

Inspection Report

21 April 2022



Gillaroo Lodge

Type of service: Nursing Home
Address: 134 The Roddens, Larne, BT40 1PN
Telephone number: 028 2826 0033

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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	Registered Manager: Ms Nicola Susan McCrudden
Responsible Individual: Mr Patrick Samuel MacMahon	Date registered: 13 May 2013
Person in charge at the time of inspection: Nicola McCrudden – Registered Manager	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 years.	Number of patients accommodated in the nursing home on the day of this inspection: 24
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 21 April 2022 from 9.53 am to 5.00 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was clean and tidy with a homely atmosphere. Staff members were attentive to the needs of patients' and carried out their work in a compassionate manner.

Patients' said that living in the home was a good experience. Patients' unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

RQIA were assured that the delivery of care and service provided in Gillaroo Lodge was provided in an effective and compassionate manner.

As a result of this inspection two areas for improvement were identified in respect of staff registration with the Northern Ireland Social Care Council (NISCC); two previous areas for improvement regarding maintenance of premises and auditing has been stated for a second time. Addressing the areas for improvement will further enhance the quality of the care and services in Gillaroo Lodge.

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, and a range of information about the service was reviewed to help us plan the inspection.

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.

A poster was provided to the manager detailing how staff could provide their views and opinions by completing an online questionnaire. Questionnaire leaflets were also provided, to allow patients and those who visit them, the opportunity to provide feedback after the inspection with their views of the home.

The daily life within the home was observed and how staff went about their work.

A range of documents and records were examined to determine that effective systems were in place to manage the home.

4.0 What people told us about the service?

Six patients, two relatives and five staff were spoken with during the inspection.

Patients told us that they felt well cared for and that staff were very helpful and kind. One patient said, "The staff are very good to me and help me well", whilst another said "I'm happy here". Patients also commented positively on the food and their interactions with staff.

Staff acknowledged the challenges of working through the COVID 19 pandemic and spoke of how much they enjoyed working with the patients.

Relatives told us that they were very happy with the care provided in the home and were kept well updated by the staff about any changes to their loved ones.

One staff response was received to the online questionnaire which indicated that they were very satisfied with the quality of care and other services provided by the home.

The response also included a comment pertaining to the dedication of the staff. No responses were received from patients or relatives via the questionnaires provided.

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 15 March 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (7) Stated: First time	The responsible individual shall ensure suitable arrangements to minimise the risk of infection. This is in relation to aprons stored inappropriately, unclean shelving, staff not always wearing aprons and gloves when required or taking the opportunity to sanitise hands when appropriate, unclean hoists and equipment stored in a shower room.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 2 Ref: Regulation 29 Stated: First time	The responsible individual shall ensure where required in the Regulation 29 report a detailed action plan is put in place and followed up to ensure that the actions are correctly addressed.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

<p>Area for improvement 3</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that personal medication records are updated in a timely manner when new medicines have been prescribed.</p>	<p>Carried forward to the next inspection</p>
<p>Action taken as confirmed during the inspection:</p> <p>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.</p>		
<p>Area for improvement 4</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a comprehensive audit, which includes all aspects of medicines management, is completed regularly.</p>	<p>Carried forward to the next inspection</p>
<p>Action taken as confirmed during the inspection:</p> <p>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.</p>		
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>		<p>Validation of compliance</p>
<p>Area for Improvement 1</p> <p>Ref: Standard 39.4</p> <p>Stated: First time</p>	<p>The responsible individual shall ensure staff members are trained for their roles and responsibilities and an up to date written record of training required and completed is kept in the home.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>		
<p>Area for improvement 2</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p>	<p>The responsible individual shall ensure a record is kept of any nursing interventions required or carried out in relation to each patient and any variation to the care plan, reasons and outcomes.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>		

<p>Area for improvement 3</p> <p>Ref: Standard 44</p> <p>Stated: First time</p>	<p>The responsible individual shall ensure the premises are safe and well maintained and remain suitable for their stated purpose. This is in relation to chipped furniture, skirting boards and door frames in identified rooms, and two damaged support chairs.</p>	<p>Partially Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager confirmed that the management team were well aware of their responsibilities to ensure the premises were well maintained, however at the time of inspection, not all identified areas had been addressed.</p> <p>This area for improvement is assessed as partially met and is stated for a second time.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 35.3</p> <p>Stated: First time</p>	<p>The responsible individual shall ensure that systems are in place to monitor the delivery of nursing care and other services provided in the home. This is in relation to robust quality audits for wounds, restrictive practices, nutrition, care records and IPC.</p>	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Documentation had been developed to assist with the audit systems, however at the time of inspection not all audits had been completed.</p> <p>This area for improvement is assessed as partially met and is stated for a second time.</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 22.4</p> <p>Stated: First time</p>	<p>The responsible individual shall ensure that systems are in place to ensure falls assessments, preventive measures and post falls care are carried out in line with best practice.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>		

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A review of recruitment records confirmed that these procedures were in accordance with legislation and standards.

Staff members were provided with an induction programme to support them in the tasks associated with their role and duties. There were systems in place to ensure staff were trained and supported to do their job. Mandatory training was provided for staff and the Manager confirmed that training dates were being arranged to update manual handling training.

Review of records provided assurances that all nurses were registered with the Nursing and Midwifery Council (NMC). There was also a system to monitor registration status of care staff with the Northern Ireland Social Care Council (NISCC) however, this did not provide the necessary assurances that care staff were on the NISCC register. The Manager must ensure that staff members are appropriately registered with the NISCC; newly appointed staff must be supported to complete their registration in a timely manner. This was identified as an area for improvement. Following confirmation that staff members are registered with NISCC the Manager must ensure that staff maintain their registration; this was identified as a further area for improvement. Following inspection information was submitted to evidence the current NISCC registration status of staff.

The duty rotas accurately reflected the staff working in the home over a 24 hour period.

Observations confirmed that patients' needs were met by the number of staff on duty. Patients told us that they were satisfied with the delivery of care, attentiveness and support received from staff. A patient commented "The staff are great".

Patients' relatives raised no concerns about staffing levels in the home and commented positively on the communication and interaction with staff.

Staff members were seen to attend to patients' needs in a timely manner, and patients' were offered choices throughout the day.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising patients' needs and any early signs of request for assistance. Staff members were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs. Staff interactions with patients were observed to be friendly, polite, warm and supportive.

Staff were seen to seek patients' consent when delivering care with statements such as : "Can I help you with... or "Would you like..." Staff took time to ensure patients' safety was maintained For example when a patient required a wheelchair, staff reminded patients to keep their arms in whilst passing through the doorways. It was observed that staff respected patients' privacy by their actions such as offering personal care to patients' discreetly.

Lunch provided in the dining room was an opportunity for patients' to socialise and the atmosphere was calm, relaxed and unhurried. The food served was attractively presented, smelled appetising and a variety of drinks were served with the meal. Staff members were observed to attend to patients' dining needs in a caring and compassionate manner and where required, staff engaged with patients' on a one to one basis to assist the patient with their nutritional needs.

Staff made an effort to ensure patients' were comfortable, had a pleasant experience and had a meal that they enjoyed. For example one patient did not like the choices available and it was observed that the kitchen had prepared a meal that they preferred.

It was noted that staff were aware that some patients preferred to have their meal in the lounge or their own room. This was readily accommodated; however it was observed that some plates of food were not covered during transfer. This was discussed with the Manager who provided assurance that this would be addressed and actioned accordingly. This will be reviewed at a future care inspection.

Whilst the menu was available in the main hallway it was not displayed in a meaningful manner to inform the patients. This was discussed with the Manager who agreed to review the display. This will be reviewed at a future care inspection.

Patients were complimentary regarding the quality of the meals provided. They told us; "The food is good". "I enjoyed my lunch".

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. Discussion with the Manager confirmed that patient care records are held confidentially and securely.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the mature garden was well maintained. Discussion with the Manager confirmed that there is a refurbishment plan ongoing and work had recently been undertaken to create an outdoor space with fencing and flower beds to enable patients to enjoy the garden in the warmer weather.

The home was warm and inviting, communal areas were well decorated, suitably furnished and displayed personal work of some of the patients. The home was clean, tidy and fresh smelling throughout. Patients and staff said the home was cleaned regularly.

Patients' bedrooms were personalised with items important to them reflecting their individuality. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

Fire safety measures were in place to ensure patients, staff and visitors to the home were safe. It was observed that communal areas, corridors and fire exits were free from obstruction.

Appropriate precautions and protective measures were in place to manage the risk of infection. The home was participating in the regional testing arrangements for patients and staff and care partners and any outbreak of infection is reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of Personal Protective Equipment had been provided. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

5.2.4 Quality of Life for Patients

It was observed that staff offered patients choices throughout the day. Staff took time to ask them, for example, where they wanted to sit and if they wanted to go to the dining room at lunchtime. Staff members were seen to speak to patients in a polite and caring manner. The provision of daily newspapers and magazines provided a homely touch. The atmosphere throughout the home was warm, welcoming and friendly.

Patients told us that staff offered choices to them throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear food and drink options, and where and how they wished to spend their time. Comments by patients and relatives included, great, helpful and kind. One patient commented "they make you feel safe".

It was observed that the activity planner displayed in the main hallway was not up to date; this was discussed with the manager who confirmed that the planner would be reviewed and updated. It was good to note that during the inspection, staff provided hair styling and a manicure to some patients.

It was confirmed that visiting and care partner arrangements were in place as per the current guidance with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Ms Nicola Mc Crudden has been the Registered Manager since 13 May 2013. Staff commented positively about the manager and the management team.

Records reviewed provided assurance that processes was in place to undertake IPC audits. However audits to monitor the quality of care and other services in the home were not being completed. The importance of auditing was discussed with the Manager and following the inspection, evidence was provided to confirm that audit documentation had been developed.

The need for auditing systems was identified as an area for improvement during the previous care inspection, and is now stated for a second time. It was noted that the Manager undertook a number of nursing shifts each week; the importance of ensuring the Manager has sufficient time to complete management tasks such as auditing was discussed.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The Manager is the appointed safeguarding champion for the home. Systems were in place to ensure that safeguarding processes were adhered to.

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

The manager had a system in place to monitor accidents and incident. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

There was a system in place to manage complaints. Patients said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

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 in detail; and where actions were identified, progress was reviewed. These reports were available in the home 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
Total number of Areas for Improvement	4*	2*

*The total number of areas of improvement includes two that have been carried forward from the previous inspection and two that had been partially met and stated for a second time. Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Nicola Mc Crudden, Registered 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(4) Stated: First time	<p>The registered person shall ensure that personal medication records are updated in a timely manner when new medicines have been prescribed.</p> <p>Ref: 5.1</p>
To be completed by: With immediate effect (15 March 2022)	<p>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.</p>
Area for improvement 2 Ref: Regulation 13(4) Stated: First time	<p>The registered person shall ensure that a comprehensive audit, which includes all aspects of medicines management, is completed regularly.</p> <p>Ref: 5.1</p>
To be completed by: With immediate effect (15 March 2022)	<p>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.</p>
Area for improvement 3 Ref: Regulation 21(1)(b) Stated: First time	<p>The Registered Person must ensure that staff are appropriately registered with the NISCC; newly appointed staff must be supported to complete their registration in a timely manner.</p> <p>Ref: 5.2.1</p>
To be completed by: With immediate effect	<p>Response by registered person detailing the actions taken: Registration with NISCC has proved extremely difficult for Care Assistants to achieve due mainly to the NISCC website being very hard to navigate and long waiting times on the telephone eg : 35th in the queue. After much time spent and 1:1 contact with a member of the NISCC Team we have achieved compliance for all relevant staff.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 21(1)(b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The Registered Person shall ensure that a system is in place to check that staff maintain their registration with NISCC; records of these checks must be accurate and up to date.</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: A check list has been compiled and will be checked and audited on a monthly basis. Staff will be reminded well in advance of their requirement to action their registration as necessary.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 44</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect (7 September 2021)</p>	<p>The responsible individual shall ensure the premises are safe and well maintained and remain suitable for their stated purpose. This is in relation to chipped furniture, skirting boards and door frames in identified rooms, and two damaged support chairs.</p> <p>Ref: 5.1</p> <hr/> <p>Response by registered person detailing the actions taken: An improvement plan is in place and we are working through it. Ongoing refurbishment is being undertaken.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 35.3</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect (7 September 2021)</p>	<p>The responsible individual shall ensure that systems are in place to monitor the delivery of nursing care and other services provided in the home. This is in relation to robust quality audits for wounds, restrictive practices, nutrition, care records and IPC.</p> <p>Ref: 5.1 & 5.2.5</p> <hr/> <p>Response by registered person detailing the actions taken: New audits have been drawn up for : Nutrition, Wounds, Restrictives Practices, Care Records, IPC and Medication management. These will be carried out on a monthly basis.</p>

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