



# Unannounced Follow Up Care Inspection Report 23 October 2019



## Gillbrooke Nursing Home

**Type of Service: Nursing Home (NH)**  
**Address: 107 Clabby Road, Fivemiletown, BT75 0QY**  
**Tel No: 028 8952 1888**  
**Inspector: Jane Laird**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes. 2015.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which provides care for up to 25 patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Gillbrooke Care Centre Ltd  <b>Responsible Individual:</b> John James Wesley Kerr	<b>Registered Manager and date registered:</b> Jennifer McCaffrey – pending registration
<b>Person in charge at the time of inspection:</b> Hilary Palmer, Registered Nurse 11.35 – 14.30 Jennifer McCaffrey, manager 14.30 – 18.00	<b>Number of registered places:</b> 25  A maximum of 2 named patients in category NH-LD. The home is approved to provide care on a day basis for up to 3 persons.
<b>Categories of care:</b> 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.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 17

### 4.0 Inspection summary

An unannounced inspection took place on 23 October 2019 from 11.35 hours to 18.00 hours.

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.

During this inspection we identified evidence of good practice in relation to falls management, care delivery and team work. Further areas of good practice were identified in relation to the culture and ethos of the home, listening to and valuing patients and their representatives, taking account of the views of patients and governance arrangements.

Areas of improvement were identified in relation to infection prevention and control (IPC) and risk management. Areas for improvement that were identified at the previous care inspection in relation to record keeping, pressure area care and quality governance audits have not been met and have been stated for a second time.

Patients described living in the home in positive terms. Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	*3	*2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Jennifer McCaffrey, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 4.2 Action/enforcement taken following the most recent inspection dated 24 April 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 24 April 2019. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 24 April 2019.

## 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous care inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 14 October 2019 to 27 October 2019
- incident and accident records
- one staff recruitment and induction file
- four patient care records
- two patient repositioning charts
- a sample of governance audits/records
- a sample of maintenance records
- a sample of monthly monitoring reports for August 2019 and September 2019
- RQIA registration certificate

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as either met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> Ref: Regulation 30 Stated: first time	The registered person shall ensure that medicines are safely and securely stored in compliance with legislative requirements, professional standards and guidelines.	Met
	<b>Action taken as confirmed during the inspection:</b> The inspector confirmed that medicines were safely and securely stored in compliance with legislative requirements, professional standards and guidelines during the inspection.	
<b>Area for improvement 2</b> Ref: Regulation 27 (4)(b) Stated: First time	The registered person shall take adequate precautions against the risk of fire to ensure the safety and wellbeing of patients in the home.	Met
	Specific reference to ensuring that fire doors are not propped open. <b>Action taken as confirmed during the inspection:</b> The inspector confirmed that fire doors were not propped open during the inspection.	
<b>Area for improvement 3</b> Ref: Regulation 27 Stated: First Time	The registered person shall ensure that a refurbishment plan is implemented to include the repair or replacement of identified furniture/equipment and redecorating of walls in multiple areas throughout the home.  A copy of the refurbishment plan, including timescales, should be submitted with the returned QIP.	Met

	<p><b>Action taken as confirmed during the inspection:</b> The inspector confirmed that a refurbishment plan had been implemented to include the repair or replacement of identified furniture/equipment and redecorating of walls in multiple areas throughout the home.</p>	
<p><b>Area for improvement 4</b> <b>Ref:</b> Regulation 13 (1) (a) <b>Stated:</b> First time</p>	<p>The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals.</p> <p>Specific reference to care plans and daily records:</p> <ul style="list-style-type: none"> <li>Action taken should be documented within daily records when set fluid targets have not been maintained</li> <li>Care plans should reflect the patients preferred time to rise</li> <li>Care plans need to be personalised to reflect the patients current needs</li> <li>Dietary care plans to include the patient's dietary/fluid type and level of assistance required.</li> </ul>	Partially met
	<p><b>Action taken as confirmed during the inspection:</b> On review of a sample of care records it was identified that the above area for improvement is partially met and is discussed further in 6.2.3.</p>	
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b> <b>Ref:</b> Standard 44 <b>Stated:</b> Second time</p>	<p>The registered person shall ensure a robust system is in place to ensure adequate cleaning especially tops of wardrobes and wheelchairs.</p> <p><b>Action taken as confirmed during the inspection:</b> The inspector confirmed that a robust system was in place to ensure adequate cleaning of wheelchairs and the tops of wardrobes.</p>	Met
<p><b>Area for improvement 2</b> <b>Ref:</b> Standard 23 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that there are clear and documented processes for the prevention, detection and treatment of pressure damage.</p> <p>With specific reference to ensuring:</p> <ul style="list-style-type: none"> <li>that the settings on pressure relieving mattresses are maintained at the correct</li> </ul>	Partially met

	<p>setting and included in the patients care plan</p> <ul style="list-style-type: none"> <li>Where a patient has been repositioned the frequency should reflect the current care plan and state the intervention on each repositioning.</li> </ul>	
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>On review of a sample of care records it was identified that the above area for improvement is partially met and is discussed further in 6.2.3.</p>	
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 5 (8)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that patients' rights to confidentiality and privacy are respected and information is not shared about their life or choices within or outside of the home without their consent.</p> <p>Specific reference made regarding;</p> <ul style="list-style-type: none"> <li>the signage on the identified patients bedroom door</li> <li>the information secured to the table with the patients names and their fluid requirements.</li> </ul>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector confirmed that the signage on the identified patient's bedroom door and the information which was secured to a table with patients' names and their fluid requirements had been removed.</p>	
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the programme of activities is displayed in a suitable format and in an appropriate location so that patients know what is scheduled.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector confirmed that the programme of activities was displayed in a suitable format and in an appropriate location.</p>	
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that robust management systems are appropriately established to effectively monitor and report on the safe delivery of care in the home.</p> <p>The registered manager must ensure;</p> <ol style="list-style-type: none"> <li>Environmental audits provide clear action plans when deficits are identified</li> <li>Maintenance checks of the building are carried out and recorded on a weekly/monthly basis as required.</li> </ol>	<b>Partially met</b>

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>On review of the quality governance audits it was evident that maintenance checks of the building were being carried out and recorded on a weekly/monthly basis as required.</p> <p>However, the environmental audits did not provide a clear action plan when deficits were identified and is discussed further in 6.2.5.</p>	
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## 6.2 Inspection findings

### 6.2.1 The Patient Experience

We arrived in the home at 11.35 hours and were greeted by staff who were helpful and attentive. Patients were seated within one of the lounges or in their bedroom, as per their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Discussion with patients and staff and review of the activity programme displayed in the lounges evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home facilitated by care assistants. The patients appeared to enjoy the interaction between the staff and each other. The manager further advised that a designated activity person has been recruited and will commence once all relevant employment checks have been established.

Patients' bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. Patients and staff spoken with were complimentary in respect of the home's environment whilst recognising that there is ongoing refurbishment. This is discussed further in 6.2.4.

We observed the serving of the lunchtime meal which commenced at 12.30 hours. Patients were assisted to the dining room or had trays delivered to them as required. The menu was on display and offered a choice of two main meals. The dining rooms were well presented with condiments and drinking glasses available at each table and staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. Staff were observed assisting patients with their meal appropriately and wore aprons when serving or assisting with meals. A range of drinks were offered to patients and they appeared to enjoy the mealtime experience.

Consultation with six patients individually, and with others in small groups, confirmed that living in Gillbrooke was a positive experience.



**Patient comments:**

- “The staff are looking after me well.”
- “Food is very good.”
- “The staff are great and always do their best.”
- “Staff are very good here.”
- “Very safe here.”

**Representatives’ comments:**

- “Staff are excellent.”
- “No concerns.”

There were no areas for improvement identified during the inspection in this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.2.2 Staffing provision**

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to a monthly review to ensure that the assessed needs of patients were met. Staffing rotas for weeks commencing 14 October 2019 and 21 October 2019 were reviewed and evidenced that the planned staffing levels were adhered to.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Staff stated that they felt supported by management. Comments included:

- “I love it here.”
- “Management very supportive.”
- “Good team work.”

Observation of the delivery of care evidenced that patients’ needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner. Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Gillbrooke.

Discussion with staff evidenced that care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that this was part of their daily routine.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other health care professionals. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge.

There were no areas for improvement identified during the inspection in this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.2.3 Management of patient care records

Review of four patient care records evidenced that care plans were in place to direct the care required and generally reflected the assessed needs of the patient. We also reviewed the management of nutrition, patients' weight, management of falls and wound care. A daily record had been maintained to evidence the delivery of care and there was evidence that the care planning process included input from patients and/or their representatives, if appropriate. A system was also in place to audit patient care records and each patient had a key worker. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals.

Supplementary charts specific to repositioning were reviewed for two patients who were assessed as being at risk of skin break down due to reduced mobility and incontinence. The care plans for both patients recommended a four to six hourly repositioning regime, however, on review of the charts there were several gaps evident in the frequency of repositioning exceeding the six hours. We discussed this with the manager who provided evidence that the patient's continence care had been attended to on several occasions throughout the day which also included a record of the condition of the patient's skin. The manager acknowledged that staff did not record this as a change to the patient's position and agreed to carry out daily monitoring checks on all repositioning charts until satisfied that this has been embedded into practice. This will be reviewed at a future inspection.

We also reviewed the settings on identified pressure relieving mattresses and on review of the patient's care records there were inconsistencies with the recommended setting/type of pressure relieving mattress. This was discussed with the manager who acknowledged the importance of ensuring that the patients care plan and mattress settings are maintained at the correct setting and agreed to review all patients care records and mattress settings. This was an area for improvement that was identified at the previous inspection and has been stated for a second time.

On request of records for daily fluid intake the manager stated that they do not keep a record of every patient's fluid intake unless they have concerns regarding the patient's appetite/fluid intake. During the inspection we identified patients who had the potential to become dehydrated due to certain health conditions and who had a history of constipation. We further discussed the importance of establishing a set fluid target for all patients at risk of dehydration and the action to take if the set target is not maintained. The manager agreed to review current recording charts to establish a more robust system and to establish patients who require a daily fluid intake to be recorded. This area for improvement was identified at the previous care inspection and has been stated for a second time.

There were no new areas for improvement during the inspection within this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.2.4 General environment

As previously discussed in 6.2.1 a review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. The home was found to be warm and comfortable throughout.

It was observed that a number of areas throughout the home had been decorated as per refurbishment plan; however, paint work to a number of identified walls and floor coverings remained worn with additional areas requiring refurbishment/review which were discussed in detail with the manager who agreed to share this with the responsible individual and further agreed that an identified bedroom would not be occupied until fully reviewed and assessed as appropriate for use. The manager further discussed the refurbishment plan which had been initiated with ongoing dates for redecorating and replacement of identified bedroom furniture. This was shared with the estates inspector and will be reviewed at a future inspection.

A number of infection prevention and control (IPC) deficits were identified in relation to the cleanliness of furniture/equipment within patients' bedrooms and bathrooms. The underneath of identified patient equipment evidenced that these had not been effectively cleaned following use and urinal bottles were observed on top of a number of communal toilets. Personal protective equipment (PPE) such as gloves were observed within communal toilets throughout the home which risked contamination prior to use. We further observed hoists with slings inappropriately stored in communal bathrooms. This was discussed in detail with the manager and an area for improvement was identified.

We identified a number of potential risks to patients in relation to over bed lights without protective covers, radiators that were hot to touch and exposed pipes in identified ensuites with the potential risk of scalding to patients. The above findings were shared with the estates inspector who advised that a risk assessment is carried out on radiators and over bed lights and exposed pipes to be enclosed to reduce the risk of potential scalding from the surface of the pipes. This was shared with the manager who agreed to have maintenance carry out the relevant risk assessments and enclose the exposed pipes to ensure patient safety. This was identified as an area for improvement.

Areas for improvement were identified in relation to infection prevention and control (IPC) and risk management.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	0

### 6.2.5 Management and Governance of the home

Since the last inspection, the deputy manager has taken up the position of manager. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual. Copies of the report were available for patients, their representatives, staff and trust representatives.

We reviewed accidents/incidents records in comparison with the notifications submitted by the home to RQIA which verified that records were maintained appropriately, however, there was an incident where a notification had not been submitted to RQIA in accordance with regulation.

This was discussed with the manager who submitted the notification retrospectively and further agreed to communicate with all relevant staff regarding the timely reporting of notifications.

As discussed in 6.1 a number of audits were completed on a monthly basis by the management team to ensure the safe and effective delivery of care. Falls in the home were monitored on a monthly basis for any patterns and trends which provided the location, time and nature of the fall. IPC, care records, wound care, hand hygiene and environment audits were also carried out monthly. However, on review of the IPC issues identified during inspection a discussion was held with the manager around the effectiveness of the environmental audits as they were not specific to the homes environment and did not provide clear action plans when deficits were identified. This was identified as an area for improvement at the previous inspection and has been stated for a second time.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

There were no new areas for improvement identified during the inspection in this domain.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jennifer McCaffrey, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (1) (a) (b)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 23 November 2019</p>	<p>The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals.</p> <p>Specific reference to care plans and daily records:</p> <ul style="list-style-type: none"> <li>• Action taken should be documented within daily records when set fluid targets have not been maintained</li> <li>• Care plans should reflect the patients preferred time to rise</li> <li>• Care plans need to be personalised to reflect the patients current needs</li> <li>• Dietary care plans to include the patient's dietary/fluid type and level of assistance required.</li> </ul> <p>Ref: 6.1</p> <p><b>Response by registered person detailing the actions taken:</b> Staff spoken to and reminded that they must ensure that daily records include set fluid targets for patients. Care Plans have been personalised to reflect patients' current needs, taking into account all activities of daily living.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 27</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that the environmental and infection prevention and control issues identified during this inspection are urgently addressed.</p> <p>Ref: 6.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> A new environmental audit tool commenced on the 15<sup>th</sup> November 2019, taking into account the working environment, housekeeping, material storage, electrical, kitchen areas, toilet facilities, first aid, fire precautions, COSHH, the use &amp; storage of PPE and the outside areas of the building. A separate infection control audit tool also commenced on the 15<sup>th</sup> November 2019.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 27 (2) (t)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall, having regard to the number and needs of the patients, ensure that a risk assessment to manage health and safety is carried out and updated when necessary.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> <li>• radiators</li> <li>• over bed lights</li> <li>• exposed pipes in identified ensuites</li> </ul>

	Ref: 6.2.4
	<p><b>Response by registered person detailing the actions taken:</b> A full risk assessment has been completed - radiators identified as requiring covers - work now in progress. Over bed lights - new lights have been fitted in bedrooms. Exposed pipes covered in ensembles - work is almost completed.</p>
<p><b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b></p>	
<p><b>Area for improvement 1</b></p> <p>Ref: Standard 23</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 23 November 2019</p>	<p>The registered person shall ensure that there are clear and documented processes for the prevention, detection and treatment of pressure damage.</p> <p>With specific reference to ensuring:</p> <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 repositioned the frequency should reflect the current care plan and state the intervention on each repositioning.</li> </ul> <p>Ref: 6.1</p> <p><b>Response by registered person detailing the actions taken:</b> Staff have been spoken to in relation to the importance of checking all pressure relieving mattresses are at the correct setting and documenting the setting of the pressure relieving mattresses and updating care plans as required. New repositioning charts have been put in place, replacing the old charts.</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Standard 35</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 23 November 2019</p>	<p>The registered person shall ensure that robust management systems are appropriately established to effectively monitor and report on the safe delivery of care in the home.</p> <p>The registered manager must ensure;</p> <ol style="list-style-type: none"> <li>1. Environmental audits provide clear action plans when deficits are identified</li> <li>2. Maintenance checks of the building are carried out and recorded on a weekly/monthly basis as required.</li> </ol> <p>Ref: 6.1</p> <p><b>Response by registered person detailing the actions taken:</b> New audit tools now provide clear action plans when deficits are identified. Maintenance checks are routinely carried out weekly.</p>

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





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