

Inspection Report

20 July 2023



Gillaroo Lodge

Type of service: Nursing Home
Address: 134 The Roddens, Larne, BT40 1PN
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Gillaroo Lodge Nursing Home Ltd Responsible Individual: Mr Patrick Samuel MacMahon	Registered Manager: Mr Ariel Biacolo – Not registered
Person in charge at the time of inspection: Mr Ariel Biacolo	Number of registered places: 25
Categories of care: 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 year.	Number of patients accommodated in the nursing home on the day of this inspection: 25
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 25 patients. The home is split over two floors with bedrooms located on the ground and first floor of the home. Patients have access to communal lounges and a dining room.	

2.0 Inspection summary

An unannounced inspection took place on 20 July 2023 from 7.00am to 3.50pm by a care inspector.

Prior to the inspection, RQIA received concerns in relation to communication, staff attitude and patient moving and handling. These areas of concern were reviewed as part of the inspection. The findings from the inspection did not substantiate the concerns raised. The inspection also assessed progress with all areas for improvement identified in the home since the last care inspection.

Patients were well presented in their appearance and spoke positively when describing their experiences on living in the home. 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 members are included in the main body of this report.

Staff members promoted the dignity and well-being of patients and were knowledgeable of the patients' needs. There was a good working relationship between staff and management.

Areas requiring improvement were identified in relation to infection control, topical preparation management and record keeping. An area for improvement in relation to the display of the menu was carried forward for review to the next care inspection. Addressing the areas for improvement will further enhance the quality of care and services in the home.

The findings of this report will provide the manager 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 RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires 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 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.

The findings of the inspection were discussed with the manager and the responsible individual at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we consulted with patients, staff and relatives. Patients were well presented in their appearance and appeared relaxed and comfortable in their surroundings. Patients told us that they were happy living in the home and complimented the staff and the care provision. One told us, "I am very happy here; the staff are wonderful". Staff felt that they worked well together and enjoyed engaging with the patients and relatives. Relatives spoke very highly on the care provision in the home. One told us, "I am very happy with the care here; they have a very good team".

There were no questionnaire responses received and we received no feedback from the online survey.

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 6 th April 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13(4) Stated: First time	The registered person shall ensure that personal medication records are updated in a timely manner when new medicines have been prescribed.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 13(4) Stated: First time	The registered person shall ensure that a comprehensive audit, which includes all aspects of medicines management, is completed regularly.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Regulation 27 (4) (d) (iii) Stated: First time	The registered person shall ensure that the corridors and communal areas in the home remain free from obstruction.	Met
	Action taken as confirmed during the inspection Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 41	The registered person shall ensure that staffing provision is provided in accordance with patient dependency; and a record kept of the home's calculation to determine staffing requirements.	Met

Stated: First time	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 18.2 Stated: First time	Action taken as confirmed during the inspection: The registered person shall ensure that any required Deprivation of Liberty Safeguards (DOLs) are discussed prior to admission, and that up to date records are maintained within patient's care records. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met
Area for improvement 3 Ref: Standard 23.5 Stated: First time	Action taken as confirmed during the inspection: The registered person shall ensure that the system in place to monitor pressure mattress settings in the home is effective. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met
Area for improvement 4 Ref: Standard 12 Stated: First time	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.	Carried forward to the next inspection
Area for improvement 5 Ref: Standard 46 Stated: First time	Action taken as confirmed during the inspection: The registered person shall ensure that the infection prevention and control issues identified during the inspection are addressed. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met
Area for improvement 6 Ref: Standard 12	Action taken as confirmed during the inspection: The registered person shall ensure that an activity planner is on display in a suitable format and in an appropriate location, showing patients what is available each day.	Met

Stated: First time	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 7	The registered person shall ensure that guidance issued from the DoH (December 2022) in relation to visiting is implemented in line with regional guidance.	Met
Ref: Standard 46 Stated: First time	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff members were recruited safely ensuring all pre-employment checks had been completed and verified prior to the staff member commencing in post. Newly employed staff had protected time in which to complete an induction where they would work alongside a more senior member of staff to become more familiar with the home's policies and procedures. Staff told us that they were happy with the induction process.

Agency staff also received an induction to the home prior to working their first shift. Records of completed inductions were kept alongside the agency staff profiles which were sent to the home from the agency to verify the identity of the staff member and the training which they had completed.

Checks were made to ensure that nursing staff maintained their registrations with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC).

A system was in place to monitor staffs' compliance with mandatory training. Staff were satisfied with the range of training offered. Training was completed on topics, such as, infection prevention and control (IPC), moving and handling of patients and fire safety. All staff were compliant with moving and handling training requirements and the manager advised that they had enrolled on a moving and handling trainer's course so that they could provide this training in the future. Staff had recently completed continence management training and training on nutritional management had been scheduled. Staff completed training electronically and face to face.

Staff were further supported through staff supervisions and appraisals. Supervision and appraisal files were available containing the records of completed meetings.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Staff consulted confirmed that there was enough staff on duty to meet the patients' needs. The staff duty rota accurately reflected all of the staff working in the home on a daily basis and the designation in which they worked.

Patients did not raise any concerns on the staffing arrangements. Observation of care delivery on the day of inspection identified no concerns. Care was delivered in a caring and compassionate manner. Any calls for assistance were answered promptly.

Staff were happy with the teamwork in the home and were observed to work well and communicate well with one another during the inspection. One staff member told us, "We are really lucky here; a close knit team" and another commented, "All staff know their roles well".

Minutes of staff meetings were available for review. The manager confirmed that each staff member received a copy of the meeting minutes. Topics discussed included staff appraisal, infection control, whistleblowing, training and staff were encouraged to voice any concerns that they had to the manager.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. All staff coming on duty received a handover. The shift handover was detailed and covered all important aspects of each patients' care requirements including. A shift handover sheet was available for any staff who wished to receive a copy.

Staff members were knowledgeable of patients' needs, their daily routine, wishes and preferences. A diary was maintained to ensure important daily activities were not missed such as blood tests or appointments. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

Patients' needs were assessed 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. Patients' care records were held confidentially.

All patients had a pressure management risk assessment completed monthly. Where a risk of skin breakdown was identified; a care plan was developed to guide staff in how to manage this risk. Where a patient was required to be repositioned to maintain skin integrity; records of the repositioning had been recorded well to evidence the position the patient was repositioned to and to evidence that the patient's skin was checked when they had been repositioned.

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 could include simple encouragement through to full assistance from staff. Eating and drinking care plans were available to staff and were reflective of speech and language therapy (SALT) recommendations. The SALT recommendations were also communicated at the shift handover for all staff. However, record keeping deficits were found in relation to the transcription of four patients' nutritional requirements from their care plans to the handover sheet. This was discussed with the manager and identified as an area for improvement. No patients came to any harm in relation to this oversight. All patients' records were checked by staff during the inspection to ensure that they were correct. Nutritional risk assessments were completed monthly to monitor for weight loss and weight gain.

Steps had been taken to introduce pictorial menus as an aid in helping patients select a choice of meal from the menu. An area for improvement in this regard has been carried forward to the next inspection for review.

Many of the topical preparations in use in the home had not been dated when they had been opened. This is important when it comes to disposing of them in accordance with manufacturers' guidelines. This was discussed with the manager and identified as an area for improvement.

It was observed that staff provided care in a caring and compassionate manner. It was clear through patient and staff interactions that they knew one another well and were comfortable in each other's company. One patient said, "It's ok here; I have no problems. The staff are very good".

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms. There was evidence of recent refurbishment in the home. Communal corridors had been repainted and new flooring had been fitted to the office and the nurse's station. New wheelchairs had been purchased and there was a new storage area to the back of the home. There was new signage for toilets and bedrooms and new hand centres and hand sanitisers had been purchased and fitted. Appropriate doors leading to rooms which contained hazards to patients had been locked.

On entry to the home, a sign in book and hand hygiene was available. The home was warm, clean and comfortable. Two domestics were on duty and all rooms in the home were cleaned daily. Cleaning records were maintained. There were no malodours detected in the home.

Fire safety measures were maintained to ensure the safety of patients, staff and visitors to the home. Corridors and fire exits were free from clutter and obstruction. Stairwells were also clear. Fire extinguishers were easily accessible. Regular fire safety checks, such as the weekly fire alarm check and fire doors check, were completed and records maintained. Additional fire safety checks were conducted by staff daily and a checklist was maintained. Staff had received training on fire safety and additional training had been scheduled.

An area for improvement was identified in relation to the storage of continence products in the home. Within several identified areas, the storage of continence products was not in keeping with best practice in IPC.

5.2.4 Quality of Life for Patients

Patients confirmed that they were offered choices in how and where they spent their days in the home. A patient told us, "I like it here that much that I am going to stay here. The staff are really good to me and I get a choice of meals". Another commented, "It is good here. Staff are good and we are well fed".

Patients could choose where they spent their day. They could return to their rooms when they wanted and chose which of their clothes to wear during the day. Staff were observed assisting patients with their choices.

Visiting had returned to pre-covid arrangements in line with Department of Health guidelines. Patients were free to leave the home with family members if they wished.

We observed multiple examples of compassionate care delivery. Staff protected the dignity of patients when providing care. Personal care was provided discreetly behind closed doors. Where two patients were accommodated in the same room, a privacy curtain was in place to protect dignity.

5.2.5 Management and Governance Arrangements

Since the last inspection there had been a change to the management arrangements. Mr Ariel Biacolo commenced as Manager of the home on 18 April 2023. Discussion with the manager and staff confirmed that there were good working relationships between staff and the manager.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home. The manager had identified additional areas that they planned to commence audits on.

The manager confirmed that there had been no complaints received since they commenced in post. We discussed that any area of dissatisfaction brought to staffs' attention should be recorded as a complaint. Cards and letters of compliments were maintained on file. The manager confirmed that all compliments received would be shared with the staff.

The home was visited each month by the registered provider 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 in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are 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 (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	1	3*

*The total number of areas for improvement includes one that has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Patrick Samuel MacMahon, Responsible Individual and Mr Ariel Biacolo, Manager, 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) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that all relevant patients' care records consistently identifies all patients' nutritional requirements and all documentation in use is updated when a patient's nutritional requirements changes. Ref: 5.2.2 Response by registered person detailing the actions taken: Speech and Language Therapist folder has been in placed in the kitchen. Detailed clinical handover sheet is given every handover which includes each resident's diet requirement cross-referencing their individual care plans.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 12 Stated: First time To be completed by: From the date of inspection	The registered person shall ensure that a daily menu is on display in a suitable format, showing patients what is available at each mealtime. 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.
Area for improvement 2 Ref: Standard 46 Stated: First time	The registered person shall ensure that continence products in the home are stored in keeping with best practice on infection prevention and control. Ref: 5.2.3

<p>To be completed by: With immediate effect</p>	<p>Response by registered person detailing the actions taken: The issue concerning infection control has been discussed during the staff meeting on 30/08/2023. Supervisions were also given to the staff on 10/08/2023 highlighting the issue. A daily walkabouts in the home is done by the Home Manager and Nurse on duty to monitor staff compliance with proper storage of incontinence pads and infection control in general.</p>
<p>Area for improvement 3 Ref: Standard 28 Stated: First time</p>	<p>The registered person shall ensure that topical preparations in the home are dated on opening and disposed of in accordance with manufacturer's guidelines. Ref: 5.2.2</p>
<p>To be completed by: From the day of inspection</p>	<p>Response by registered person detailing the actions taken: Supervisions were given to the staff on 10/08/2023 highlighting the issue. Pharmacy training to be arranged as the new Pharmacy provider just commenced. Monthly creams audit will be in placed to monitor compliance.</p>

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