



# Unannounced Care Inspection Report

## 31 July 2018



## Gillbrooke Nursing Home

**Type of Service: Nursing Home**  
**Address: 107 Clabby Road, Fivemiletown, BT75 0QY**  
**Tel No: 028 8952 1888**  
**Inspector: Gerry Colgan**

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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.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 25 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Gillbrooke Care Centre Ltd  <b>Responsible Individual:</b> John James Wesley Kerr	<b>Registered Manager:</b> See below
<b>Person in charge at the time of inspection:</b> Hazel Latimer	<b>Date manager registered:</b> Hazel Latimer – acting - no application required
<b>Categories of care:</b> 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.	<b>Number of registered places:</b> 25  The home is also approved to provide care on a day basis for up to 3 persons.

### 4.0 Inspection summary

An unannounced inspection took place on 31 July 2018 from 09.00 to 16.30.

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 any areas for improvement identified 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.

Evidence of good practice was found in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, risk management and the home's environment record keeping, audits and reviews, communication between residents, staff and other key stakeholders. Further areas of good practice were found in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives, taking account of the views of patients, governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified in relation to infection prevention and control and recruiting an activity therapist.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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
<b>Total number of areas for improvement</b>	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Hazel Latimer, acting 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 19 April 2018

The most recent inspection of the home was an unannounced premises inspection undertaken on 19 April 2018. 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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with ten patients, six staff and two patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff to an online survey and staff not on duty during the inspection.

RQIA involves service users and members of the public as volunteer lay assessors. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. A lay assessor was present during this inspection and their comments are included within this report.

The following records were examined during the inspection:

- duty rota for all staff from 23 July 2018 to 12 August 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- three patient care records
- six patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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 person in charge at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 19 April 2018**

The most recent inspection of the home was an unannounced premises inspection.

The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at the next premises inspection.

## 6.2 Review of areas for improvement from the last care inspection dated 19 June 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27 (4) (b) <b>Stated:</b> First time	<p>The registered person shall ensure that there are precautions in place that minimise the risk of fire and protects patients, staff and visitors in the event of a fire.</p> <p>This refers specifically to the observed practice of storing wheelchairs and other items in front of the fire exit on the ground floor.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            A tour of the premises and conversation with the manager confirmed that all fire exits were clear and every patient has a personalised evacuation plan.</p>	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (1) (a) and (b) <b>Stated:</b> First time	<p>The registered person shall ensure that registered nurses have oversight of the patients' fluid intake records and that this is accurately reflected in the daily progress notes.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            A review of care documentation confirmed that the registered nurses have oversight of the patients' fluid intake records and this is accurately reflected in the daily progress notes</p>	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 38.3 <b>Stated:</b> First time	<p>The registered person shall ensure that the recruitment processes are reviewed to address the areas identified during this inspection. This refers specifically to the references being received before employees start to work in the home; and in relation to the reasons staff leave their previous places of employment.</p>	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> A review of two recruitment files for recently employed staff confirmed that two references were received prior to commencing work and any gaps in employment were explored.</p>	
<p><b>Area for improvement 2</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that records are maintained of the monthly NMC and NISCC checks undertaken by the manager.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> A review of records evidenced that monthly NMC and NISCC checks are undertaken by the manager</p>	
<p><b>Area for improvement 3</b> <b>Ref:</b> Standard 39.1 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that a record is maintained of the induction provided to agency staff.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> The manager confirmed that Gillbrooke Nursing Home rarely uses agency staff but if they had to an induction form has been developed and available at inspection.</p>	
<p><b>Area for improvement 4</b> <b>Ref:</b> Standard 46.2 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that care staff are aware of the decontamination procedures for cleaning bedpans.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Discussion with staff and observation of procedures confirmed that. Staff are aware of the decontamination procedures for cleaning bedpans</p>	
<p><b>Area for improvement 5</b> <b>Ref:</b> Standard 23 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that repositioning records are maintained for patients who are at risk of developing pressure damage.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> A review of care records for patients who are at risk of developing pressure damage confirmed that repositioning records are maintained.</p>	

<b>Area for improvement 6</b> <b>Ref:</b> Standard 22.10 <b>Stated:</b> First time	The registered person shall ensure that an auditing process is developed in relation to falls. This audit should include an action plan where any patterns or trends have been identified.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of audits and conversation with the manager confirmed that an auditing process is developed in relation to falls. The audit includes an action plan where any patterns or trends have been identified.	
<b>Area for improvement 7</b> <b>Ref:</b> Standard 41 <b>Stated:</b> First time	The registered person shall ensure that a permanent record is maintained of the staffing rotas; and the practice of amending duty rotas, as described in section 6.7, should cease.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the staffing rotas confirmed that they are legible and any changes are permanently recorded. The practice of amending duty rotas, as described in section 6.7, of the last care report has ceased.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 21 July 2018 to 12 August 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner. Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Gillbrooke nursing home.

Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC. There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff.

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records from the previous care inspection in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. From a review of records, observation of practices and discussion with the manager and staff there was evidence of proactive management of falls.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, and dining room and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. The home was found to be warm, well decorated and fresh smelling. Patients/representatives/staff spoken with were complimentary in respect of the home's environment.

Observation of practices/care delivery, discussion with staff and review of records evidenced that infection prevention and control measures/best practice guidance were generally adhered to. However dust was detected on top of some wardrobes and on a number of wheelchair frames. This is identified as an area for improvement under the standards. Systems were in place to monitor the incidents of HCAI's and the manager understood the role of PHA in the management of infectious outbreaks.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices. Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the previous care inspection confirmed that these were appropriately managed.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, risk management and the home's environment.

**Areas for improvement**

An area for improvement was identified under the standards in relation to cleaning tops of wardrobes and wheelchairs.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

Review of three patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition, patients' weight, management of infections and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician changed.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

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 registered manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records. The manager advised that patient and/or relatives meetings were held on an annual basis. Minutes were available. Patients and their representatives confirmed that they attended meetings/were aware of the dates of the meetings in advance.

Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management. Patients and representatives were aware of who their named nurse was and knew the manager.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews, communication between residents, staff and other key stakeholders

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

We arrived in the home at 09.00 and were greeted by staff who were helpful and attentive. Patients were enjoying a late breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with the manager, patients and staff and review of the activity programme evidenced that arrangements were not fully in place to meet patients' social, religious and spiritual needs within the home. A care assistant organised some activities on a part time basis but also had to do her own job. An area for improvement is stated under the standards to ensure that a meaningful activity program is established to meet the individual needs of the patients. This should provide enjoyable, purposeful, age and culturally appropriate activities which takes account of the patient's physical and emotional needs and interests. Appropriate staff time should be allocated to the role.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Cards and letters of compliment and thanks were displayed in the home.

There were systems in place to obtain the views of patients and their representatives on the running of the home.

Consultation with ten patients individually, and with others in smaller groups, confirmed that living in Gillbrooke Nursing Home was a positive experience.

Patient comments included:

- "I am here now for 18 years. I am happy and content."
- "It's a very nice place. Everybody is very good."
- "It's all grand as far as I can see."
- "I can't see it being done any better. It's all done to perfection."
- "They are very kind. I have not had any complaints."
- "I don't know really, everything seems to be ok. I have nothing to grumble about. I love it, I just love it."

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.

Ten relative questionnaires were provided. Two were returned within the timescale. Both indicated that they were very satisfied with the care provided across the four domains. The following comment was provided:

- "The care is good and staff are kind and loving to the patients."

Staff were asked to complete an on line survey, we had no responses within the timescale specified.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

### Areas for improvement

An area for improvement was stated under the standards in relation to allocating appropriate staff time to providing meaningful activities.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

#### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff/patients/representatives evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager/manager.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The equality data collected was managed in line with best practice.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices, care records, catering arrangements. In addition robust measures were also in place to provide the manager with an overview of the management of infections, wounds occurring in the home.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Hazel Latimer, 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

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 44</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2018</p>	<p>The registered person shall ensure a robust system is in place to ensure adequate cleaning especially tops of wardrobes and wheelchairs.</p> <p>Section. 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b>  Domestic staff made aware that tops of wardrobes require to be cleaned regularly and same carried out.  Wheelchairs cleaned weekly and more often if required by Care Assistants, cleaning lists amended accordingly.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 September 2018</p>	<p>The registered person shall ensure that an activity coordinator is identified to assess and plan and evaluate the needs of patients in regards to activities provision in the home.</p> <p>The registered person should also ensure that additional time is made available for the completion of such a role.</p> <p>Section. 6.6</p>
	<p><b>Response by registered person detailing the actions taken:</b>  A trained Activity Therapist appointed to carry out activities twice a month. A Care Assistant is allocated to carry out activities 6 afternoons per week. Various entertainers from the local community also provide musical, pet and flower arranging therapy on a regular basis.</p>

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



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