



The Regulation and  
Quality Improvement  
Authority

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**Unannounced Care Inspection  
of  
Gillbrooke**

**21 July 2015**

The Regulation and Quality Improvement Authority  
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS  
Tel: 028 8224 5828 Fax: 028 8225 2544 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 21 July 2015 from 10.45 to 15.00 hours.

This inspection was underpinned by **Standard 19 - Communicating Effectively; Standard 20 – Death and Dying and Standard 32 - Palliative and End of Life Care.**

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes identified some areas for improvement in regards to the general environment and infection control issues and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Please also refer to sections 5.2 and 6.2 of this report.

For the purposes of this report, the term 'patients' will be used to describe those living in Gilbrooke which provides both nursing and residential care.

### 1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 22 July 2014.

### 1.2 Actions/ Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	3	1

The details of the Quality Improvement Plan (QIP) within this report were discussed with Hazel Latimer (acting manager) as part of the inspection process. The timescales for completion commence from the date of inspection

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Mr Robert Alan Gilmore	<b>Registered Manager:</b>
<b>Person in Charge of the Home at the Time of Inspection:</b> Mrs Hazel Latimer (acting manager)	<b>Date Manager Registered:</b> Application not submitted
<b>Categories of Care:</b> NH-LD, RC-I, NH-I, NH-PH	<b>Number of Registered Places:</b> 25
<b>Number of Patients Accommodated on Day of Inspection:</b> 21 (which included 2 patients in hospital)	<b>Weekly Tariff at Time of Inspection:</b> £593

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous care inspection and to determine if the following standards and theme have been met:

### **Standard 19: Communicating Effectively**

**Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)**

## 4. Methods/ Process

Specific methods/processes used in this inspection include the following:

- discussion with the manager
- discussion with patients
- discussion with staff
- discussion with patient's representative's
- review of a selection of records
- observation of care practices during a tour of the premises
- evaluation and feedback.

Prior to inspection the following records were analysed:

- notifiable events submitted since 1 January 2015
- the registration status of the home
- any communication/information received by RQIA regarding the home since the previous care inspection
- the previous care inspection report and the returned quality improvement plan (QIP).

During the inspection, the inspector met with four patients individually and with the majority of others in small groups, two registered nurses, and three care staff. Five questionnaires for staff not on duty during the inspection were issued for distribution of which two were

returned. Questionnaires for two patient representatives were completed and returned at time of issuing this report.

The following records were examined during the inspection:

- three patient care records including supplementary care charts
- staff training records and training schedule for 2015
- competency and capability assessments for registered nurses and induction programme for care staff
- policies and procedures regarding the standards and theme of inspection
- a record of compliments received by the home from relatives and patients
- the complaints record
- reports of regulation 29 visits by the registered person
- a review of minutes from staff meetings.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an announced estates inspection dated 22 January 2015. The completed QIP was returned and approved by the estates inspector.

### 6. Review of Requirements and Recommendations from the last care inspection on the 22 July 2014.

Last Care Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 20 (3)  <b>Stated:</b> First time	The registered person shall ensure that at all times a nurse is working at the nursing home and that the registered manager carries out a competency and capability assessment with any nurse who is given the responsibility of being in charge of the home for any period of time in his absence. These assessments should be reviewed and updated annually or more often as appropriate.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of staff duty rotas and competency and capability assessments confirmed this requirement had been actioned accordingly.	

<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 27 (2) (d) &amp; (g)</p> <p><b>Stated:</b> First time</p>	<p>It is required that the following be addressed;</p> <ul style="list-style-type: none"> <li>• The redecoration of the dining room</li> <li>• The replacement of the curtains in the dining room.</li> <li>• The dining room tables and chairs should be replaced. These tables and chairs should be suitable to the patients and residents' needs.</li> <li>• Additional seating stools should be provided for staff use in assisting patients and residents with their meals.</li> </ul>	<p><b>Partially Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The dining room was observed and evidenced that painting had been completed and curtains replaced appropriately. Seating stools were available for staff to assist patients with their meals. However, the dining room tables and chairs have not been replaced. This action of this stated requirement has been stated for a second time and the manager was advised of the possible implications if this has not been met within the time scale and at time of next inspection.</p>		
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 17 (1)</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall introduce and ensure systems are maintained for reviewing at appropriate intervals the quality of nursing and other service provision in or for the purposes of the nursing home and that any such review is undertaken not less than annually.</p> <p>An annual quality review report should be drawn up and a copy of the report of this review should be held in the home.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The copy of the annual quality review report for 2014 was available and reviewed.</p>		

<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 10 (2) (a)</p> <p><b>Stated:</b> Third time</p>	<p>It is required that the registered provider undertakes training in specific management and leadership.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Records were available to validate that the registered provider had completed training relevant to their role and responsibilities.</p>	<p><b>Met</b></p>
<p><b>Last Care Inspection Recommendations</b></p>		<p><b>Validation of Compliance</b></p>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 12.3</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that the menu planner be reviewed and updated to highlight choices for all meals and snacks for patients on therapeutic diets. Additional choices for desserts with the main meal of the day should be included on this menu planner.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The menu planner was reviewed and evidenced that the recommended information/details were included.</p>	<p><b>Met</b></p>

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 25.12</p> <p><b>Stated:</b> Second time</p>	<p>It is recommended that the following details be recorded in reports of unannounced visits undertaken under Regulation 29:</p> <ul style="list-style-type: none"> <li>• The number and grades of all staff on duty at the time of the visit;</li> <li>• The identification number of each patient and resident spoken to;</li> <li>• The number and type of accidents/ incidents and the action taken following these accidents /incidents;</li> <li>• Details in regard to the nursing, health and welfare of patients and residents and also the facilities and services provided for patients and residents;</li> <li>• The action taken to date to address requirements and recommendations made in reports of inspections undertaken by the RQIA and any other relevant bodies;</li> <li>• The outcome of audits undertaken in the home.</li> </ul>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Reports for regulation 29 visits completed for May/June 2015 were reviewed and evidenced that the information outlined in the stated requirement was referred to and recorded accordingly.</p>		
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 25.12</p> <p><b>Stated:</b> Second time</p>	<p>It is recommended that the details recorded in reports of unannounced visits undertaken under Regulation 29 be discussed during staff meetings / forums and ways forward agreed on how action plans will be addressed.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Minutes of staff meetings held in February 2015 were reviewed and indicated that regulation visits and reports were discussed by the registered manager.</p>		

## 6.1 Standard 19 - Communicating Effectively

### Is Care Safe? (Quality of Life)

A policy and procedure on communicating effectively was not available. The regional guidelines on Breaking Bad News were available and discussion with registered nursing staff confirmed that they were knowledgeable regarding these guidelines.

A sampling of training records evidenced that staff had not completed training per se in relation to communicating effectively with patients and their families/representatives however; other training completed did reference same.

### **Is Care Effective? (Quality of Management)**

Three care records evidenced that patients individual needs and wishes regarding end of life care were appropriately recorded. Recording within care records did include reference to the patient's specific communication needs which included the patient's cognitive ability, anxieties and any identified sensory impairments.

There was evidence within all records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

Registered nursing and care staff consulted demonstrated their ability to communicate sensitively with patients and/or representatives when breaking bad news in a compassionate and empathetic manner. Staff advised they would speak with those persons required in a private area, providing information in a clear and understandable way.

### **Is Care Compassionate? (Quality of Care)**

Patients were observed to be treated with compassion, dignity and respect by all grades of staff. There were a number of occasions when patients were assisted by nursing and care staff in a professional and compassionate manner ensuring patients dignity was respected at all times. There was evidence of good relationships between management, staff and patients.

Staff spoke about patients in a caring and compassionate manner and it was evident that the manager and all grades of staff knew their patients well.

Patients spoken with all stated that they were very happy with the quality of care delivered and with life in Gillbrooke. Patients confirmed that staff were polite, caring and courteous and they felt safe in the home.

### **Areas for Improvement**

It is recommended that a policy on communicating effectively to include the regional guidelines on Breaking Bad News is developed and disseminated to staff for additional knowledge and awareness.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
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## **6.2 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)**

### **Is Care Safe? (Quality of Life)**

Policies and procedures on the management of palliative and end of life care and death and dying were available in the home however, these were not up to date and did not include the management of the deceased patient's belongings and personal effects.

Training records evidenced that staff had completed training in Palliative and End of Life Care and the management of death, dying and bereavement. Registered nursing staff and care staff were aware of and able to demonstrate knowledge of the Gain Palliative Care Guidelines, November 2013.

Discussion with staff and a review of care records confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services.

Discussion with the manager, staff and a review of care records evidenced that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

A protocol for timely access to any specialist equipment or drugs was in place and discussion with registered nurses confirmed their knowledge of the protocol.

Training and supervision records evidenced that registered nurses had completed training on the Mc Kinley syringe driver and discussion with registered nurses confirmed that they are able to source a syringe driver via the community nursing team if required.

A palliative care link nurse was available in the home and evidence of attendance at the link meetings for the Western Health and Social Care Trust were available.

### **Is Care Effective? (Quality of Management)**

A review of care records evidenced that patients' needs for palliative and end of life care were assessed and reviewed on an ongoing basis. This included the management of hydration and nutrition, pain management and symptom control. There was evidence that the patient's wishes and their social, cultural and religious preferences were very well documented. Care records evidenced discussion between the patient, their representatives and staff in respect of death and dying arrangements. Care records examined were well presented, detailed and clearly identified the recognition of deterioration in the physical well-being of the patient. Care interventions recorded made reference to best practice guidelines and were very person-centred. This is commended.

A named nurse was identified for each patient approaching end of life care. There was evidence that referrals had been made to the specialist palliative care team and where instructions had been provided, these were evidently adhered to.

Discussion with the manager, registered nursing and care staff and a review of care records evidenced that environmental factors had been considered. Management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying. Through discussion with staff there was evidence that in the event of a palliative care patient being in a shared room this was appropriately managed.

A review of notifications of death to RQIA during the previous inspection year evidenced that all had been reported appropriately.

### **Is Care Compassionate? (Quality of Care)**

Discussion with staff and a review of care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences

regarding end of life care. Registered nursing and care staff consulted were able to demonstrate an awareness of patient's expressed wishes and needs in respect of DNAR directives as identified in their care plan.

Arrangements were in place in the home to facilitate, as far as possible, in accordance with the persons wishes, for family/friends to spend as much time as they wish with the person. Staff discussed openly how the home had been able to fully support the family members in staying with their loved ones.

From discussion with the manager and staff, and a review of the compliments record, there was evidence that arrangements in the home were sufficient to support relatives during this time. There was evidence within compliment cards/letters that relatives had commended the management and staff for their efforts towards the family and patient.

Discussion with the manager and a review of the complaints records evidenced that no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home.

All staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death. The patients named nurse if not on duty is informed of the patient's death. Staff advised that a memorial service is held if the patient's representatives agree to same and patients within the home and staff are provided with an opportunity to attend. From discussion with the manager and staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included 1:1 support and support through staff meetings.

Information regarding support services was available and accessible for staff, patients and their relatives.

### Areas for Improvement

Policies and procedures in relation to palliative care and death and dying should be reviewed and developed in accordance with best practice guidelines.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b> *1 recommendation made is stated under Standard 19 above	<b>1</b>
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## 6.3 Additional Areas Examined

### 6.3.1. Environment and Infection Control

A general inspection of the home was undertaken which included inspection of a random sample of bedrooms and bathrooms and other facilities within the home. The home was found to be warm and clean. However some décor and furnishings appeared worn, faded and in need of replacing. The registered manager did advise that some refurbishment work had been completed and there were plans for more improvements in regards to painting. Reports for regulation 29 visits did highlight some areas for improvement however these had not been satisfactorily actioned by the registered person. A number of issues were identified at inspection:

- Furniture was observed in sample of bedrooms which had not been well maintained and was in a poor state of repair. Examples included chipped furniture
- A floor covering in an identified bedroom was torn and damaged
- The sealant of a floor covering in an identified ensuite was in need of repair
- A wall surface in an identified bedroom was damaged and in need of repair
- Walls in bedroom areas were scratched and marked and in need of painting
- The window panes in an identified bedroom had areas of condensation inside the glass panel
- The ceramic surface on a wash hand basin in a bedroom was scratched and worn
- Flooring was observed in an ensuite bedroom as stained
- Over bed tables were found to be worn and could not effectively be cleaned
- Seating in patients bedrooms and lounge areas were found to be worn and in need of repair or replacement.

These matters were discussed with the registered manager who agreed to undertake a full environmental and infection control audit following this inspection. The registered manager agreed to discuss the findings from this inspection and the findings from the audit to be undertaken with the registered persons and contact RQIA with feedback and plan of action in regards to same. Post inspection the registered manager contacted RQIA to advise an audit had been completed and a response to the issues identified is to be submitted by email. This communication has been received and acknowledged by RQIA. In addition, RQIA have requested a copy of the audit undertaken post inspection and the associated action plan is submitted with the Quality Improvement Plan. Two requirements have been made in regards to issues pertaining to Infection prevention and control and the general maintenance of the environment.

### 6.3.2. Consultation with patients, their representatives and staff.

In addition to speaking with patients, staff and visitors, five questionnaires were distributed for staff not on duty and five questionnaires were left for patient representatives to complete and return.

#### **Staff**

Ten questionnaires were issued for staff to complete, seven were returned. Respondents indicated that they had received training in relation to the standards and theme inspected and advised of additional training scheduled. Staff advised that the palliative care link nurse keeps staff updated following study days and that a resource folder was available for staff to reference. Staff also stated that they were 'most satisfied' with the standards of care provided and those patients and families were respected and treated with dignity.

Comments recorded on the returned questionnaires, by staff included:

- "Happy home, happy staff."
- "The caring staff in Gillbrooke provides exceptionally high standards when a resident is ill."
- "I feel the care and dignity to all residents in Gillbrooke is excellent."
- "Staff monitor individuals needs in relation to pain, agitation, nausea etc. and liaise with the GP / palliative care team."
- "I got a good induction when I came first and I am very happy."

- “Relatives are involved in decision making.”

Three patient representatives were spoken with during the inspection. All those spoken with indicated their satisfaction with the care delivered in Gillbrooke and that management and staff were excellent.

Two patient representative questionnaires were completed and returned at time of issuing this report. Responses indicated that the quality of care was excellent, staff were attentive and caring and that they were kept informed of changes to their loved ones care. Comments included;

- “The quality of care is and has been superb.”

## **Patients**

Four patients were spoken with individually and the majority of others in smaller groups. Patients were complimentary regarding the care delivered, staff, food and the activities provided. Comments included;

- “Everything is the best.”
- “I have all my personal effects.”
- “The food is great.”
- “The staff are all very good and caring.”

No concerns were raised.

## **7. Quality Improvement Plan**

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Hazel Latimer (acting manager) as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager 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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### **7.1 Statutory Requirements**

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

## 7.2 Recommendations

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

## 7.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

<b>Quality Improvement Plan</b>	
<b>Statutory Requirements</b>	
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 27 (2) (d) &amp; (g)</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> 26 October 2015</p>	<p>It is required that the following be addressed;</p> <ul style="list-style-type: none"> <li>• The dining room tables and chairs should be replaced. These tables and chairs should be suitable to the patients and residents' needs.</li> </ul> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The above requirement is part of the overall refurbishment of the Dining Room and the home which will include lighting etc. A copy of schedule will be forwarded when complete.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 27 (2) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 25 January 2015</p>	<p>The registered person must ensure the current premises are kept in good state of repair internally and externally at all times to include those issues identified in section 5.5.1 of this report and findings from the audit undertaken post inspection. The registered person is requested to submit a copy of the environmental / Infection prevention control audit and a copy of the action plan when returning the Quality improvement Plan.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> As per the above and my email of 30<sup>th</sup> July, 2015 all will be completed by the 6 month deadline that we have set ourselves..</p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 26 October 2015</p>	<p>The registered person shall ensure that all issues identified in section 5.5.1 of the report pertaining to infection control and findings from the audit completed post inspection are addressed to minimise the risk of infection and spread of infection between patients and staff.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> This requirement is part of No.1 and No. 2 above and will be completed.</p>

<b>Recommendations</b>			
<b>Recommendation 1</b>  <b>Ref:</b> Standard 36  <b>Stated:</b> First time  <b>To be Completed by:</b> 21 September 2015	It is recommended that a policy and procedure should be developed on communicating effectively. This should include reference to the regional guidance for Breaking Bad News.		
	The following policy guidance should be reviewed and updated to reflect GAIN Guidelines for Palliative Care and End of Life Care in Nursing Homes and Residential Care Homes (November 2013): <ul style="list-style-type: none"> <li>• death and dying</li> <li>• terminal care.</li> </ul>		
<b>Response by Registered Person(s) Detailing the Actions Taken:</b> A policy and procedure will be put in place on communicating effectively referring to the 'Breaking Bad News' guidance by 21 <sup>st</sup> September, 2015. There is an up-to-date Palliative Care Folder available in Gillbrooke. These guidelines will be used to update the Palliative Care and Death and Dying Policy by 21 <sup>st</sup> September, 2015.			
<b>Registered Manager Completing QIP</b>	H. Latimer	<b>Date Completed</b>	20.8.15
<b>Registered Person Approving QIP</b>	R A Gilmore	<b>Date Approved</b>	20.8.15
<b>RQIA Inspector Assessing Response</b>	Sharon Loane	<b>Date Approved</b>	06.01.16

*\*Please ensure the QIP is completed in full and returned to [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk) from the authorised email address\**