliance               |
| <p><b>Area for improvement 1</b><br/><b>Ref:</b> Standard 18</p>   | <p>The registered person shall ensure the following in regards to the provision of care to patients who require the use of restrictive practices, specifically</p>  | Carried forward to                     |

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| <p><b>Stated:</b> First time</p>  | <p>the use of a monitoring device:</p> <ul style="list-style-type: none"> <li>• should be reflected within the patients care plan</li> <li>• risk assessment should be implemented and reviewed regularly.</li> </ul> <p><b>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.</b></p>  | <p><b>the next inspection</b></p> |
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 16</p> <p><b>Stated:</b> First time</p>  | <p>The registered person shall ensure that all complaints received are appropriately recorded within the complaints ledger and managed effectively.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>Review of relevant records and discussion with the manager evidenced that this area for improvement had been met.</p>   | <p><b>Met</b></p>                 |
| <p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> Second time</p> | <p>The registered person shall ensure that there where a wound has been assessed as requiring treatment, that a care plan and risk assessment is implemented to include the dressing type and frequency of dressing renewal.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>Review of relevant care records and discussion with the manager evidenced that this area for improvement had been met.</p>   | <p><b>Met</b></p>                 |
| <p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p>  | <p>The registered person shall ensure that staffing levels are kept under continuous review to ensure that at all times there are sufficient numbers of staff to meet the needs of the patients. Evidence of the assessment used to determine staffing levels should be made available during inspection.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>Review of relevant records and discussion with the manager evidenced that this area for improvement had been met.</p> | <p><b>Met</b></p>                 |
| <p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 4.1</p>                                  | <p>The registered person shall ensure that care plans and risk assessments for newly admitted patients are completed within the required timeframe.</p>  | <p><b>Met</b></p>                 |

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| <b>Stated:</b> First time   | <b>Action taken as confirmed during the inspection:</b><br>Review of relevant care records and discussion with the manager evidenced that this area for improvement had been met.   |                      |
| <b>Area for improvement 6</b><br><br><b>Ref:</b> Standard 35<br><br><b>Stated:</b> First 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.  | <b>Partially Met</b> |
|   | <b>Action taken as confirmed during the inspection:</b><br>Review of relevant 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.<br><br>This is discussed further in section 5.2.5. |                      |

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

The Manager explained that staffing levels for the home were safe and appropriate to meet the number and dependency levels of patients accommodated. There was written evidence that the assessment of patients' needs was reviewed regularly by management. The Manager also said that staffing levels were sufficient based on the daily observation of care delivery.

The staff duty rota accurately reflected the number of staff working in the home on a daily basis and the person in charge in the absence of the Manager. Observation of the delivery of care 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.

Whilst some staff said that the number of staff on duty was satisfactory to meet the needs of the patients others said that more staff were required. Comments from staff were shared with the Manager who agreed to discuss any concerns that staff may have regarding staffing provisions and that patient dependency levels would continue to be monitored.

Patients said that they felt well looked after and that staff were attentive. One patient commented "very happy here" and a further patient referred to the staff as "very friendly people".

## 5.2.2 Care Delivery and Record Keeping

The Manager confirmed that staff meet at the beginning of each shift to discuss any changes in the needs of the patients. 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. This is good practice.

There was clear evidence of a relaxed, pleasant and friendly atmosphere between patients and staff. The inspector also observed where staff facilitated patients' favourite music or television programme.

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 food was 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 told us they very much enjoyed the food provided in the home.

The administration of medication for one patient was not in keeping with the Nursing and Midwifery Council's (NMC) Code of practice. Details were discussed with the registered nurse and the Manager who acknowledged that the delegation of tasks to care assistants must be supervised. The Manager agreed to monitor this going forward and to discuss with all registered nurses the importance of following safe systems for the administration of medicines. This information was shared with the RQIA pharmacy inspector.

Review of three patient care records evidenced that care plans were pre-printed and generic. Whilst most care plans had been adapted to reflect the needs of the patient; care plans specific to skin care for two patients stated; 'reposition regularly using sliding sheet to assist'. The Manager confirmed that there were currently no patients requiring repositioning and that these care plans were inaccurate. The Manager acknowledged the shortfalls in the care plans and agreed to have these reviewed. This was identified as an area for improvement.

Review of wound assessment charts and care records for one patient evidenced that the wound had not been dressed within the required timeframe on two occasions. Details were discussed with the Manager and an area for improvement was identified.

Patients were routinely assessed against the risk of reduced nutrition using a recognised Malnutrition Universal Screening Tool (MUST). There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. However, a number of deficits were identified. For example; one patient's weight had not been obtained for several weeks following their admission; weight loss for one patient had not been investigated and relevant records had not been updated. It was further identified that not all records contained the exact date that the patient had been weighed or had a MUST assessment completed but the month and year only. These deficits were discussed in detail with the Manager and an area for improvement was identified.



### 5.2.3 Management of the Environment and Infection Prevention and Control

Examination 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.

There was evidence that a number of over bed tables, bedroom furniture and curtains had been purchased since the previous inspection. However, surface damage remained evident to a number of floor coverings, walls, woodwork and bedroom furniture. The Manager said that due to the current COVID-19 restrictions there was a delay in progressing with some of the works required but confirmed that refurbishment works were due to commence again. This area for improvement has been carried forward for review at the next inspection.

The Manager confirmed that new windows had been installed to the front of the home since the last care inspection. Observation of the windows identified that there were no restrictors on any of these windows. This information was shared with the RQIA estates inspector and an area for improvement was identified.

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. For example, the home participated in the regional testing arrangements for patients and staff and any outbreak of infection would be reported to the Public Health Agency (PHA).

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves. Visiting and care partner arrangements were managed in line with the Department of Health and infection prevention and control (IPC) guidance.

There was a good supply of PPE and hand sanitising gel throughout the home. The majority of staff were observed wearing PPE correctly and adhering to best practice IPC with the exception of two staff. This was discussed in detail with the Manager who agreed to address with relevant staff and to monitor during daily walk arounds. An area for improvement has been stated for a second time.

### 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. 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.

The inspector also observed patients engaged in their own activities such as; watching TV, sitting in the lounge or chatting to staff. Patients appeared to be content and settled in their surroundings and in their interactions with staff.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make

phone or video calls. 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 the Responsible Individual in their role.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The audit process included an action plan with the person responsible for completing the action, a time frame for completion and a follow up to ensure the necessary improvements had been made. However, as mentioned above in section 5.1 audits for newly admitted patients had not been completed and an area for improvement has been stated for a second time.

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 |
|--|-------------|-----------|
| <b>Total number of Areas for Improvement</b> | 3*          | 5*        |

\* The total number of areas for improvement includes one regulation and one standard that have been stated for a second time. One regulation and standard 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, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

| <b>Quality Improvement Plan</b>   |  |
|---|--|
| <b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>  |  |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Regulation 27 (2) (b)<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>9 August 2021  | <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"> <li>• door frames</li> <li>• over bed tables</li> <li>• walls</li> <li>• floor coverings</li> <li>• bedroom furniture.</li> </ul> <p>Ref: 5.1 and 5.2.3</p> |
| <b>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.</b>  |  |
| <b>Area for improvement 2</b><br><br><b>Ref:</b> Regulation 13 (7)<br><br><b>Stated:</b> Second time<br><br><b>To be completed by:</b><br>With immediate effect   | <p>The registered person shall ensure that infection prevention and control practices are reviewed.</p> <p>Specific reference to:</p> <ul style="list-style-type: none"> <li>• staff are bare below the elbow</li> <li>• PPE is worn in accordance with the regional COVID-19 guidelines.</li> </ul> <p>Ref: 5.2.3</p>   |
| <b>Response by registered person detailing the actions taken:</b>   |  |
| <p>All infection control practices are reviewed regularly by the manager and the Regional Covid19 Guidelines are adhered to. Staff have been spoken to about the importance of wearing a face mask and about the infection control policy on wearing nail polish.</p> |  |
| <b>Area for improvement 3</b><br><br><b>Ref:</b> Regulation 27 (2) (b) (c)<br><br><b>Stated:</b> First time   | <p>The registered person shall ensure that windows are reviewed and restrictors fitted where necessary with robust tamper proof fixings.</p> <p>Ref: 5.2.3</p>   |

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|--|---|
| <p><b>To be completed by:</b><br/>With immediate effect</p>  | <p><b>Response by registered person detailing the actions taken:</b><br/>All new windows are now fitted with robust tamperproof window restrictors</p>  |
| <p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b></p>  |   |
| <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 18</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>With immediate effect</p> | <p>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:</p> <ul style="list-style-type: none"> <li>• should be reflected within the patients care plan</li> <li>• risk assessment should be implemented and reviewed regularly.</li> </ul> <p>Ref: 5.1</p> <p><b>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.</b></p> |
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b><br/>13 February 2022</p>     | <p>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.</p> <p>Ref: 5.1 and 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b><br/>The manager will ensure that with a new admission to the home a post admission care plan tracking audit will be completed to ensure that all risk assessments and care plans are completed within the required time frame.</p>                               |
| <p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>13 February 2022</p>       | <p>The registered person shall ensure that care plans regarding skin care are reflective of the patient's needs.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b><br/>All relevant staff have been spoken to in regards to the importance of documenting accurately in the care plan, appropriate detail, reflecting the residents care and needs</p>   |

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| <p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>With immediate effect</p> | <p>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.</p> <p>Ref: 5.2.2</p>   |
| <p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>With immediate effect</p>  | <p>The registered person shall review the management of recording patients weight to ensure:</p> <ul style="list-style-type: none"> <li>• newly admitted patients are weighed on admission</li> <li>• where a patient has lost weight relevant action is taken and care records updated</li> <li>• the exact date of when a patient has been weighed is clearly recorded</li> <li>• the MUST assessment clearly records the exact date of when the assessment was completed.</li> </ul> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b><br/>All relevant staff have been spoken to about ensuring patients weights are accurate and that all new residents are weighted on admission and documented in the care records and the exact date the weight has been taken.</p> |

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews

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