The Regulation and Quality Improvement Authority

Inspection Report

13 August 2024

Gillaroo Lodge

Type of service: Nursing Home
Address: 134 The Roddens, Larne, BT40 1PN
Telephone number: 028 2826 0033

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:** Ms Diane Brown – not registered
Person in charge at the time of inspection: Ms Joanne Lilly – Staff Nurse	**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:** 24
Brief description of the accommodation/how the service operates: 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 lounges and a dining room.	

2.0 Inspection summary

An unannounced inspection took place on 13 August 2024 from 9.30 am to 5.40 pm by two Care Inspectors.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Three areas for improvement on the previous quality improvement plan (QIP) were reviewed and met; please see section 5.1 for further detail.

There were no new areas for improvement identified.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service 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 the previous areas for improvement issued, and a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

A poster was provided to the manager detailing how staff could provide their views and opinions by completing an online questionnaire. Questionnaire leaflets were also provided, to allow patients and those who visit them, the opportunity to provide feedback after the inspection with their views of the home.

The daily life within the home was observed and how staff went about their work.

A range of documents and records were examined to determine that effective systems were in place to manage the home.

4.0 What people told us about the service

The inspectors spoke with a number of staff, patients, and the management team during the inspection.

Patients spoke positively about the care that they received, and patients who were less able to tell us about how they found life in the home were seen to be relaxed in their surroundings.

Discussions with staff confirmed they were positive about their roles and duties, the provision of care, staffing, teamwork, and managerial support.

As stated in section 3.0, questionnaires and a poster with a link to an online survey were provided to allow patients, relatives, visitors and staff unable to meet with the inspector, the opportunity to provide feedback on the home. There were no responses received within the allocated timeframe.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 11 March 2024		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 20 (1) (c)(i) **Stated:** First time	The registered person shall ensure all staff undertake training appropriate to their roles and duties with records maintained.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 28 **Stated:** First time	The registered person shall ensure that topical preparations in the home are dated on opening and disposed of in accordance with manufacturer's guidelines.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 **Ref:** Standard 41 **Stated:** First time	The registered person shall ensure that a record is kept of staff working over a 24-hour period and the capacity in which they were working.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited correctly to protect patients.

The staff duty rota accurately reflected the staff working in the home over a 24-hour period and identified the nurse in charge when the manager was not on duty. Registered nurses taking charge of the home in the absence of the manager are required to have undertaken a competency and capability assessment prior to commencing in the role; review of a sample of these records confirmed these had been completed as required.

Discussion with the management confirmed that a system was in place to monitor the dependency levels of patients and ensure the number of staff on duty was regularly reviewed to assist in meeting the needs of patients.

Review of records provided assurances that a system was in place to ensure all nursing staff were registered with the Nursing and Midwifery Council (NMC). There was also a system in place to monitor registration status of care staff with the Northern Ireland Social Care Council (NISCC).

There were systems in place to ensure staff were trained and supported to do their job.

Staff should have the opportunity to attend, at minimum, two supervisions and an appraisal annually to review their roles and enhance their professional development. A review of records confirmed that a matrix had been developed and was ongoing.

Staff were seen to attend to patients' needs in a timely manner, and patients' were offered choices throughout the day.

5.2.2 Care Delivery and Record Keeping

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients, and a handover record was available and included detailed meaningful information pertaining to patients' individual needs.

Staff demonstrated their knowledge of individual patient's needs, preferred daily routines and likes and dislikes, for example, where patients preferred to sit and what they liked to eat. Staff were seen to be skilled in communicating with the patients and to treat them with patience and understanding.

Patients' needs were assessed 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 were generally well maintained, reviewed and updated as required. A review of one record identified inconsistencies pertaining to a patient's assessed needs. Specific details were discussed with management and following the inspection confirmation was received that relevant action had been taken to address this.

Patients who are less able to mobilise were assisted by staff to mobilise or change their position as required, and care plans were in place to direct care for the prevention of pressure ulcers.

When a restrictive practice was implemented, such as the use of bedrails, a system was in place to evidence that care plans, risk assessments and consents were reviewed and updated.

Falls in the home were monitored on a regular basis to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to reduce further falls from occurring. Care records for patients who experienced a fall evidenced that care plans and risk assessments were reviewed and updated.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients' needs determine that they may require a range of support with eating and drinking; this may include simple encouragement through to full assistance from staff.

The serving of lunch was observed, observation noted the food served was attractively presented, smelled appetising and a variety of drinks were served with the meal. Staff told us how they were made aware of patients' nutritional needs to ensure they were provided with the right consistency of diet; and where patients preferred to have their meal in their own room, this was readily accommodated with support provided as required. A menu was available to inform patients of the meal and choice available.

Observation evidenced that staff attended to patients' dining needs in a caring and compassionate manner and, where required, staff engaged with patients' on a one to one basis to assist them with their meal.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain, if required, records were kept of what patients had to eat or drink daily.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms and communal areas such as lounges. The home was warm, clean and comfortable. Many patients' bedrooms were personalised with items of importance to each patient

There was evidence of refurbishment, to include new flooring along with general painting and decorating. Discussion with management confirmed that further redecoration was planned, to include, for example, new flooring and a dedicated storage area for equipment.

Observation noted that some radiators may pose a potential risk to patients. This was discussed with the management who provided assurance that the identified radiators would be reviewed and actioned appropriately.

Corridors and fire exits were found to be free of clutter and obstruction.

Review of records and discussion with staff confirmed that training on infection prevention and control measures and the use of personal protective equipment (PPE) had been provided.

5.2.4 Quality of Life for Patients

Staff offered patients choices throughout the day. Staff members were seen to be attentive to patients and to take time to ask them, for example, where they wanted to sit and if they wanted to go to the dining room at lunchtime. Staff members were seen to speak to patients in a friendly and caring manner. The atmosphere throughout the home was warm, welcoming and friendly.

The provision of activities rested with care staff and discussion with staff identified, they generally have limited opportunities to assist patients with meaningful activities, as the majority of their time is devoted to ensuring care needs are met. This was discussed with the management who advised us that an activity co-ordinator had recently been recruited to enhance the activity provision within the home; progress in this area will be reviewed at the next care inspection.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Ms Diane Brown has been the Manager since August 2023.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients.

The manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

There was a system in place to manage complaints.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans were put in place, these were followed up to ensure that the actions were correctly addressed. These were available for review by patients, their representatives, the Trust and RQIA.

6.0 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, as part of the inspection process and can be found in the main body of the report.

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