



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 30 January 2020



Gillaroo Lodge

Type of Service: Nursing Home

Address: 134 The Roddens, Larne, BT40 1PN

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Inspector: Dermot Walsh and Stephen O'Connor

www.rqia.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.

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

Organisation/Registered Provider: Gillaroo Lodge Nursing Home Ltd Responsible Individuals: Elizabeth Rowan Margaret Boyle	Registered Manager and date registered: Nicola Susan McCrudden 13 May 2013
Person in charge at the time of inspection: Nicola Susan McCrudden	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

4.0 Inspection summary

An unannounced inspection took place on 30 January 2020 from 10.00 hours to 16.00 hours. This inspection was undertaken by care inspectors.

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.

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

The following areas were examined during the inspection:

- environment
- nutrition and hydration
- moving and handling
- activity provision
- consultation

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others. Comments received from patients 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
Total number of areas for improvement	0	*3

*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, 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 11 September 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 11 September 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

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
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspectors met with eight patients and four staff. Ten questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

The following records were examined during the inspection:

- three patient care records
- a sample of patient care charts including food and fluid intake charts
- incident and accident records
- RQIA registration certificate

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

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 14 (2) (a) Stated: First time	The registered person shall ensure that chemicals are not accessible to patients in any part of the home in keeping with COSHH legislation.	Met
	Action taken as confirmed during the inspection: Chemicals were not observed accessible to patients in any part of the home.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 44 Criteria (1) Stated: First time	The registered person shall ensure that pull cords are maintained in that they can be frequently effectively cleaned.	Met
	Action taken as confirmed during the inspection: Pull cords observed had been maintained in a manner were they could be effectively cleaned.	
Area for improvement 2 Ref: Standard 11 Stated: First time	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.	Partially met
	Action taken as confirmed during the inspection: Discussion with the manager, staff and patients evidenced that this area for improvement has not been fully met. This area for improvement has been partially met and has been stated for a second time.	

6.2 Inspection findings

Environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits, corridors and stairwells were observed to be free from clutter and any obstruction. Bedrooms and communal rooms were maintained clean and tidy. Bedrooms had been personalised with patients' own belongings. There were no malodours detected in the home. Compliance with best practice on infection prevention and control had been well maintained. Staff were observed performing hand hygiene at the appropriate intervals and personal protective equipment was observed to be appropriately worn and disposed of when/after rendering patient care. Patients were complimentary in regards to the internal environment and surrounding views from the home.

Nutrition and hydration

On admission to the home, patients were weighed and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was implemented to determine the risk of weight loss or weight gain. The MUST assessment would be repeated monthly, or more often if required, and the manager confirmed that they would be notified of any weight loss of 2.5kg or above to ensure that the appropriate actions had been taken.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as the speech and language therapist (SALT) and dieticians. Care plans had been updated to reflect information from SALT or dietician such as the consistency of the food or the fluid. However, care plans did not always clearly identify the level of assistance the patient required when being assisted with dietary intake. This was discussed with the manager and identified as an area for improvement.

Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. Fluid targets had been identified and intake records evidenced that the targets had been met on the three previous days prior to the inspection on all three patients' care records reviewed.

Patients and staff confirmed that they had 24 hour access to food and fluids. Patients and staff commented positively on the food provision. We reviewed the lunchtime meal experience during the inspection. The mealtime was well supervised. Patients dined in the main dining room or at their preferred dining area. Patients were offered a choice of meal or an alternative was sought where either choice was not preferred. Food was served directly from the kitchen when patients were ready to eat or be assisted with their meal. Food taken outside of the dining room was covered on transfer. The food served appeared nutritious and appetising. Aids to promote independence with eating such as plate guards were in use where this was an identified need. A range of drinks was served with the meal. 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. Patients consulted confirmed that they had enjoyed the meal.

Moving and handling

A patient moving and handling assessment was completed on patients' admissions and identified the number of staff required and equipment needed to safely move the patient. Care plans had been developed which were reflective of the assessments. Information sent to RQIA following the inspection confirmed that all staff in the home had received up to date moving and handling training. We observed staff manual handling practices in the home. Staff use of hoists to transfer patients was observed to be in accordance with best practice guidelines on moving and handling. However, on three occasions within the same time period, staff communication with patients when assisting them from a sitting to standing position was not appropriate in order to ensure correct moving and handling techniques were employed. This was discussed with the manager and identified as an area for improvement.

Activity provision

An activity programme planner was on display at the reception area for February 2020. Staff confirmed that they were allocated on the duty rota to conduct activities with patients, although, staff also confirmed that this was frequently not possible to do due to work commitments. A dedicated activity person had commenced employment on the day of the inspection initially working 10 hours per week. The activity person confirmed arrangements in place to engage in one to one activity with patients such as hand massage or reading to patients. There was also good evidence of engagement which had occurred with external groups such as schools. The manager confirmed further planned engagements. We discussed the provision of activities in the home with the manager and an area for improvement in this regard has been stated for the second time.

Consultation

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

Patients' comments included:

- "This is a great place. Everybody is nice. Always get good food. "
- "Great food. Plenty of choice. I get out for walks."
- "It is lovely. Staff are very nice."
- "I'm happy enough here. Like the great view being up here."
- "This is a great place."
- "Very good home; good staff."
- "Staff great."

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

Patients' representatives' comments included:

- "The care is excellent. Always made to feel welcome. Staff are very pleasant. We are happy that ... is here."
- "Excellent and very caring staff."
- "Best home in Northern Ireland."

During the inspection we consulted with four staff. Staff were asked to complete an online survey; we had five responses within the timescale specified; two of which were from visiting professionals. Both staff and visiting professionals were very satisfied that the home was providing safe, effective and compassionate care and that the home was well led. Comments from staff included:

- "Staff enjoy working here."
- "Love my residents."
- "I love my job."
- "Gillaroo is a very busy home but staff work efficiently to provide quality care for all residents."
- "Gillaroo is an excellent care home. Staff are very caring and courteous to the residents and always go the extra mile for them."
- "We all work very hard to provide a quality service for our residents."

Comments from visiting professionals included:

- "Staff are very helpful and know the residents well."
- "I found the staff extremely helpful and knowledgeable. Instructions that had been given were being followed exactly."

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

Areas for improvement

Areas for improvement were identified during the inspection in relation to moving and handling practices and with nutritional care planning. An area for improvement in relation to the provision of activities has been stated for the second time.

	Regulations	Standards
Total number of areas for improvement	0	3

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, 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	
Area for improvement 1 Ref: Standard 11 Stated: Second time To be completed by: 30 June 2020	<p>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.</p> <p>Ref: 6.1 and 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: We have increased the frequency of activities within the home for those who wish to participate. In light of Covid 19 pandemic and the lockdown to visitors in the home we have set up virtual visiting with the relatives and increased the hours for activities on a weekly basis. This has been very successful.</p>
Area for improvement 2 Ref: Standard 4 Stated: First time To be completed by: 31 March 2020	<p>The registered person shall ensure that nutritional care plans always clearly identify the level of assistance the patient requires when being assisted with dietary intake.</p> <p>Ref: 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: All care plans have been updated as necessary.</p>
Area for improvement 3 Ref: Standard 39 Criteria (7) Stated: First time To be completed by: 31 March 2020	<p>The registered person shall ensure that staff training on the moving and handling of patients is embedded into practice.</p> <p>Ref: 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: A member of staff has been trained as the Moving & Handling Trainer for staff within the home. He is ensuring that what he is teaching in the sessions is being embedded in to practice.</p>

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



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