

Unannounced Care Inspection Report 1 September 2016



Gillaroo Lodge

Type of Service: Nursing Home
Address: 134 The Roddens, Larne, BT40 1PN
Tel no: 028 2826 0044
Inspector: Dermot Walsh

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Gillaroo Lodge took place on 1 September 2016 from 09.30 to 18.00 hours.

The inspection sought to assess progress with any issues raised during and 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.

Is care safe?

Safe systems were in place for monitoring the registration status of current nursing and care staff. Relevant checks were conducted within the recruitment process prior to a staff member commencing in post. RQIA were suitably informed of notifications under Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. A safe system for monitoring compliance with mandatory training was in place. Recommendations were made around the use of cloth covered chairs and uncovered radiators within the home.

Is care effective?

Staff were aware of the local arrangements for referral to health professionals and communications with health professionals were recorded within the patients' care records and recommendations were adhered to. Patients and staff demonstrated confidence and awareness in raising any potential concerns to the relevant people. One recommendation has been made to ensure that staff meetings are conducted on a regular basis and at a minimum quarterly.

Is care compassionate?

There was evidence of good communication in the home between staff and patients. Patients and their representatives were very praiseworthy of staff and a number of their comments are included in the report. A recommendation was made around the serving of meals.

Is the service well led?

Many compliments had been received by the home in relation to the care and compassion provided to patients/relatives and some of these comments are contained within this report. Appropriate certificates of registration and public liability insurance were on display. A requirement was made to ensure monthly monitoring visits were conducted consistently and reports were available for review. A recommendation was made to ensure patients consulted during the monthly monitoring visit are referenced using unique identifiers within the report.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Nicola McCrudden, Registered Manager, and Margaret Boyle, Registered Person, 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 24 May 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Elizabeth Rowan Margaret Boyle	Registered manager: Nicola McCrudden
Person in charge of the home at the time of inspection: Nicola McCrudden	Date manager registered: 13 May 2013
Categories of care: NH-I, NH-PH, NH-PH(E)	Number of registered places: 25

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report and the returned QIP
- pre inspection assessment audit

During the inspection we met with eight patients individually and others in small groups, three patient representatives, three care staff, two registered nurses and one ancillary staff member.

Questionnaires were also left in the home to facilitate feedback from patients, their representatives and staff not on duty. Nine patient, nine staff and seven patient representative questionnaires were left for completion.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- three patient care records
- staff training records
- staff induction template
- complaints records
- incidents / accidents records since the last care inspection
- minutes of staff meetings
- a selection of audit documentation
- a staff recruitment file
- competency and capability assessments for nurse in charge
- monthly monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- duty rota for the period 22 August to 4 September 2016

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 24 May 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacy inspector and will be validated at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 1 June 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 36 Stated: First time	The registered person should consider the development of a policy and procedure specifically relating to communicating effectively.	Met
	Action taken as confirmed during the inspection: A new communication policy for staff had been reviewed and made available on 14 July 2015.	

<p>Recommendation 2</p> <p>Ref: Standard 36</p> <p>Stated: First time</p>	<p>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.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Through discussion staff confirmed that they were now aware of policies/procedures, regional guidance and standards which were available at the nurses station. Staff also confirmed that new staff are made aware of the reference guidance named above through the staff induction at the commencement of their employment.</p>		
<p>Recommendation 3</p> <p>Ref: Standard 32.1</p> <p>Stated: First time</p>	<p>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.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of care records for a patient requiring end of life care evidenced up to date and accurate care plans within. Care plans for the patient which were no longer relevant had been discontinued and archived.</p>		
<p>Recommendation 4</p> <p>Ref: Standard 46</p> <p>Stated: First time</p>	<p>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.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of the linen stores within the home evidenced that items had been stored appropriately.</p>		
<p>Recommendation 5</p> <p>Ref: Standard 48</p> <p>Stated: First time</p>	<p>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.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>During a review of the environment, doors were not observed to be propped open.</p>		

<p>Recommendation 6</p> <p>Ref: Standard 6.11</p> <p>Stated: First time</p>	<p>The registered persons should consider how to individualise net pants to ensure dignity of care.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager and the registered person confirmed that all net pants used within the home are individually labelled.</p>		

4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the duty rota for the period 22 August to 4 September 2016 evidenced that the planned staffing levels were adhered to. A rota for the senior nurse in charge of every shift was included within the duty rota. Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Discussion with staff and review of records confirmed that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. An induction booklet was completed and signed by the new employee and the staff member responsible for inducting the new employee.

Discussion with the registered manager and review of training records evidenced that a system was in place to monitor staff attendance at mandatory training. The registered manager confirmed that eLearning was in the process of being arranged for the home and training on the use of eLearning was being arranged for staff to attend. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice.

Competency and capability assessments of the nurse in charge of the home in the absence of the manager had been completed appropriately. The completed assessments had been signed by the registered nurse and verified by the registered manager as successfully completed.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of current nursing and care staff with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC) were appropriately managed.

A review of the recruitment process evidenced a safe system in practice. Relevant checks and interviews had been conducted prior to the staff member commencing in post.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. Discussion with the registered manager confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process. There was evidence that risk assessments informed the care planning process.

Review of a random selection of records pertaining to accidents, incidents and notifications forwarded to RQIA since 1 June 2015 confirmed that these were appropriately managed. Accidents and incidents were reviewed monthly and signed by the registered manager.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Rooms and communal areas were clean and spacious. Fire exits and corridors were observed to be clear of clutter and obstruction. Compliance with infection prevention and control procedures was well maintained. All patients had their own individual commode within their bedroom. However, cloth covered chairs were observed in use within the home. This was discussed with the registered manager and it was agreed that an easily cleanable chair would be more appropriate for use in the home. A recommendation was made.

During a review of the environment, radiators were observed uncovered. This was discussed with the registered persons and a recommendation was made that all radiators within the home are risk assessed and any radiator in the home that was not thermostatically controlled should have an appropriate cover provided to prevent a potential burn risk to patients.

Areas for improvement

It is recommended that cloth covered chairs are phased out and replaced with chairs which have a wipeable surface.

It is recommended that radiators within the home are reviewed to ensure any potential burn risks to patients are minimised.

Number of requirements	0	Number of recommendations	2
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4.4 Is care effective?

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. Care plans had been personalised to meet the individual needs of the patients and had been reviewed monthly.

Registered nurses were aware of the local arrangements and referral process to access relevant healthcare professionals, for example General Practitioner's (GP), speech and language therapist (SALT), dietician and tissue viability nurse (TVN).

Discussion with the registered manager and a review of records confirmed that the last care staff meeting was conducted on 21 January 2016 and the previous care staff meeting had been conducted on 6 November 2015. The last registered nurses' meeting was 26 January 2016. Records were maintained of all meetings held. Minutes of these meetings were available for review and included dates, attendees, topics discussed and decisions made. A recommendation was made to ensure staff meetings were conducted at minimum quarterly.

The registered manager confirmed that they operate an ‘open door policy’ and are available to discuss any issues with staff, patients and/or relatives. The registered manager also confirmed that they would undertake a daily walk around the home and would avail of the opportunity to engage with patients and relatives at this time. Patient/relative meetings were conducted annually and invited guests included other health professionals such as podiatrists. Annual surveys were conducted to ascertain service user feedback on the services the home provided and noticeboards were maintained in the home providing information to patients/relatives on topics such as activity provision. The registered manager also confirmed that relatives were invited to join patients for afternoon tea which the home hosted on a quarterly basis and on an annual basis the home hosted fundraiser events for nominated charities to which the relatives were also invited.

Staff consulted knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patients and representatives were confident in raising any concerns they may have with the staff and/or management.

Areas for improvement

It is recommended that staff meetings were conducted at minimum quarterly and minutes of these meetings were available for review and include dates, attendees, topics discussed and decisions made.

Number of requirements	0	Number of recommendations	1
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs as identified within the patients’ care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

On inspection two registered nurses, three carers and one ancillary staff member were consulted to ascertain their views of life in Gillaroo Lodge. Nine staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. Eight of the questionnaires were returned within the timescale for inclusion in the report.

Some staff comments were as follows:

- “The home is very family friendly.”
- “I love it here.”
- “It’s good here.”
- “I really like it here.”

Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. Consultation with eight patients individually, and with others in smaller groups, confirmed that, in their opinion, the care was safe, effective, compassionate and well led. Nine patient questionnaires were left in the home for completion.

All patient questionnaires were returned within the timeframe. Patients were very positive in their responses within the questionnaires.

Some patient comments were as follows:

- “We are well looked after here.”
- “I would recommend this home to anyone.”
- “It is home from home here.”
- “The staff are very good.”
- “They are very friendly here.”
- “I am very happy here.”
- “The manager brings us newspapers every day and bakes us nice cupcakes.”

Three patient representatives were consulted with on the day of inspection. Seven relative questionnaires were left in the home for completion. Six relative questionnaires were returned within the timeframe. The representatives were very positive regarding the care provided in the home. One relative had nominated Gillaroo Lodge for the ‘Larne Business Awards’ for ‘Customer Service.’ One representative was of the opinion that there was no privacy for patients and visitors in the dayroom as there were no visiting rooms and the dayroom was packed with visitors. This response was passed to the registered manager to review.

The serving of lunch was observed in the main dining room. The mealtime was well supervised. Staff wore appropriate aprons when serving or assisting with meals and patients were provided with dignified clothing protectors. A selection of condiments was available on the tables and a range of drinks were offered to the patients. The food appeared nutritious and appetising. Appropriate music was played in the background and a menu was on display on the wall of the dining room. Patients selected their meal choice from the menu the day prior. However, patients were observed to have been served their meal when staff were not available to assist the patient with the meal. One patient was observed to wait for 10 minutes until a staff member was ready to assist them. This was discussed with the registered manager and a recommendation was made to ensure meals are only served to patients when the patient is ready to eat their meal or be assisted with their meal.

Results of surveys conducted in the home were included within the Annual Quality Report and displayed on noticeboards within the home. The registered manager also confirmed that a summary of the survey results would be included in the business correspondence posted to patients’ next of kin. Copies of patient/relative meeting minutes would also be posted to next of kin with the business correspondence.

Discussion with staff confirmed that the religious needs of patients were met through a church service conducted in the home on the last Sunday of every month. Staff also confirmed that members of the clergy come to the home to visit patients and that bibles were in every bedroom.

Areas for improvement

It is recommended that meals are only served to patients when the patient is ready to eat or be assisted with their meal.

Number of requirements	0	Number of recommendations	1
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4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager evidenced that the home was operating within its registered categories of care.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. The complaints procedure was displayed in patients' bedrooms and included within the 'Patients Guide'.

A compliments file was maintained to record and evidence compliments received.

Some examples of compliments received are as follows:

"Many thanks for all the excellent and loving care you are giving"

"We as a family want to express our sincerest appreciation for the wonderful care and love you showed not only to mum but also to dad at their time in Gillaroo."

"I wasn't to thank all the staff again for the devoted care they gave to my mother."

A review of notifications of incidents submitted to RQIA since the last care inspection confirmed that these were managed appropriately.

Urgent communications, safety alerts and notices were reviewed by the registered manager on receipt and, where appropriate, were shared with staff. A system was in place to ensure that all relevant staff had read the communication or had been notified about it.

Discussion with the registered manager and review of records evidenced that monthly monitoring reports were not completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports for March, April, June and August 2016 were not available for patients, their representatives, staff and trust representatives to review. A requirement was made. A recommendation was also made to ensure that a unique identifier is recorded when consulting with patients to allow for traceability of persons consulted.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, monthly audits were completed in accordance with best practice guidance in relation to restraint, accidents, care records, falls, complaints, palliative care, patient transfers and infection prevention and control.

Areas for improvement

It is required that monthly monitoring visits in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 are conducted by the registered person on a monthly basis and the report made available for review.

It is recommended that patients' identities are recorded within the monthly monitoring report through the recording of unique identifiers.

Number of requirements	1	Number of recommendations	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Nicola McCrudden, Registered Manager, and Margaret Boyle, Registered Person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 29

Stated: First time

To be completed by:
30 September 2016

The registered provider must ensure that monthly monitoring visits in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 are conducted by the registered person on a monthly basis and the corresponding report made available for review in the home.

Ref Section 4.6

Response by registered provider detailing the actions taken:

In Gillaroo Lodge informal monitoring visits to check on the quality of our service are undertaken on a much more regular basis than once a month. One or other of the two registered persons visits the Home on an almost daily basis and interacts with staff, residents, relatives and visiting professionals. This ensures that any matters which may arise are dealt with straight away, and we believe this is the reason why we have not had any complaints for many years, and how we manage to maintain a good reputation for quality care.

It is our usual custom to record, on a monthly basis (as required by Regulation 29), a more formal visit, and evidence of this was available for the inspector on the day of the inspection in the Regulation 29 file.

For a variety of genuine reasons, the formal written recording had not been completed on some months this year. We intend to continue our practice of very regular informal monitoring throughout each month, and will ensure that a formal monthly visit is recorded in written format in the file, in accordance with the regulation.

The file of reports has always been available for review for any person who may request them, and will continue to be available in this way.

Recommendations

Recommendation 1

Ref: Standard 46

Stated: First time

To be completed by:
30 November 2016

The registered person should ensure that cloth covered chairs are phased out and replaced with chairs which have a wipeable surface.

Ref: Section 4.3

Response by registered provider detailing the actions taken:

We are currently reviewing this recommendation and would make the following comments in response:

1. Some of the chairs referred to on the day of inspection were the patient's own property, and we endeavour, where possible, to respect patient choice.
2. Each resident in Gillaroo Lodge has a 'designated' chair for his or her personal use - this is how we minimise the risk of any cross infection issues which may potentially arise when using cloth-upholstered chairs.
3. When a cloth-upholstered chair needs to be cleaned, an appropriate

	<p>cleaning solution (difficile S) is used. This further manages the risk of contamination and infection.</p> <p>4. Some cloth-upholstered chairs which are currently scheduled for re-upholstery are going to be covered in an appropriate wipeable surface, as recommended.</p>
<p>Recommendation 2</p> <p>Ref: Standard 47 Criteria (1)</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2016</p>	<p>The registered person should ensure that radiators within the home are risk assessed to ensure any potential burn risks to patients are minimised.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken: Radiators in the home are all fitted with individual thermostatic controls. This action was taken some years ago to minimise any potential burn risks to patients.</p>

<p>Recommendation 3</p> <p>Ref: Standard 41 Criteria (8)</p> <p>Stated: First time</p> <p>To be Completed by: 30 October 2016</p>	<p>The registered person should ensure staff meetings take place on a regular basis and at a minimum quarterly. Records are kept which include:</p> <ul style="list-style-type: none"> • The date of all meetings • The names of those attending • Minutes of discussions • Any actions agreed <p>Ref: Section 4.4</p>
<p>Recommendation 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 2 September 2016</p>	<p>The registered person should ensure that meals are served to patients only when the patient is ready to eat or be assisted with their meal.</p> <p>Ref: Section 4.5</p> <p>Response by registered provider detailing the actions taken: This recommendation was implemented immediately.</p>
<p>Recommendation 5</p> <p>Ref: Standard 35 Criteria (7)</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2016</p>	<p>The registered provider should include unique identifiers within the monthly monitoring report to evidence the patients who have been consulted with.</p> <p>Ref: Section 4.6</p> <p>Response by registered provider detailing the actions taken: In some of the monthly monitoring reports available on the day of inspection unique identifiers are already used. In other reports the patients spoken to are referred to in more general terms (for example 'a resident who had recently been admitted to the Home').</p> <p>We will strive for consistency in the way the consultation with patients is recorded.</p>

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