

Inspection Report

7 September 2021



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 Responsible Individual Mr Patrick Samuel MacMahon	Registered Manager: Ms Nicola Susan McCrudden 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: 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 on the ground and first floor of the home.	

2.0 Inspection summary

An unannounced inspection took place on 7 September 2021 from 9.15 am to 6.00 pm by the care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

The home was homely and patients were comfortable in their rooms or communal lounge areas.

It was evident that staff promoted the dignity and well-being of patients by offering choice and considering personal preferences of patients.

Areas requiring improvement were identified in relation to staff training, care records, nutrition, the environment, infection prevention and control (IPC), fire safety, quality audits and completion of actions from the Regulation 29 visit reports.

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 safe, effective, compassionate and that the home was well led. 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 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 and 'Tell Us' cards 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 Nicola McCrudden, Manager, at the conclusion of the inspection.

4.0 What people told us about the service

Nine patients told us they were well looked after in Gillaroo Lodge, they were "very happy here" and "could not complain".

Three staff told us they had "good support from the manager", "loved working here" and had not had a lot of training since the start of the COVID-19 pandemic.

Two patients relatives questionnaires were received and confirmed they were very satisfied that the care provided for their relatives was safe, effective, compassionate and well-led.

One staff and one visiting professional survey responses were received and confirmed that they were very satisfied that care in the home was safe, effective, compassionate and well-led. Comments included, "Gillaroo is well organised and patients are well cared for" and "staff go the extra mile".

A record of compliments received about the home was kept and shared with the staff team.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Gillaroo Lodge was undertaken on 18 January 2021 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

Staff training records showed evidence that mandatory training requirements were not all being met. Training in IPC, safeguarding and deprivation of liberty safeguards (DoLS) required completion and a robust overview record for staff training required to be put in place. An area for improvement was made.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Staff told us that there was enough staff on duty to meet the needs of the patients.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Examination of the staff duty rota confirmed this.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. For example, call bells were answered promptly and residents were supported to spend time in their own rooms or in communal lounges.

Staff told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Patients said staff were always available and responded promptly when they called on them and that staff knew them well and knew how best to help them. Patients said "the staff are lovely" and "there are always plenty of staff around".

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising patients' needs and respected their choice of where and how they spent their day. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Examination of records and discussion with staff confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review. For example, patients were referred to their GP, or the out of hour's service.

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 may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that patients enjoyed spending time with each other and liked the meal provided. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was a choice of meals offered, the food was attractively presented, smelled appetising and portions were generous. There was a variety of drinks available. Lunch was a pleasant and unhurried experience for the patients.

Patients said "the food is nice and warm", the potatoes and vegetables are all lovely" and "they get me something else if I want it".

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.

Care plans for modified diets were not in place for all patients who required them, the record of patient's fluid intake showed that for some patients they were not meeting their daily fluid intake target and the regular repositioning of patients was not always recorded as directed by their plan of care. There was no evidence that this had been reviewed and action taken for those who required this. An area for improvement was made.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

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 and had been planted with sun flowers and other summer plants. Photographs on the walls showed that patients had taken part in planting the sunflowers which were now in bloom.

The inside of the home was warm and inviting and patients' bedrooms were personalised with items important to the patient, however, a number of areas required repair or replacement including chipped furniture, skirting boards and door frames in identified rooms, and two damaged chairs. An area for improvement was made.

A number of areas required attention to reduce the risk of spread of infection including; 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. An area for improvement was made.

There was evidence throughout the home of 'homely' touches such as newspapers, magazines, snacks and drinks available. Patients and staff said the home was cleaned regularly and had a "homely atmosphere".

The front door of the home was blocked by a chair and hoist which prevented clear access to the exit in the event of a fire. This was discussed with staff and removed. An area for improvement was made.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Visiting arrangements were managed in line with DoH and IPC guidance.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Patients were provided with a range of seasonal activities

Evidence showed that patient meetings were not provided regularly to give an opportunity for patients to comment on aspects of the running of the home. This was discussed with the manager who agreed to put this in place.

It was observed that staff offered choices to patients 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.

There was a range of activities provided for patients by staff. This included sing along, armchair exercises, ball games, fitter feet, bowling and bingo.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were available with positive benefits to the physical and mental wellbeing of patients.

Patients were enjoying the sing along in the lounge and one resident said “armchair exercises make you feel like you are still worthwhile”.

5.2.5 Management and Governance Arrangements

There had been no change in the management of the home since the last inspection. Ms Nicola McCrudden has been the registered manager since 13 May 2013.

Audits to monitor the quality of care and other services provided to patients had not been completed for wounds, restrictive practices, nutrition and care records since last year and the IPC audit was not robust enough to identify the areas requiring improvement in section 5.2.3. An area for improvement was made.

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 was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Patients spoken with said that they knew how to report any concerns and said they were confident that Nicola the manager would listen to their concerns and address them. Review of the home’s record of complaints confirmed that these were well managed.

Staff 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.

It was established that 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. Following unwitnessed falls neurological observations should be completed in line with best practice guidance. It was evident that this was not always completed as regularly as required. This was discussed with the manager and an area of improvement was made.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance. Staff said that the manager provided good leadership.

The home was visited each month by the registered person 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 however; a detailed action plan was required to be put in place and followed up to ensure that the actions were correctly addressed. An area for improvement was made.

6.0 Conclusion

Patients were well dressed and comfortable in the home on the day of inspection. Patients enjoyed the activities provided in the home and said the food was lovely.

Staff were knowledgeable about patients' personal preferences for food and drinks and how they wished to spend their time. It was evident that patient care was important to staff as they went about caring for patients.

Based on the inspection findings eight areas for improvement were identified. Five were in relation to safe and effective care and three were in relation to the service being well led – details can be found in the Quality Improvement Plan included.

7.0 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	5

Areas for improvement and details of the Quality Improvement Plan were discussed with Nicola McCrudden, 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 (7) Stated: First time To be completed by: With immediate effect	The responsible individual shall ensure make 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. Ref: 5.2.3
	Response by registered person detailing the actions taken: We strive to adhere to Regional guidelines for prevention of

	<p>Infection within the confines of the Nursing Home. PPE is stored in Dans Centre boxes. We are now mostly using rolls of aprons which fit into these boxes along with gloves. Masks are worn at all times.</p> <p>We have implemented equipment cleaning schedules to include hoists and slings.</p> <p>Further training in Infection Control and Prevention is to be scheduled within the next few months.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The responsible individual shall ensure the means of escape in the event of a fire is kept clear of obstacles.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The chair that was sitting at the front door has been removed and the resident is now sitting somewhere else in the home.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>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.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: An Action Plan for the Regulation 29 report will be put in place when there are actions arising.</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 39.4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The responsible individual shall ensure staff 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>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Training is not currently up to date due to the covid pandemic we are planning to source training and to set dates for training. We have had training in Fire Awareness on 26th October 2021 attended by 79% of staff.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</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>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Going forward we will endeavour to ensure records are kept up to date, all staff have been reminded to ensure accurate records.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 15 October 2021</p>	<p>The responsible individual shall ensure the premises are safe 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: 5.2.3</p> <p>Response by registered person detailing the actions taken: .An ongoing renovation plan is in place and we will identify priority areas such as those identified at the inspection</p>
<p>Area for improvement 4</p> <p>Ref: Standard 35.3</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</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: 5.2.5</p> <p>Response by registered person detailing the actions taken: Audits are mostly computer generated in line with the care management system. Other audits are completed mostly monthly. The manager will investigate alternative audit tools to use to monitor identified areas.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 22.4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</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>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Gillaroo has a low incidence of falls due to systems in place to reduce risks. Staff have been reminded to ensure that they record Neuological observations following unwitnessed falls.</p>

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