

Unannounced Care Inspection Report 12 October 2016



Gillbrooke

Type of Service: Nursing Home
Address: 103 Clabby Road, Fivemiletown, BT75 0QY
Tel no: 028 8952 1888
Inspector: Loretto Fegan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Gillbrooke took place on 12 October 2016 from 10.00 to 16.20.

The inspection sought to assess progress with any issues raised 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.

Is care safe?

Observations made, review of documentation and discussion with the manager and staff demonstrated that generally care provided to patients was safe. However, weaknesses were identified in relation to a deficit in registered nurse hours which impacted on the ability of the manager to fulfil her management role. It is also required that all staff complete mandatory training. Two requirements have been stated to secure compliance and drive improvement.

Is care effective?

There was evidence of good delivery of care with positive outcomes for patients. There was also evidence of effective team working and good communication between patients and staff. Care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in partnership with patients and/or their representatives.

Is care compassionate?

There was evidence of good communication in the home between staff and patients. Patients were very praiseworthy of staff and a number of their comments are included in the report. Staff interactions with patients were observed to be compassionate, caring and respectful. Patients were afforded choice, privacy, dignity and respect.

Is the service well led?

There was evidence of the home having systems and processes in place to monitor the delivery of care and services within Gillbrooke. However, compliance with the requirements made in the safe domain of this report will assist to improve the overall services provided, the experience of patients and leadership within the home.

The term 'patients' is used to describe those living in Gillbrooke which provides both nursing and residential care.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	0

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Hazel Latimer, 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 4 July 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Mr Robert Alan Gilmore	Registered manager: Hazel Latimer (not yet registered)
Person in charge of the home at the time of inspection: Mrs Hazel Latimer - Acting	Date manager registered: Not registered, Awaiting application
Categories of care: NH-I, RC-I, NH-PH Not more than 5 Residential Beds in category RC - I. The home is also approved to provide care on a day basis for up to 3 persons.	Number of registered places: 25

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- communication received since the previous care inspection
- the returned quality improvement plans (QIPS) from inspections undertaken in the previous inspection year
- the previous care inspection report.

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with the manager, approximately nine patients, two registered nurses, one senior care assistant, the kitchen assistant, administrator and one resident's visitor/representative.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- three patient care records
- accident and incident records
- audits
- complaints records
- staff induction and appraisal records
- minutes of staff meetings
- monthly monitoring reports in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 04/07/16

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacy inspector.

There were no issues required to be followed up during this inspection and any action taken by the registered provider, as recorded in the QIP will be validated at the next medicines management inspection.

4.2 Review of recommendations from the last care inspection dated 06/01/16

Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 4 Criteria (1)(7)</p> <p>Stated: First time</p> <p>To be Completed by: 29 February 2016</p>	<p>It is recommended that continence assessments and care plans reference patient’s baseline bowel patterns and types.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Three care records were examined which evidenced that all continence assessments and care plans referenced patients’ baseline bowel patterns and types.</p>	<p>Met</p>

<p>Recommendation 2</p> <p>Ref: Standard 39 Criteria 4</p> <p>Stated: First time</p> <p>To be Completed by: 6 April 2016</p>	<p>It is recommended that registered nurses receive an update in female catheterisation training.</p>	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The manager explained that she had tried to source female catheterisation training from various named sources; however this specific training was not available. An email from a nurse education body, dated 1 February 2016 verified this to be the case. At the time of the inspection there were no female patients requiring catheterisation.</p> <p>Following the inspection, further discussion took place with the manager that while she continues to source this training, an assurance is required that this aspect of care would be undertaken safely and effectively if required in the interim.</p> <p>The manager has since provided written confirmation to RQIA that an interim measure has been put in place while continuing to source the training. The interim measure provides an assurance that up to date evidence based guidance for female catheterisation is available for registered nurses in the home and that the manager will undertake supervision with each registered nurse by 14 November 2016 so that she is assured that they have the nursing knowledge to carry out female catheterisation and have confirmed their competence.</p> <p>This recommendation has been partially met and has not been stated for a second time.</p>		

4.3 Is care safe?

The manager confirmed the planned daily staffing levels for the home. Following a review of the nursing and care staff rotas for week commencing 3 October and 10 October 2016, discussion took place with the manager to ascertain the reason why she had worked night duty on some occasions. The manager advised that there was currently a deficit of approximately 43 registered nurse hours per week and the home were experiencing difficulty recruiting nurses and do not employ bank or agency staff. The manager did acknowledge that this had an impact on her management role, especially in areas such as facilitating formal staff supervision and undertaking audits. This was also evidenced at this inspection. RQIA acknowledge that observation of the delivery of care on the day of inspection evidenced that patients' needs were met by the levels and skill mix of staff on duty and staff consulted confirmed that staffing levels met the assessed needs of the patients. However, as there was no confirmation how the registered nurse deficit is going to be addressed and given the difficulty experienced to date in recruiting registered nurses especially for night duty, a requirement has been made in this regard. The manager confirmed that administrative, maintenance, catering, domestic and laundry staff were employed in sufficient numbers for the efficient running of the home and that the home were recruiting for a relief cook at present.

A review of two staff personnel files evidenced that selection and recruitment processes were in keeping with The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, schedule 2. Discussion with staff and a review of two completed induction records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of the training records confirmed that the majority of staff had completed their mandatory training for the current year. Discussion took place with the manager regarding timescales for the remaining staff to undertake their mandatory training. As there were no planned dates for training in relation to fire safety, first aid and Adult safeguarding, a requirement has been made in this regard. There was evidence of registered nurses undertaking additional training to support them in the care of patients. The manager also advised that there were link nurse arrangements in place in relation to palliative care, continence, diabetes and wound care. One registered nurse and senior care assistant spoken with during the inspection were satisfied with the training provided to fulfil their duties.

Discussion with the manager, staff on duty and a review of the records confirmed that there were systems in place to ensure that all staff received an appraisal. The manager acknowledged that formal staff supervision had not taken place over the past year and plans were in place to reconvene supervision sessions on a six monthly basis when the staffing situation was resolved. However, the manager advised that she had an open door policy and has informal discussions with staff on an ongoing basis in relation to care practices.

The manager advised that a monthly monitoring arrangement is in place to verify the registration status of nursing and care staff with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC). It was confirmed that this information is held electronically.

The manager and staff spoken with demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. The manager was aware of the regional guidance issued in July 2015 entitled "Adult Safeguarding Prevention and Protection in Partnership" and also the contact details of the Adult Protection Gateway Services.

Discussion took place with the manager regarding the potential interface between challenging behaviour and adult safeguarding.

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.

As there was not consistent evidence of audits taking place in relation to accidents, care records or infection prevention and control, discussion took place with the manager. It was ascertained that this resulted due to the manager's lack of capacity when covering shifts due to the deficit in registered nurse hours. The manager advised that an informal process was in place to monitor the care and disseminate learning. However, Mrs Latimer agreed to reconvene the formal audit process in relation to care practices / records and include identified patterns and trends and ensure that documented action plans are in place to address any deficits identified. A sample of the responsible individual's monthly monitoring visit was reviewed and found to be in accordance with regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Review of records pertaining to accidents and incidents since the previous care inspection identified one incident which required notification to RQIA. This notification has since been forwarded to RQIA.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges and the dining room. All areas of the home were found to be warm, well decorated, fresh smelling and clean. There was evidence of ongoing decorating and refurbishment and compliance with infection prevention and control measures. Fire exits and corridors were observed to be clear of clutter and obstruction.

Areas for improvement

Two requirements are made, one in relation to the recruitment of registered nurses and the other regarding mandatory training for staff.

Number of requirements	2	Number of recommendations	0
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4.4 Is care effective?

Review of three patient care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records. 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 the shift handover provided the necessary information regarding any changes in patients' condition.

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. 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).

The completion of fluid intake and output records were consistent with daily progress records. There was evidence that the care planning process included input from patients and/or their representatives, if appropriate.

Discussion with the manager confirmed that staff meetings are held on a three monthly basis. Minutes were available for the last staff meetings which took place in June 2016. The manager has arranged for the next meeting to take place in October 2016. 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 the nurse in charge and /or the manager. All grades of staff consulted with clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Discussion took place with the manager regarding patient meetings. Mrs Latimer advised that formal patient meetings do not take place; however the manager operates an open door policy and takes the opportunity to converse with patients on a day to day basis. This was evident on the day of inspection. Patients spoken with expressed their confidence in raising concerns with the home's staff/management.

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

Staff were observed offering patients support and assistance with lunch and whilst mobilising and administering medication. Their interactions with patients were observed to be compassionate, caring and respectful. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Consultation with approximately nine patients confirmed that they were afforded choice, privacy, dignity and respect. 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. Staff were aware of the requirements regarding patient information and confidentiality.

Discussion with the manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. The manager advised that she operated an open door policy in this regard. The manager also confirmed that views and comments recorded from the patients' representatives annual survey had been collated and analysed. Mrs Latimer advised that the findings were very positive and a small number of issues regarding the décor of the home had been actioned. The manager confirmed that the results of the survey will be shared with staff, patients and representatives and that future surveys will be inclusive of patients' feedback also.

Discussion with the manager, staff and patients confirmed that there were opportunities for patients to maintain friendships and socialise within the home. Examples of recent activities included a harvest service with flower arrangements evident throughout the home. Staff also advised that monthly music sessions take place and a weekly pet therapy session is also provided. The hairdresser was present on the day of inspection.

As part of the inspection process, we issued questionnaires to staff, patients and their representatives. Three staff, five relatives and four patients returned questionnaires to RQIA within the specified timeframe. Comments on the returned questionnaires were positive.

Some of the comments received during the inspection and in the returned questionnaires are detailed below.

Staff expressed high levels of satisfaction with the care provided to patients and confirmed that communication was good in the home. They were also positive about the training and support mechanisms in place to do their job.

Staff comment included:

- “It is homely here and patients are well cared for.”

Discussions were held with approximately nine patients. Patients spoken with were very positive regarding the care they were receiving and were complementary of the staff and of the food served.

Patients’ comments included:

- “It is very good here and matron is very nice.”
- “I am very happy with how I am looked after.”
- “Everything is to my satisfaction.”
- “The staff are very good to us.”

The relative spoken with during the inspection confirmed they were happy with the care provided. The questionnaires received from relatives also indicated high levels of satisfaction with all aspects of care.

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities and confirmed that they had access to the home’s policies and procedures. In discussion, patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern. There was a system in place to identify the person in charge of the home in the absence of the manager.

The manager of the home has been in an acting capacity for a significant period of time. RQIA have been corresponding with the registered person in relation to this matter, and assurances have been provided that an application will be submitted in the near future.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the manager and administrator confirmed that the home was operating within its registered categories of care.

The manager confirmed that the home had not received any complaints since the last care inspection. As indicated previously in this report, one incident which required notification has since been forwarded to RQIA. Discussion with the manager and review of documentation indicated that other relevant bodies were informed of the incident appropriately.

RQIA acknowledge that there was evidence of the home having systems and processes in place to monitor the delivery of care and services. This included the completion of Regulation 29 monitoring visits in accordance with the regulations and/or care standards with an action plan generated to address any areas for improvement. However, from a review of audit records and discussion with the manager, it was evident that processes were not consistently followed to monitor and report on the quality of nursing and other services provided. As previously stated in this report, the registered person must ensure that the deficit in registered nurse hours is addressed and that the manager is enabled to fulfil all management responsibilities including formal staff supervision and auditing processes.

Discussion with the manager and staff confirmed that 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.

Compliance with the requirements made in the safe domain of this report will assist to improve the overall services provided, the experience of patients and leadership within the home.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Hazel Latimer, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. 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.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 20 (1) (a)

Stated: First time

To be completed by:
12 October 2016

The registered provider must ensure that the deficit in registered nurse hours is addressed and that the manager is enabled to fulfil all management responsibilities including formal staff supervision and auditing processes.

Ref: Section 4.3

Response by registered provider detailing the actions taken:
 Advertisements for the registered nurse hours have been placed in the Job Market (Enniskillen & Omagh) and advertisements placed in 4 local papers over the past 3 months. Advertisements have also been placed with Yellowfish Recruitment Agency
 Re: Audits
 Some comments on the overall report relating to audits
 Accidents/Incidents/Complaints are audited quarterly by the acting manager as recorded on the Trust Returns and these are available for inspection at all times.
 The Environmental and Infection Control Audits are also carried out on a formal basis regularly by the Acting Manager and these records are also available for inspection.
 The Care Plans/Braden/Falls/MUST Scores are also audited on a formal basis regularly by the Acting Manager and these were the only formal records that had not been completed in the previous 3 months due to staffing levels. However the Acting Manager had audited these informally monthly and had addressed any deficits.
 Staff appraisals have all been completed by the Acting Manager and formal clinical supervision will be re-commenced again when staffing levels allow.

<p>Requirement 2</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2016</p>	<p>The registered provider must ensure that persons employed to work at the nursing home receive mandatory training.</p> <p>Ref: Section 4.3</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>Trainers are brought in to Gillbrooke to provide all mandatory training and the percentages uptake for 2016 is:-</p> <p>First Aid & CPR - 86.48%</p> <p>Prevention of Abuse of Vulnerable Adults - 97.30%</p> <p>Fire Awareness - 72.97%</p> <p>The Registered Nurse who had not completed her First Aid & CPR training due to sickness done so on 9th November, 16 and the three care assistants who had not completed Protection of Vulnerable Adults training done so on 13th October, 16 and 17th October, 16 - two of these care assistants had also done this training in November, & December, 2015 so twelve months had not elapsed since last completion.</p> <p>All staff are informed well in advance of training dates via the Notice Board, the Off Duty and the Diary. The staff who did not attend the last Fire Awareness Training have all been informed individually by memo and verbally from the Acting Manager of the forth-coming Fire Awareness Training on 30th November, 2016.</p>

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