



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 11 September 2019



## Gillaroo Lodge

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

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Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

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.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which provides care for up to 25 patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Gillaroo Lodge Nursing Home Ltd  <b>Responsible Individuals:</b> Elizabeth Rowan Margaret Boyle	<b>Registered Manager:</b> Nicola Susan McCrudden
<b>Person in charge at the time of inspection:</b> Melanie Gorman – Nurse in charge	<b>Date manager registered:</b> 13 May 2013
<b>Categories of care:</b> 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.	<b>Number of registered places:</b> 25

### 4.0 Inspection summary

An unannounced inspection took place on 11 September 2019 from 10.00 to 16.10 hours.

This inspection was undertaken by a 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.

Evidence of good practice was found in relation to staffing arrangements, recruitment, staff training and development, adult safeguarding, the management of falls, staff handover, record keeping, quality improvement and with the management of incidents and complaints. Further good practice was found in relation to the delivery of compassionate care, teamwork and with maintaining good working relationships.

Areas requiring improvement were identified in relation to compliance with Control of Substances Hazardous to Health (COSHH) legislation, infection prevention and control relating to pull cords and provision of activities.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Melanie Gorman, nurse in charge, as part of the inspection process. Feedback was also shared with Elizabeth Rowan, responsible individual, by telephone during the inspection. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

#### 4.2 Action/enforcement taken following the most recent inspection dated 22 January 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 22 January 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings; registration information; and any other written or verbal information received, for example, serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home and invited visitors to speak with the inspector.

The following records were examined during the inspection:

- duty rota for all staff week commencing 2 September 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment file
- three patient care records
- two daily care records in relation to food and fluid intake and repositioning
- a sample of governance audits/records
- complaints record
- compliments received
- the activities programme
- RQIA registration certificate.

An area for improvement identified at the last care inspection was reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 4 Criteria 9 <b>Stated:</b> Second time	The registered person shall ensure that the identified patient's repositioning records are compliant with the patient's repositioning regime identified within their care plan.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the patient's care and repositioning records evidenced that this area for improvement has now been met.	

## 6.2 Inspection findings

### 6.3 Is care safe?

#### **Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The manager confirmed that the number of staff and the skill mix of staff on duty at any given time. A review of the duty rota for week commencing 2 September 2019 confirmed that the planned staffing level and skill mix was adhered too. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the care staff. Patients' needs and requests for assistance were observed to have been met in a timely and caring manner. Patients and their visitors consulted spoke positively in relation to the care provision in the home. Staff consulted confirmed that they were satisfied the staffing levels and skill mix were sufficient to meet patients' needs.

A review of one recently recruited staff member's recruitment records evidenced that the appropriate pre-employment checks had been conducted prior to the staff member commencing in post. Records also indicated that the new staff member had gone through an induction process at the commencement of their employment to assist them in gaining knowledge of the homes' policies and procedures.

The manager evidenced regular checks made on all staff following employment in the home to ensure that they maintained their registration with Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC) as appropriate. New care staff were required to join the NISCC register as soon as possible following commencement of employment.

A record of any training that staff had completed was maintained in the home. Training compliance was monitored by the home's management. A system was evident to ensure that staff were aware when training was about to lapse. Staff indicated that they could request additional training which would be pertinent to their role. Staff also confirmed that any additional upcoming training details would be posted on a noticeboard in the nurses' station for staffs' attention. There was evidence that staffs' supervisions and appraisal dates was planned in advance.

An adult safeguarding champion had been identified to manage any potential safeguarding incidents. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

A review of three patients' care records evidenced that appropriate individualised risk assessments were completed on each patient at the time of their admission. Risk assessments had been reviewed regularly and care plans had been developed which were reflective of the risk assessments. Care plans had also been reviewed and updated regularly.

Falls in the home were monitored on a monthly basis for any patterns and trends. This would be to review the pattern to proactively plan measures to reduce the incidences of falls where possible. The number of falls in the home was low. A monthly falls stick was maintained to identify the number and date of patients' falls in the home where appropriate. A review of the management of falls in the home evidenced that these had been managed appropriately and that all relevant persons had been notified of the fall.

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was clean and fresh smelling. Compliance with infection prevention and control had been well maintained. However, several fabric pull cords in the home could not be cleaned effectively. This was discussed with the manager and identified as an area for improvement. Fire exits, stairwells and corridors were observed to be clear of clutter and obstruction. Patients were seated in one of the lounges or in their bedroom as was their choice.

Chemicals were observed accessible to patients in two separate areas in the home. This was discussed with the manager and an area for improvement was identified to ensure compliance with COSHH legislation.

Actions for staff to take in the event of an emergency were displayed clearly on the nursing office wall for staff to refer to when responding to an event such as a lift failure, power cut, fire, flood or gas leak. This was seen as a good practice.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, recruitment, staff training and development, adult safeguarding and with management of falls.

### Areas for improvement

Areas for improvement were identified in relation to the cleaning of pull cords and with compliance with COSHH legislation.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1

### 6.4 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

Dietary requirements, such as the need for a diabetic diet, were communicated through staff handovers. Staff confirmed that the shift handover provided them with all necessary information to provide care to patients. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. Patients and representatives spoken with expressed their confidence in raising concerns with the home's staff/management.

Patients had been weighed regularly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was utilised to determine the risk of weight loss or weight gain. Patients and staff confirmed that they had 24 hour access to food and fluids.

We reviewed the lunchtime meal experience in the main dining area. Tables had been laid appropriately for the meal. The menu offered a choice of meal for lunch. Patients who required to have their meals modified were also afforded choice of meal. Food was served directly from the kitchen when patients were ready to eat their meals or be assisted with their meals. The food served appeared nutritious and appetising. Staff were knowledgeable in relation to patients'

dietary requirements. Patients wore clothing protectors where required and staff wore aprons when serving or assisting with meals. Staff were observed chatting with patients when assisting with meals and patients were assisted in an unhurried manner. Records of food and fluid intake were maintained well where appropriate. Patients consulted had enjoyed their lunch. Relatives and staff spoke positively on the provision of 'afternoon tea' in the home where patients can arrange to share this experience with their relative in a private area. All food was freshly prepared in the home.

Patients' risk of pressure related skin damage was assessed on their admission and reviewed on a monthly basis. When a risk was identified, such as immobility, poor diet or incontinence, a care plan was developed to guide staff in measures to prevent skin breakdown. We reviewed one patient's wound care records. A clear wound care plan was evident within the patient's care records to guide the dressing regime and management of the wound. The wound care plan reflected the recommendations of a tissue viability nurse. Wound observation records were maintained to monitor the progress of the wound. Records of repositioning had been maintained well.

Falls risk assessments were completed on admission and reviewed monthly. Falls care plans were developed when a risk of falls was identified and also updated monthly or following a fall. Accident records had been maintained indicating the actions taken following a fall and confirming that the appropriate persons had been notified of the fall.

When a restrictive practice, such as the use of bedrails had been implemented, there was evidence within the patient's care records of an initial assessment completed to ensure safe use. This assessment was reviewed regularly. The continued use of this restrictive practice was monitored at the evaluation of the patients' care plans.

Each staff member was aware of their roles and responsibilities within the team. Staff spoke positively in relation to the teamwork in the home. One staff commented that the teamwork in the home was, "Excellent; like a big family". Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge.

A staff edition of a newsletter named 'Gillaroo Grapevine' was on display in the nursing office. The purpose of the newsletter was to keep staff up to date with any planned changes in the home. Staff spoke positively in relation to the newsletter.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff handover, teamwork and record keeping.

### **Areas for improvement**

No areas for improvement were identified during the inspection in the effective domain.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0



## 6.5 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Staff were aware of individual patients' wishes, likes and dislikes. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were given choice, privacy, dignity and respect. Staff were also aware of patient confidentiality regarding the handling and use of patient information.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

A programme of activities for the month of September was on display at reception. Activities included bingo, relax with colour, current affairs, garden walks, puzzles and tin pin bowling. Staff were allocated on the duty rota to conduct activities, however, discussion with patients and staff evidenced that this was not always possible due to workload. The programme of activities did not account for the activity provision of patients who may not wish to be involved in group activity. This was discussed with the manager and identified as an area for improvement to ensure that meaningful activities were provided to all patients in the home.

Cards and letters of compliment and thanks were maintained in the home. Some of the comments recorded included:

- "Thank you so much for making our afternoon tea such a lovely day! Everything was delicious and we all enjoyed it very much."
- "Please accept our deepest thanks for the care and attention our mother ... received whilst she was in your care."
- "... It was of great comfort to us as a family knowing that during her time with you she was safe, secure, loved and well fed."

Consultation with 10 patients individually, and with others in smaller groups, confirmed that living in Gillaroo was a positive experience. Patient questionnaires were left for completion. Six were returned. All respondents indicated that they very satisfied the home was providing safe, effective and compassionate care and that the home was well led.

Patient comments:

"You couldn't get better staff here."

"If you can't be at home this is the best place to be."

"You won't get a home as immaculate as this place. It is first class."

"It is a very good home. Like home from home."

"It's very good here."

"Staff are very good here but I would rather be home."

"I can't complain; all is grand here."

"Excellent care."

Three patient representatives were consulted during the inspection. Patient representatives' questionnaires were left for completion. Four were returned. All respondents indicated that they very satisfied the home was providing safe, effective and compassionate care and that the home was well led.

Some patient representatives' comments were as follows:

"The care is fantastic here. We can come and go as we please. Staff are very welcoming."  
 "We are so happy with the care here. The food is excellent. We are always kept well informed. There is a relatives' meeting coming up on the 17<sup>th</sup> ."  
 "The care is brilliant. Mum is such a fussy eater but Jenny does all she can to make sure mum gets good alternatives."  
 "Excellent."

Five staff were consulted during the inspection. Staff were asked to complete an online survey; we received three responses within the timescale specified. All respondents indicated that they were very satisfied with the service provision in the home provided safe, effective and compassionate care and that the home was well led. Comments from staff included:

"I love coming to work."  
 "I enjoy working here."  
 "This is the best nursing home I have ever worked in."  
 "I like it here. Enjoy it."  
 "Care in Gillaroo is excellent. We all work together for the good of the residents."

Two visiting professionals left comment via the online survey for inclusion in the report. Comments were as follows:

"I visit Gillaroo on a monthly basis to provide podiatry services. The residents in this home are always well prepared for my visit. There is always a list of residents to be seen available for myself and the staff so they can assist the residents to come to have their treatment. The Manager Nicky McCrudden is a gem and always goes far beyond the call of duty."

"As GPs we do fortnightly visits now - this is a trial period for this initiative. In Gillaroo it has worked extremely well. Staff are always prepared for our visits and they know their residents well and address all idiosyncrasies on their behalf. The manager in this home is very involved in the care of the residents also."

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the registered manager for their information and action, as required.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and valuing patients and their representatives.

## Areas for improvement

An area for improvement was identified in relation to the provision of activities.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 6.6 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. This certificate identifies the management arrangements for the home and the maximum number of patients allowed to be accommodated in the home. Since the last care inspection, the management arrangements in the home had not changed.

A review of the staff duty rota evidenced the name of the nurse in charge of the home in the absence of the manager. The identity of the nurse in charge was also signified at entrance to the home.

The home operated a 'policy of the month' which was displayed in the nursing office. All staff were required to read the identified policy and sign a record to confirm that they have read this. The policy identified for September 2019 was on staff supervision and appraisal.

A system was in place to record any complaints received including details of any investigation and all actions taken in response to the complaint. The complaints procedure was displayed in patients' bedrooms. Patients and their visitors consulted during the inspection confirmed that they would have no issues in raising any identified concern with the home's staff or management.

Discussion with the manager and review of auditing records evidenced that a number of monthly audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, care records, wound care and infection prevention and control. We reviewed the infection prevention and control audits. Auditing records evidenced the actions taken in response to any shortfalls that were identified.

Monthly monitoring visits to the home were conducted. Reports from the visit were available for review by patients and their visitors, staff, trust staff and other healthcare professionals.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of incidents, management of complaints, quality improvement and with maintaining good working relationships.

## Areas for improvement

No areas for improvement were identified during the inspection in the well led domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Melanie Gorman, nurse in charge, as part of the inspection process. Feedback was also shared with Elizabeth Rowan, responsible individual, by telephone during the inspection. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

### 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

### 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (2) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that chemicals are not accessible to patients in any part of the home in keeping with COSHH legislation.  Ref: 6.3  <b>Response by registered person detailing the actions taken:</b> Housekeeping staff have been reminded of the importance of ensuring that store cupboards in sluice rooms are to be kept locked when not in use. In addition, new keypad locks have been fitted to the outer door of the sluices as an additional safeguard.
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 44 Criteria (1)  <b>Stated:</b> First time  <b>To be completed by:</b> 11 October 2019	The registered person shall ensure that pull cords are maintained in that they can be frequently effectively cleaned.  Ref: 6.3  <b>Response by registered person detailing the actions taken:</b> The red emergency pull cords have all been covered with plastic tubing to ensure that they can be easily and effectively cleaned.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 11  <b>Stated:</b> First time  <b>To be completed by:</b> 11 November 2019	The registered person shall review the provision of activities in the home to ensure they are meaningful to all patients who wish to be involved.  Ref: 6.5  <b>Response by registered person detailing the actions taken:</b> A review of the provision of activities is being undertaken, with particular emphasis being placed on providing something meaningful for those patients who do not wish to participate in group activities.

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



The **Regulation** and  
**Quality Improvement**  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**Tel** 028 9536 1111

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

**Twitter** @RQIANews

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