



The Regulation and
Quality Improvement
Authority

Gillaroo Lodge
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134 The Roddens
Larne
BT40 1PN

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**Unannounced Care Inspection
of
Gillaroo Lodge**

1 June 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 01 June 2015 from 10:20 – 15:00 hours. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by **Standard 19 - Communicating Effectively; Standard 20 – Death and Dying; and Standard 32 - Palliative and End of Life Care.**

Overall 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.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection undertaken on 04 December 2014.

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	6

The details of the QIP within this report were discussed with the registered manager, Mrs Nicola McCrudden and two of the three responsible individuals, Mrs Boyle and Mrs Rowan, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person:	Registered Manager: Mrs Nicola McCrudden
Person in Charge of the Home at the Time of Inspection: Registered Nurse Shona Tamar	Date Manager Registered: 13 May 2013
Categories of Care: NH – I, PH and PH(E)	Number of Registered Places: 25
Number of Patients Accommodated on Day of Inspection: 25	Weekly Tariff at Time of Inspection: £629

3. Inspection Focus

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

Standard 19: Communicating Effectively

Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

4. Methods/Process

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

- discussion with the registered manager
- discussion with the responsible individuals
- discussion with patients
- discussion with staff on duty during the inspection
- review of a selection of records
- observation during a tour of the premises
- evaluation and feedback.

Prior to inspection the following records were analysed:

- notifiable events submitted since 1 April 2015
- the registration status of the home
- any communication/information received by RQIA regarding the home since the previous care inspection
- the returned quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report.

During the inspection, the inspector spoke with 6 patients individually and with the majority of others in small groups; 11 staff and three relatives/visitors. Six questionnaires for staff not on

duty during the inspection were provided along with six relative/representatives questionnaires for distribution. Refer to section 6.3 for details.

The following records were examined during the inspection:

- three patient care records including care charts
- staff training records and management overview and planner for 2015
- competency and capability assessments for two registered nurses left in charge of the home in the absence of the registered manager
- policies and procedures regarding communication, death and dying, palliative and end of life care
- a record of compliments received by the home from relatives and patients.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of Gillaroo Lodge was an unannounced care inspection on 04 December 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last care inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 15(2) (a) Stated: First time	<p>The registered manager should ensure that bladder and bowel continence assessments have been undertaken for all patients. The outcome of these assessments, including the type of continence products to be used, should be incorporated into the patients' care plans on continence care.</p>	Met
	<p>Assessment of the patients' needs should be kept under review and revised at any time when it is necessary to do so having regard to any changes in the patients' condition.</p>	
	<p>Action taken as confirmed during the inspection: Inspector confirmed that continence assessments had been undertaken and care plans devised appropriately. Care needs were kept under review.</p>	

<p>Requirement 2</p> <p>Ref: Regulation 18 (2)</p> <p>Stated: First time</p>	<p>The registered persons should review the provision of activities and give consideration to employing an activities co-ordinator.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered persons confirmed that consideration had been given to the requirement issued. However, from the review the arrangements for the provision of activities were found to be meeting the needs of the patients within the home. Details in the foyer of the home provided evidence of a detailed and varied activity programme.</p>		

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy and procedure was available in respect of palliative care which did incorporate some areas on communicating effectively. Regional guidance on breaking bad news and communications were available in the nurses' office. During feedback the registered manager was asked to consider the development of a policy and procedure specifically relating to communicating effectively. A recommendation is made.

Discussion with nursing and care staff confirmed that staff were aware of the sensitivities around breaking bad news and the importance of accurate and effective communication. However, there was no awareness of the regional guidance on breaking bad news or of the regional guideline for end of life palliative care and end of life care in nursing and residential homes GAIN (Nov 2013). A recommendation is made.

Training records evidenced that a planner was in place to ensure staff had completed training in relation to communicating effectively with patients and their families/representatives.

Is Care Effective? (Quality of Management)

Care records reviewed were reflective of patients' individual needs and wishes regarding the end of life care. Recording within records included references to the patient's specific communication needs such as, when a patient required spectacles or a hearing aid or if a patient would have difficulty understanding.

There was evidence within care records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

Care and nursing staff consulted demonstrated their ability to communicate sensitively with patients and/or representatives when breaking bad news. However, this was dependent on the staff member's experience; for example some of the care staff spoken with said they would

refer the patient or relatives to the registered nurse immediately, while others said they would feel confident to reassure the patient or relative before referring them to the registered nurse.

Is Care Compassionate? (Quality of Care)

Patients were observed to be treated with dignity and respect by all grades of staff. There were a number of occasions observed when patients were assisted by nursing and care staff in a professional and compassionate manner which ensured the patients' dignity was maintained. There was evidence of good relationships between patients and staff.

Patients spoken with all stated that they were very happy with the quality of care delivered and with life in Gillaroo Lodge. Patients confirmed that staff were polite, caring and courteous and that they felt safe in the home.

Relatives/visitors spoken with confirmed that communication between them and the home was effective, that staff were compassionate, sympathetic and caring in their approach.

Areas for Improvement

During feedback the registered manager was asked to consider the development of a policy and procedure specifically relating to communicating effectively.

It is recommended that staff are made aware of policies/procedures, regional guidance and standards that underpin the delivery of care in the home.

Number of Requirements	0	Number Recommendations:	2
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5.4 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

Is Care Safe? (Quality of Life)

Policies, procedures, best practice and regional guidance on the management of palliative and end of life care and death and dying were available in the nurses' office.

Training, induction and competency and capability records evidenced that staff were provided with a general awareness and training in the management of death, dying and bereavement. Staff spoken with clearly demonstrated their knowledge of delivering palliative and end of life care and how to support patients and relatives during this time. Staff spoken with were aware of the action to be taken in the event of an unexpected death. The registered manager said she would consider the inclusion of the management of unexpected death within competencies for registered nurses left in charge of the home in the absence of the registered manager.

A recommendation has been made in regard to the staffs' knowledge of policies/procedures, guidance and standards that underpin the delivery of this care refer to section 5.3

The registered manager confirmed that registered nurses could access specialist palliative care services for patients via the local GP practices and the NI Hospice.

Discussion with staff and a review of care records evidenced that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions would be undertaken.

Is Care Effective?

A review of care records evidenced that patients' needs for palliative and end of life care were being met but the care records had not been specifically assessed and reviewed in relation to end of life care. For example mobility and nutritional care plans had been reviewed on a monthly basis but were not reflective of the current care delivery. A recommendation is made.

Care plans were in place to direct staff on the management of pain relief.

Discussion with the registered manager, staff and observation of the environment evidenced that management had made reasonable arrangements for relatives/representatives to be with patients who were ill or dying.

A key worker/named nurse was identified for each patient approaching end of life care. There was evidence that referrals had been made to the specialist palliative care team and where instructions had been provided, these were evidently adhered to.

A review of notifications to RQIA evidenced that the home notified RQIA of any death which occurred in the home in accordance with Regulation 30 of the Nursing Homes Regulations (NI) 2005.

Is Care Compassionate? (Quality of Care)

Discussion with staff and a review of care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences regarding end of life care. Staff demonstrated an awareness of patients' expressed wishes and needs.

Management and staff confirmed that arrangements for relatives/representatives to be with patients who had been ill or dying were in place and viewed as being 'as important' as caring for the dying patient. Staff described arrangements with ease and had confidence in their ability to provide this support.

There was evidence within compliments records that relatives had commended the management and staff for their efforts towards the family and patient. One letter read included the following statement:

'we were...comfortable knowing that not only was ...in good hands from a nursing perspective...was also in an environment where people genuinely care for ...complete wellbeing'.

Discussion and a review of the complaints records evidenced that no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home.

Staff confirmed that they were given an opportunity to pay their respects after a patient's death.

Areas for Improvement

A recommendation is made that care records for patients identified as requiring palliative care are reviewed to ensure that the care plans are relevant and reflect current nursing needs. Care plans no longer relevant should be archived.

Number of Requirements	0	Number Recommendations:	1
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5.5 Additional Areas Examined

5.5.1 Environment

A general inspection of the home was undertaken which included inspection of a random sample of bedrooms and bathrooms. The home was found to be warm, well decorated and spotlessly clean throughout. During feedback the following areas for improvement were discussed as follows:

- linen stores on both floors were observed to have items stored on the floor, such as bedrail bumpers, pillows, duvets, hoist slings; which also prevented access to the rear of one store. It is recommended that management review the layout of linen stores to ensure laundry and other items are stored appropriately and in accordance with regional infection prevention and control guidance
- one bedroom door designated as a fire door was observed to be propped open with a commode. This was brought to the attention of the registered nurse who immediately addressed the issue. Staff spoken with were knowledgeable regarding fire safety precautions and training records evidenced that fire safety and prevention training had been delivered as required under mandatory training requirements. During feedback a recommendation was made to ensure that all staff were aware of the importance of not propping or wedging open fire doors and of the need to remove props if observed and report this to the nurse in charge
- it was observed that 'net pants' used with continence aids had been laundered and were available for use in the linen rooms. Discussion with staff confirmed that the net pants were not individualised and were used communally. This was discussed during feedback and a recommendation made that management consider how to individualise net pants to ensure dignity of care.

5.5.2 Consultation with patient, staff and relatives

In addition to speaking with patients, staff and visitors, questionnaires were distributed to staff not on duty during the inspection and left for relatives to complete.

Staff

Six questionnaires left for staff, five were returned. Respondents indicated that they had received mandatory training and additional training relating to their role and function in the home. Staff also stated that they were 'most satisfied' with the standards of care provided and that patients and families were respected and treated with dignity. There were no concerns raised with the inspector.

Comments recorded on the returned questionnaires, by staff, included:

'I am very content with the standard of care in the home'

'There is a relaxed family feeling in the home with plenty of laughter and a happy atmosphere'

'The staff all work as a team to ensure the residents needs are met to the highest standard'

In relation to palliative and end of life care;

'our staff are aware and treat everyone with respect at this difficult time'

'We look after the families as well as the patient at this difficult time'.

Relatives

Out of six questionnaires left for relatives four were returned. Relatives indicated that the quality of care was good, that staff were attentive and caring and that they were kept informed of changes to their loved one's care. Relatives recorded the following comments;

'We as a family are very pleased and have a great peace of mind about the care that our ...is receiving'

'Carers take time to feed...and her personal care is very good'

'Gillaroo has a very warm and welcoming 'ambiance''

'The family are very happy with ... care and appreciate all that is being done for ...'.

Patients

Six patients were spoken with individually and the majority of others in smaller groups. Patients were complementary regarding the care delivered, staff, food and the environment. There were no concerns raised with the inspectors.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with registered manager, Mrs Nicola McCrudden and two of the three responsible individuals, Mrs Boyle and Mrs Rowan 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 Care Standards for Nursing Homes April 2015 (DHSSPS). 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 will be completed by the 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 by the registered manager. 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 within this report do not absolve the registered person/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 person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Recommendations	
Recommendation 1 Ref: Standard 36 Stated: First time To be Completed by: 30 July 2015.	The registered person should consider the development of a policy and procedure specifically relating to communicating effectively.
	Response by Registered Manager Detailing the Actions Taken: A communications policy has been developed which includes information regarding Communication with residents and relatives and Communication with Staff.
Recommendation 2 Ref: Standard 36 Stated: First time To be Completed by: 30 July 2015.	The registered person must ensure that staff are made aware of policies/procedures, regional guidance and standards that underpin the delivery of care in the home.
	Response by Registered Manager Detailing the Actions Taken: We have introduced a 'policy of the month scheme' to ensure staff are aware of the policies and procedures and the research information within the home.
Recommendation 3 Ref: Standard 32.1 Stated: First time To be Completed by: 30 July 2015.	The registered person must ensure that care records for patients identified as requiring palliative/end of life care are reviewed to ensure that the care plans are relevant and reflect current/active nursing needs. Care plans no longer relevant should be archived.
	Response by Registered Manager Detailing the Actions Taken: All care plans have been reviewed and will continue to be so at least monthly. All care plans that are no longer relevant are archived.
Recommendation 4 Ref: Standard 46 Stated: First time To be Completed by: 30 July 2015.	The registered persons should review the layout of linen stores to ensure laundry and other items are stored appropriately and in accordance with regional infection prevention and control guidance.
	Response by Registered Manager Detailing the Actions Taken: Linen stores have been tidied and all items are appropriately stored in line with good infection control procedures
Recommendation 5 Ref: Standard 48 Stated: First time To be Completed by: 01 July 2015.	The registered persons must ensure that all staff were aware of the importance of not propping or wedging open fire doors and of the need to remove props if observed and report this to the nurse in charge.
	Response by Registered Manager Detailing the Actions Taken: All staff have been reminded and made aware to adhere to good fire prevention procedures
Recommendation 6	The registered persons should consider how to individualise net pants to ensure dignity of care.

Ref: Standard 6.11 Stated: First time To be Completed by: 30 July 2015.	Response by Registered Manager Detailing the Actions Taken: All net pants have been individualised with the residents names sewn into them.		
Registered Manager Completing QIP	Nicola McCrudden	Date Completed	14/07/15
Registered Person Approving QIP	Liz Rowan	Date Approved	14/07/15
RQIA Inspector Assessing Response	Lyn Buckley	Date Approved	17/07/2015

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