

Unannounced Care Inspection Report 17 August 2017



Gillaroo Lodge

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

www.rgia.org.uk

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 25 persons.

3.0 Service details

Organisation/Registered Provider: Gillaroo Lodge Nursing Home Ltd Responsible Individuals: Mrs Elizabeth Rowan Mrs Margaret Boyle	Registered Manager: Mrs Nicola McCrudden
Person in charge at the time of inspection: Mrs Nichola McCrudden	Date manager registered: 13 May 2013
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 registered places: 25

4.0 Inspection summary

An unannounced inspection took place on 17 August 2017 from 09.30 to 16.30 hours.

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 Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified 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.

Evidence of good practice was found in relation to staffing arrangements, training and development, record keeping, governance arrangements and the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas requiring improvement under regulation were identified in regard to inappropriate doors left unlocked and doors observed propped open. Areas for improvement under standards were identified in regard to infection control compliance in laundry provision and provision of activities.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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
Total number of areas for improvement	2	2

Details of the Quality Improvement Plan (QIP) were discussed with Nichola McCrudden, Registered Manager, and Elizabeth Rowan, Responsible Individual, 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.

4.2 Action/enforcement taken following the most recent inspection dated 1 September 2016

The most recent inspection of the home was an unannounced care inspection undertaken on 1 September 2016. 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

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 10 patients, seven staff and three patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector.

The following records were examined during the inspection:

- duty rota for all week commencing 7 August 2017
- 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 and induction file
- three patient care records
- three patients' supplementary care records in relation to food and fluid intake, bowel management and repositioning
- complaints record
- minutes of staff meetings
- minutes of patients' meetings
- a selection of audit records
- RQIA registration certificate
- certificate of public liability insurance
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the registered manager and responsible individual at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 1 September 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 1 September 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 29 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: All 2017 monthly monitoring reports in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 were available for review.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 46 Stated: First time	The registered person should ensure that cloth covered chairs are phased out and replaced with chairs which have a wipeable surface.	Met
	Action taken as confirmed during the inspection: During a review of the environment there was evidence that cloth covered chairs were being phased out and replaced with chairs which had a wipeable surface.	
Area for improvement 2 Ref: Standard 47 Criteria (1) Stated: First time	The registered person should ensure that radiators within the home are risk assessed to ensure any potential burn risks to patients are minimised.	Met
	Action taken as confirmed during the inspection: Discussion with the manager confirmed that radiators within the home had all been fitted with individual thermostatic controls to minimise any potential burn risks to patients.	

<p>Area for improvement 3</p> <p>Ref: Standard 41 Criteria (8)</p> <p>Stated: First time</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 	Met
<p>Action taken as confirmed during the inspection:</p> <p>Minutes were available for review of staff meetings which had occurred. The expected frequency of registered nursing and care staff meetings was discussed with the registered manager following the inspection.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</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>	Met
<p>Action taken as confirmed during the inspection:</p> <p>All meals were observed to be served when the patient was ready to eat or be assisted with their meal.</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 35 Criteria (7)</p> <p>Stated: First time</p>	<p>The registered provider should include unique identifiers within the monthly monitoring report to evidence the patients who have been consulted with.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>Unique identifiers had been included within the monthly monitoring reports to evidence patients consulted.</p>		

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to a regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 7 August 2017 evidenced that the planned staffing levels were adhered to. 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.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Supernumerary hours were in place during this time to enable new staff members to work alongside a more experienced staff member to gain knowledge of the home's routines and policies and procedures.

Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. The majority of staff were compliant with mandatory training requirements. Discussion with staff confirmed that they were encouraged by the home's management to suggest additional training which would enable them to meet the assessed needs of patients. Registered nursing staff consulted described in positive terms recent training attended where the goal was to prevent unnecessary patient admissions to hospital. 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.

Discussion with the registered manager and staff and a review of records evidenced that staff supervision and appraisals had been conducted appropriately and a system was in place to ensure completion.

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

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. An adult safeguarding champion had been identified and had attended training pertaining to the role.

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.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Accident records were recorded appropriately and an 'accident analysis form' was completed following a fall. A 'falls safety stick' was maintained monthly to record falls in the home. There were no recorded falls in June 2017 and two falls recorded in July 2017.

A review of the home's environment was undertaken and included observations of a number of bedrooms, bathrooms, lounges, dining rooms and storage areas. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. Bedrooms and communal areas were clean and spacious. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients' representatives spoken with were complimentary in respect of the home's environment especially in regard to the surroundings outside. The gardens had been maintained to a high standard. Fire exits and corridors were observed to be clear of clutter and obstruction. However, during the review of the environment, five doors were observed to have been propped open. Two doors leading to areas where potential harm could come to patients were not locked when unattended. During a review of laundry provision, clean laundered clothing was observed hanging above and in direct contact with unclean clothing in laundry. These areas were discussed with the registered manager and identified as areas for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, training and development and risk assessment.

Areas for improvement

The following areas were identified for improvement under regulation regarding safe and healthy working practices in relation to inappropriate doors left unlocked and doors propped open.

The following area was identified for improvement under standard in relation to infection prevention and control compliance in laundry practice.

	Regulations	Standards
Total number of areas for improvement	2	1

6.5 Is care effective?

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

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. Review of the three patient care records evidenced that registered nurses assessed, planned and evaluated care in accordance with NMC guidelines.

Care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as speech and language therapists (SALT) or dieticians.

Supplementary care charts such as repositioning and bowel management records evidenced that records were maintained in accordance with best practice guidance, care standards and legislation.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that they received appropriate information at the handover to meet the needs of patients.

Discussion with the registered manager and review of records evidenced that patient meetings had been conducted in May 2017. Minutes were available for review and included discussions on the ongoing building works and on food preferences. Records of staff meetings since the last inspection had been maintained.

Staff stated that there was effective teamwork; each staff member 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.

Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping and communication between residents, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 interactions with patients were observed to be compassionate, caring and timely. Consultation with 10 patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Staff were observed chatting with patients when assisting them. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Discussion with the registered manager confirmed that relatives satisfaction surveys were conducted annually and the findings of these surveys were incorporated in the home's annual quality report.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

The serving of lunch was observed in the main dining room on the ground floor. The lunchtime commenced at 12.30 hours. A menu was displayed at reception reflecting the days' meal. Patients were seated around tables which had been appropriately laid for the meal. Food was served directly from the kitchen when patients were ready to eat or to be assisted with their meals. Patients were observed to be provided with an appropriate alternative meal when the menu did not offer a choice which they preferred. The food served appeared nutritious and appetising. The mealtime was well supervised. Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. A range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience.

Staff consulted described activities such as movie nights, games and visiting musicians. However, there was not a structured approach to the provision of activities within the home. This was discussed with the registered manager and identified as an area for improvement.

Eight staff members were consulted to ascertain their views of life in Gillaroo. Ten staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. Nine of the questionnaires were returned within the timescale for inclusion in the report.

Some staff comments were as follows:

"I enjoy it. I'm very happy here."

"It's great. I like it here."

"I love it here."

"The manager is very approachable."

"It's very pleasant here."

"We are all like one big family."

Ten patients were consulted during the inspection. Eight patient questionnaires were left in the home for completion. All eight of the patient questionnaires were returned. The respondents indicated that they were very satisfied with the care provided to them.

Some patient comments were as follows:

- “It’s great here. The staff are lovely.”
- “I am very comfortable here.”
- “It’s alright.”
- “I am very happy here.”
- “It’s very nice.”
- “The staff are very good.”

Three patient representatives were consulted during the inspection. Ten relative questionnaires were left in the home for completion. Eight of the relative questionnaires were returned within the timeframe for inclusion in the report.

Some patients’ relative/representative comments were as follows:

- “The care is terrific. I am always consulted regarding my father’s care.”
- “The grounds are beautiful.”
- “The manager is always about and very helpful. The staff are very friendly and helpful.”
- “I feel the staff know my mother very well. This puts me at ease.”
- “Mum is very happy and safe in Gillaroo.”

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were 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, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

The following area was identified as an area for improvement under standards in relation to the provision of activities.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 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.

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 Care Standards for Nursing Homes 2015. The home's complaints procedure was displayed at reception and in patients' bedrooms.

Discussion with the registered manager evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, regular audits were completed in accordance with best practice guidance in relation to accidents; incidents; complaints; care plans; medication; staff training and infection prevention and control. Infection prevention and control audits were reviewed. The audits were conducted monthly and an action plan had been developed to address shortfalls identified within the audits. There was evidence that the action plans had been reviewed to ensure completion.

Staff consulted confirmed that when they raised a concern, the home's management would take their concerns seriously.

Discussion with the registered manager confirmed that policies and procedures were updated on an ongoing basis and that one policy was identified as 'policy of the month' for all staff to read and sign to evidence that they have read this. The registered manager also confirmed that staff were given a 'focus of the week' where staff focused on a particular area of care such as dental hygiene.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with the registered manager and review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 Nichola McCrudden, Registered Manager, and Elizabeth Rowan, Responsible Individual, as part of the inspection process. 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 to Nursing.Team@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (4) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that the home is conducted in a manner which protects the health and welfare of patients. The practice of propping open doors must cease with immediate effect Ref: Section 6.4
	Response by registered person detailing the actions taken: Staff have been reminded that this practice is not acceptable. Consideration to be given to applying DRDs to all doors.
Area for improvement 2 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that doors leading to rooms which pose a hazard to patients remain locked at all times when not in official use. Ref: Section 6.4
	Response by registered person detailing the actions taken: Completed on the day of inspection
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)	
Area for improvement 1 Ref: Standard 46 Stated: First time To be completed by: 25 August 2017	The registered person shall review the laundry systems in the home to ensure compliance with best practice in infection prevention and control. Ref: Section 6.4
	Response by registered person detailing the actions taken: We adhere to best practice in infection prevention and control - This was a one off occurrence.
Area for improvement 2 Ref: Standard 11 Stated: First time To be completed by: 30 September 2017	The registered person shall review the provision of activities to ensure the needs of patients in the nursing home are met. Ref: Section 6.6
	Response by registered person detailing the actions taken: We now have a structured activity programme. To be reviewed on a monthly basis.

Please ensure this document is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews