The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Gillaroo Lodge

Provider: Gillaroo Lodge Nursing Home Ltd

Date of Inspection: 15 May 2025

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider:	Gillaroo Lodge Nursing Home Ltd
Responsible Individual:	Mr Patrick Samuel MacMahon
Registered Manager:	Mrs Diane Brown – not registered
Service Profile – This home is a registered nursing home which provides nursing care for up to 25 patients. The home is split over two floors with bedrooms located on the ground and first floor of the home. Patients have access to communal space to include lounges and a dining room.	

2.0 Inspection summary

An unannounced inspection took place on 15 May 2025, from 9.30 am to 5.00 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to patients and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.
Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

This inspection resulted in no areas for improvement being identified.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included registration information, and any other written or verbal information received from patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients who were able to share their opinions on life in the home said or indicated that they were well looked after. Patients who were less able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

Patients told us that staff offered choices to them throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Relatives spoken with told us, they were satisfied with the care and services provided to their loved ones.

Following the inspection, there were no responses received from the staff questionnaires or patient/relative questionnaires.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

Staff told us that the patients' needs and wishes were important to them. Staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through observation of the interactions between the patients and staff that the staff knew the patients well.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly. A sample of records were reviewed and evidenced minor gaps in one record; this was discussed with the management for immediate review and action as appropriate.

The risk of falling and falls were well managed and discussion with the management team confirmed that a falls policy was in place and was under review. Referrals were made as required to other healthcare professionals.

Observation of the lunch time meal, review of records and discussion with patients, staff and the manager evidenced that there were robust systems in place to manage patients' nutrition and mealtime experience.

The previous inspection had identified that the provision of activities rested with care staff, this was discussed with the management who confirmed that an activity co-ordinator had been recruited following the previous inspection and activities for patients were provided which involved both group and one to one activities. On the day of inspection the home did not have a dedicated member of activity staff as they had recently left their post, however, management confirmed that arrangements were in place to meet the patients social, religious and spiritual needs within the home and advised that recruitment was ongoing for a new member of staff. Following the inspection the management confirmed that a new activity coordinator had taken up their post.

3.3.3 Management of Care Records

Patients' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct

staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Care records were person centred and regularly reviewed to ensure they continued to meet the patients' needs.

Patients care records were held confidentially.

3.3.4 Quality and Management of Patients' Environment

The home was tidy and welcoming and discussion with the management confirmed that there was an ongoing refurbishment plan for the home to include, for example, an identified bathroom and ceiling repair; observation evidenced flooring had been replaced on the stairs and first floor landing and some bedrooms were noted to be recently painted and included new soft furnishings.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records kept.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Diane Brown is the manager of this home. Discussion with the management team confirmed that a registered manager application would be submitted to RQIA; an application was received by RQIA following the inspection.

Staff commented positively about the manager and described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place.

4.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the management team, as part of the inspection process and can be found in the main body of the report.

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