



# Unannounced Care Inspection Report 22 January 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.

## 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

<b>Organisation/Registered Provider:</b> Gillaroo Lodge  <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> Nicola Susan McCrudden	<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 22 January 2019 from 10.00 to 16.15 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 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, staff training and development, safeguarding, governance arrangements and the environment. Further good practice was found in relation to the delivery of compassionate care, teamwork and with maintaining good working relationships.

An area for improvement identified under standards in relation to the repositioning of patients has been stated for a second time.

Patients described living in the home in positive terms. Patients' comments can be found in section 6.6. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and took account of the views of patients.

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>	0	*1

\*The total number of areas for improvement includes one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Nicola 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 19 July 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 19 July 2018. 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 12 patients, seven staff and six patients' representatives. A poster was displayed at a staffing area in the home inviting staff to respond to an online questionnaire. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten questionnaires for patients and 10 for patients' representatives were left for distribution.

A poster indicating that the inspection was taking place was displayed at the entrance to the home and invited visitors/relatives to speak with the inspector. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients, relatives and families, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rota for week commencing 14 January 2019
- incident and accident records
- recruitment application form
- four patient care records
- three patients' daily care charts including bowel management, food and fluid intake charts and reposition charts
- a selection of governance audits
- complaints record
- compliments received.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, not met or partially met.

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 19 July 2018

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 19 July 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 14 (2) (a) <b>Stated:</b> Second time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered persons and a review of the environment evidenced that this area for improvement has now been met.	

<b>Area for improvement 2</b> <b>Ref:</b> Regulation 12 (1) (a) (b) <b>Stated:</b> First time	The registered person shall ensure that registered nurses monitor patients' neurological observations in the event of a head injury, in accordance with best practice guidance and professional standards, for example; National Institute of Health and Care Excellence (NICE) post falls management guidance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of a patient's accident records evidenced that neurological observations had been recorded appropriately following a fall where a head injury had been sustained.	
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 38 Criteria (3) <b>Stated:</b> First time	The registered person shall ensure that a physical and mental health assessment has been conducted on all new employees in the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A statement in relation to physical and mental health has now been included within recruitment records.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 44 <b>Stated:</b> First time	The registered person shall ensure that the environmental issues observed within the laundry room and the identified communal toilet, are repaired/replaced to allow for effective cleaning of these areas.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the laundry and the identified communal toilet evidenced that this area for improvement is now met.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time	The registered person shall ensure that the identified patient's wound care plan is reviewed to include a clear wound dressing regime.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the identified patient's wound care records evidenced that the wound care plan had been updated, and reviewed, to reflect the wound dressing regime.	

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 4 Criteria (8)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that care records evidence that desired daily fluid intake for individual patients and the action to be taken, and at what stage, should the desired target not be met.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of two patients' hydration records evidenced that this area for improvement has now been met.</p>		
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 4 Criteria 9</p> <p><b>Stated:</b> First time</p>	<p>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.</p>	<p><b>Not met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of two patients' repositioning records, including the identified patient, evidenced shortfalls in the recording of repositioning.</p> <p>This area for improvement has not been met and has been stated for a second time.</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 regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 14 January 2019 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff. The registered manager described changes made to staffing levels in response to an increase in patient dependency levels. Discussion with patients, patients' representatives and staff evidenced that there were no concerns regarding staffing levels. Staff consulted confirmed that staffing levels met the assessed needs of the patients. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a timely and caring manner.

We discussed the provision of mandatory training with staff. Staff spoke positively in relation to the training provision in the home and confirmed that all training was conducted face to face.

Staff also confirmed that training provided was relevant to their roles and responsibilities and stated that they were encouraged by the home's management to suggest any additional training that they feel would enhance their role in the home.

The registered manager confirmed that staff were coached through appraisal and supervision. Staff consulted confirmed that they have had an annual appraisal conducted. It was clear during consultation with staff that some staff were unfamiliar with the term 'supervision'. This information was passed to the registered manager for their review and action as appropriate. The registered manager reaffirmed that supervisions had been conducted and records had been maintained of completed supervisions.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

Review of four patients' care records evidenced that a range of validated risk assessments were completed and had been reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records since the previous care inspection in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Accident records had been completed in full and included all actions necessary to be taken following the fall. An area for improvement in this regard has now been met.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Compliance with infection prevention and control (IPC) had been well maintained. Isolated IPC issues identified were managed during the inspection. Fire exits and corridors were observed to be clear of clutter and obstruction. Stairwells were also observed to be clear.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing arrangements, completion of staff appraisals, safeguarding, accident management and the home's general environment.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

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



## 6.5 Is care effective?

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

We reviewed four patient care records for the management of falls, nutrition and wound care. Falls risk assessments were completed on admission and reviewed monthly. A care plan reflective of the assessment was developed and also reviewed monthly. Both the falls risk assessment and care plan had been updated following a patient's fall.

Wound care records contained an initial wound assessment, wound care plan, photograph of the wound and wound observation records. There was evidence that the tissue viability nurse (TVN) had recently reviewed the wound and left recommendations. The wound care plan had been updated to reflect the recommendations of the TVN.

Nutritional risk assessments had been completed on admission and reviewed monthly. Nutritional care plans had been developed and reviewed and were reflective of the assessments. Patients who were at risk of dehydration had a fluid target set. Supplementary care charts such as food and fluid intake records and bowel management records evidenced that contemporaneous records were maintained. However, a review of two patients' repositioning records evidenced shortfalls. Repositioning records did not demonstrate that the patients had been repositioned in accordance with their care plans. Gaps were evident within repositioning records between repositioning times recorded. This was discussed with the registered manager and an area for improvement made in this regard has been stated for a second time.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Comments from staff included teamwork was, "Brilliant" and "We all get on really well together". Staff stated that if they had any concerns, they could raise these with the registered manager or the nurse in charge. Staff commented that the home's management were, "Very approachable".

All grades of staff consulted 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 risk assessment, care planning, communication between staff and patients and with teamwork.

## Areas for improvement

An area for improvement identified under standards in relation to the recording of repositioning has been stated for the second time.

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

We arrived in the home at 10.00 hours and were greeted by staff who were helpful and attentive. Patients were enjoying breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

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 list of daily social activities, scheduled for the month of January 2019, was displayed at the entrance to the home. The registered manager confirmed that identified staff were allocated on the duty rota as responsible to conduct the nominated day's activity.

The serving of lunch was observed in the dining room on the ground floor. Lunch commenced at 12:30 hours. A menu was displayed at the entrance to the home. Patients were seated around tables which had been appropriately set for the meal or were seated in their preferred dining area. Food was plated in the kitchen and served when patients were ready to eat or be assisted with their meals. Food was covered when transferred to patients' bedrooms or preferred dining area. The food served appeared nutritious and appetising. Modified meals were presented well with potatoes, meat and vegetables distinguishable on plates. Portions were appropriate for the patients to which the food was served. 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 and spoke positively on the quality of the food.

A file containing cards and letters of compliment and thanks was maintained in the home. Some of the comments recorded included:

"... I have already thanked ... but would appreciate it if you could thank all the others who every day so lovingly cared for mummy."

"I will always treasure the memory of those last days spent with ... while she was in your loving care."

"Your work in Gillaroo is not easy and I hope you know you're appreciated. May God bless you all as you continue helping people. Thank you so much."

Consultation with 12 patients individually, and with others in smaller groups, confirmed that living in Gillaroo was a positive experience. Ten patient questionnaires were left for completion. Eight were returned within the timeframe. All respondents indicated that they were very satisfied with the care provision in Gillaroo Lodge across all four domains.

Patient comments:

"It is great here. I would score it 110 percent. It is home from home."

"It is perfect here. Nothing wrong at all."

"It's not too bad here."

"We are well taken care of here."

"They (the staff) are excellent here."

"Staff cannot do enough for you here."

"It is really good here. Staff are very good."

"I really enjoy the children coming in from Inkpots. Staff help us with this. It is great fun."

"Gillaroo is the best home. Everyone cares for us 100 percent."

"I have no complaints. I am very happy in Gillaroo."

Six patient representatives were consulted during the inspection. Ten relative/representative questionnaires were left for completion. Eight were returned within the timeframe. All respondents indicated that they were very satisfied with the care provision in Gillaroo Lodge.

Some patient representatives' comments were as follows:

"It's really great here. Staff are lovely. Always made to feel welcome. Always kept up to date with mum's care."

"We are still very happy with the care provided here."

"The care is excellent here. Really is a home from home."

"This is a great place. Really is like a family. Care is second to none. Can't recommend the home highly enough."

"The care received in Gillaroo is second to none. It is home from home. Could not recommend this home highly enough."

"My mum is in an excellent care home."

"Gillaroo is just like home from home. Absolutely excellent care from all staff and always managed well at all times."

Three questionnaires were returned which did not indicate if they were from patients or patients' representatives. All three indicated that they were very satisfied with the care provision in Gillaroo and that the home was well led.

Seven staff were consulted during the inspection. Staff were asked to complete an online survey; we had three responses within the timescale specified. The respondents indicated that they were very satisfied the home was delivering safe, effective and compassionate care and that the home was well led. Comments from staff included:

"I really enjoy working here."

"The atmosphere in the home is lovely."

"Busy."

“It is hard work but also very rewarding.”

“I enjoy it.”

“Gillaroo is an excellent nursing home. We all work together for the good of the residents.”

“I feel very valued as part of the team.”

“We have a great team.”

A visiting professional responded positively within an online response. The visiting professional stated that, “Gillaroo is always prepared for my visits and staff know their patients very well.”

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

No areas for improvement were identified during the inspection.

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

#### 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.**

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota clearly evidenced the registered manager’s hours and the capacity in which they were worked. Discussion with staff evidenced that the registered manager’s working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

Systems were in place to ensure 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 registered manager confirmed that no complaints have been received since the last care inspection.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, care records, complaints/compliments and on health and safety. .

Discussion with the registered 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 governance arrangements, management of incidents, quality improvement and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

	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 Nicola 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 via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 4 Criteria 9</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 5 February 2019</p>	<p>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.</p> <p>Ref: 6.2 and 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> Staff have been reminded to complete repositioning records accurately.</p>
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*\*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)

 [@RQIANews](https://twitter.com/RQIANews)

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