

Inspection Report

6 April 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	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: Nicolette Amor – Registered Nurse	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 6 April 2023 from 10.00 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.

Staff 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.

Areas requiring improvement from the previous care inspection were reviewed and seven new areas requiring improvement were identified. Please see the Quality Improvement Plan (QIP) in section 6 for further details.

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

Patients told us that they felt well cared for and that staff were very helpful and kind. One patient said, "The staff look after me". Patients also commented positively on the food and the interactions with staff.

Relatives told us that they were generally happy with the care provided in the home and were aware of who to make contact with should issues arise.

Discussions with staff confirmed that they felt positive about their roles and duties.

Following the inspection, no questionnaires were returned to RQIA and we received no feedback from the staff 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 21 April 2022		
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.	Carried forward to the next inspection
	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.	
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.	Carried forward to the next inspection
	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.	
Area for improvement 3 Ref: Regulation 21 (1)(b) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

<p>Area for improvement 4</p> <p>Ref: Regulation 21 (1)(b)</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</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>The registered person 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>Action taken as confirmed during the inspection: There was evidence that, as written, this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 35.3</p> <p>Stated: Second time</p>	<p>The registered person 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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>

5.2 Inspection findings

5.2.1 Staffing Arrangements

The staff duty rota accurately reflected the staff working in the home on a daily basis and identified the person in charge when the manager was not on duty.

There was no recorded evidence that an assessment of patient dependency levels had been completed and used to determine staffing requirements. An area for improvement was identified.

The person in charge at the time of inspection was a registered nurse, who confirmed that they had been provided with an induction programme. Discussion with staff confirmed that they had been provided with training appropriate to their roles and duties.

Registered nurses taking charge of the home in the absence of the manager are required to have undertaken a competency and capability assessment. These records were not accessible and available for review during the inspection. Staff recruitment and training records were also unavailable; this was discussed with the management team for review and action as appropriate. This will be reviewed at a future care inspection.

Systems were in place to ensure all relevant staff were registered or in the process of registering with the Northern Ireland Social Care Council (NISCC) or with the Nursing and Midwifery Council (NMC).

It was observed that staff responded to patient's requests for assistance in a prompt, caring and compassionate manner. Patients spoke positively about the care that they received and confirmed that staff attended to them in a timely manner.

5.2.2 Care Delivery and Record Keeping

Staff demonstrated their knowledge of individual patients' needs, preferred daily routines, likes and dislikes, for example, where patients preferred to sit and what they liked to eat. Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients.

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. Care plans included any advice or recommendations made by other healthcare professionals. Daily records were kept of how each patient spent their day and the care and support provided by staff.

Care records were generally well maintained, regularly reviewed and updated to ensure they continued to meet the patient's needs. However; care records did not clearly identify when Deprivation of Liberty Safeguards (DOLS) are in place for the patient. This information should be available and recorded from the patient's admission to the home. This was discussed with the management team for immediate action. An area for improvement was identified.

Patients who are less able to mobilise may require the use of pressure relieving equipment to assist with the prevention of pressure ulcers. A review of the settings on a selection of the pressure relieving equipment, evidenced that they were not consistent with the care record. An area for improvement was identified.

Patients' needs determine that they may require a range of support with eating and drinking; this may include simple encouragement through to full assistance from staff. Lunch served in the dining room was an opportunity for patients to socialise and the atmosphere was supportive and paced appropriately for the level of need. The food served was attractively presented, smelled appetising and a variety of drinks were served with the meal. A menu was available to inform patients of the meal and choice available. However; the display was difficult to read and not reflective of patients communication needs. An area for improvement was identified.

Staff attended 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 them with their meal. Some patients preferred to have their meal in the lounge or their own room and this was readily accommodated with support provided as required. It was pleasing to note that food covers were used during the transit of meals. Patients spoke positively in relation to the quality of the meals provided.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean and warm. Patients' bedrooms were personalised with items important to them reflecting their individuality and patients spoke positively about their décor. Communal areas were pleasant and homely, however; clutter was identified in some areas and inappropriate storage of equipment was evident in some bathrooms, lounges and corridors. A review of storage arrangements was discussed with the management team for immediate action; an area for improvement was identified.

A number of areas in the home were in need of refurbishment, for example, replacement of flooring and areas in need of repainting were identified on the upper floors. However, it was positive to note that refurbishment had been undertaken since the previous inspection on the ground floor, for example, new flooring had been installed and a number of areas had been freshly painted, with local artwork on display. Discussion with the management team confirmed that refurbishment was ongoing and a plan was in place to repaint and replace the flooring imminently in the identified areas. Therefore an area for improvement was not required on this occasion.

Various pieces of equipment in use in the home, for example, identified wheelchairs, required more effective cleaning; an area for improvement was identified. A cistern on a toilet was broken and the management team provided adequate assurances that a replacement had been ordered.

There was an adequate supply of PPE and hand sanitiser. Discussion with staff confirmed that training on IPC measures and the use of PPE had been provided. Staff were observed to carry out hand hygiene at appropriate times and to use PPE correctly.

5.2.4 Quality of Life for Patients

Staff offered patients choices throughout the day. Staff were attentive to patients and 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 were seen to speak to patients in a polite and caring manner.

There was a range of activities provided for patients by staff including music, movies and pamper sessions. Staff provided hair styling to some patients and patients commented positively on getting their hair done.

The display showing what activities were available was not up to date and was not displayed in a meaningful manner. This was discussed with the management team for review and action; an area for improvement was identified.

Staff recognised the importance of maintaining good communication with families; visiting arrangements were in place, however they were inconsistent with the most recent guidance issued by the Department of Health (DoH) December 2022. This was discussed with the management team for immediate action. An area for improvement was identified.

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

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients.

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

The home was visited each month by a representative of the Registered Provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. A sample of these reports were reviewed. 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 were 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/or the Care Standards for Nursing Homes (April 2015)

	Regulations	Standards
Total number of Areas for Improvement	3*	7

*The total number of areas of improvement includes two Regulations that have been carried forward from the previous inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with management, 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 To be completed by: With immediate effect (15 March 2022)	The registered person shall ensure that personal medication records are updated in a timely manner when new medicines have been prescribed. Ref: 5.1 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.
Area for improvement 2 Ref: Regulation 13(4) Stated: First time To be completed by: With immediate effect (15 March 2022)	The registered person shall ensure that a comprehensive audit, which includes all aspects of medicines management, is completed regularly. Ref: 5.1 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.
Area for improvement 3 Ref: Regulation 27 (4) (d) (iii) Stated: First time To be completed by: from the date of inspection	The registered person shall ensure that the corridors and communal areas in the home remain free from obstruction. Ref: 5.2.3 Response by registered person detailing the actions taken: New storage space has been created externally allowing all non-essential items to be removed from the Home. An action plan has been put in place to ensure wheelchairs and hoists are no longer left in areas where they could cause an obstruction. Staff have been made aware of this policy to promote and maintain safety for all residents, staff and visitors within the Home.

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
<p>Area for improvement 1</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: from the date of inspection</p>	<p>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.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Dependency is set on Goldcrest and reviewed monthly, or if there is a change of occupancy or medical condition of residents. A review of the dependencies and staffing levels form part of the Manager's monthly audit.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 18.2</p> <p>Stated: First time</p> <p>To be completed by: from the date of inspection</p>	<p>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.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: For those residents who require a DOLs assessment, their social workers were contacted and confirmed that no DOLs were applicable. A system has now been put in place to monitor the DOLs for each resident every 6 months, or as often as it requires. Care plans have been updated for all residents to reflect DOLs.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 23.5</p> <p>Stated: First time</p> <p>To be completed by: from the date of inspection</p>	<p>The registered person shall ensure that the system in place to monitor pressure mattress settings in the home is effective.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Mattress review has been carried out, with all residents using the mattresses detailed in their Care Plan and based on their Braden Score which is updated monthly. The correct weight setting is now labelled on the pump, with a check carried out each shift to ensure the setting matches the label with an audit tool put in place to monitor this.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered person shall ensure that a daily menu is on display in a suitable format, showing patients what is available at each mealtime.</p> <p>Ref: 5.2.2</p>
<p>Area for improvement 5</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: from the date of inspection</p>	<p>Response by registered person detailing the actions taken: A daily menu is now displayed in the dining room, and main corridor. For those residents who have capacity, they are also given a copy of the daily menu. Residents are given two hot meal options for each meal, and a dessert.</p> <hr/> <p>Response by registered person detailing the actions taken: A robust audit of all issues identified has been carried out and measures put in place. New daily, weekly and monthly checks are now in place to ensure that the issues identified have been addressed. A decontamination file has now been put in place since the last inspection with staff compliant on all issues. This was addressed at the staff meeting to highlight the importance of this issue to staff. A weekly hand hygiene audit is now carried out by the Home Manager.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: from the date of inspection</p>	<p>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.</p> <p>Ref: 5.2.4</p> <hr/> <p>Response by registered person detailing the actions taken: A new activity planner has been created in a larger format to allow the residents to see more clearly what the activities are for the day. This has been placed in both day rooms too for increased visibility.</p>

<p>Area for improvement 7</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: from the date of inspection]</p>	<p>The registered person shall ensure that guidance issued from the DoH (December 2022) in relation to visiting is implemented in line with regional guidance.</p> <p>Ref: 5.2.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Visiting for relatives and the public was re-opened immediatley after the inspection.</p> <p>A risk assessment for the use of PPE and masks has been put in place since the last inspection and updated weekly by the Home Manager.</p>

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



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