



Announced Estates Inspection Report 19 April 2018



Gillbrooke Nursing Home

Type of Service: Nursing Home
Address: 107 Clabby Road, Fivemiletown, BT75 0QY
Tel No: 02889521888
Inspector: Raymond Sayers

www.rqia.org.uk

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 detached 25 bed nursing home located in a rural setting.

3.0 Service details

Organisation/Registered Provider: Gillbrooke Care Centre Ltd Responsible Individual(s): John James Wesley Kerr	Registered Manager: Hazel Latimer
Person in charge at the time of inspection: Wesley Kerr	Date manager registered:
Categories of care: NH-I, NH-PH, NH-PH(E)	Number of registered places: 25

4.0 Inspection summary

An announced inspection took place on 19 April 2018 from 14.30 to 16.00.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

The inspection assessed progress with any areas for improvement identified during and since the last premises inspection, and to determine if the service was well led, delivering safe, effective and compassionate care.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Wesley Kerr, Registered Responsible Person, as part of the inspection process. The timescales for completion commence from the date of inspection as part of the inspection process and can be found in the main body of the report.

There was no enforcement action implemented resultant from the findings of this inspection.

4.2 Action/enforcement taken following the most recent premises inspection

Other than those actions detailed in the QIP no further actions required to be taken following the most recent inspection, INO16776, on 22 January 2015; the returned QIP was approved on 16 February 2015

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- recent inspection reports and returned QIPs
- recent correspondence with the service
- the establishment related incidents reported to RQIA since the last premises inspection.

The following records were examined during the inspection:

- service records and in-house log books relating to the maintenance and upkeep of the building and engineering services,
- legionellae risk assessment,
- fire risk assessment.

During the inspection we met with Wesley Kerr, Registered Responsible Person.

Areas for improvements identified at the last premises inspection were reviewed and the 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 18 October 2017

The most recent inspection of the service was an unannounced medicines management inspection. There were no areas for improvement made as a result of the inspection, and therefore no QIP.

6.2 Review of areas for improvement from the last premises inspection dated 22 January 2015

Areas for improvement from the last premises inspection		
The following requirements and recommendations should be noted for action in relation to Standard 36 - Fire Safety		Validation of compliance
Standard 32.	Complete a condition audit of all wall finishes and implement upgrade works to maintain decorative standards. (Reference: Report paragraph 9.2.4)	Met
	Action taken as confirmed during the inspection: Standard of decoration generally satisfactory	
Regulation 27.(4)(d)	"Fire detection and alarm system must be maintained at intervals in accordance with BS5839." (Reference: Report paragraphs 9.1.1 & 9.4.5)	Met
	Action taken as confirmed during the inspection: BS5839 inspection reports reviewed	
Standard 36.	It is recommended that the annual review of the fire risk assessment should be carried out by a person or a company certified by a third party UKAS accredited certification body or a person who is registered with one of the fire safety professional bodies. Reference should be made to correspondence issued by RQIA to all Registered Persons on 13 January 2013 and the following guidance contained therein: http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf	Met
	(Reference: Report paragraph 9.4.4) Action taken as confirmed during the inspection: Fire risk assessment completed by an accredited risk assessor.	

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.

A range of documents related to the maintenance of the establishment was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services, and risk assessments.

Documentation relating to the safe operation of the establishments installations and engineering services was also presented for review during this premises inspection.

A range of fire protection measures are in place for the establishment, this includes: a fire detection and alarm system, emergency lighting installation, first aid fire-fighting equipment, structural fire separation and protection to the means of escape. The standard used by the registered person to determine the overall level of fire safety within the establishment takes account of the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment which was carried out by a risk assessor holding professional body registration for fire risk assessors.

These measures support the delivery of safe care.

Areas of good practice

Fire safety control measures are implemented and recorded.

Areas for improvement

1. The BS5839 maintenance report dated 30 December 2017 indicated that the system had deteriorated; as a result of this report statement we consider that the facility fire safety risk assessor and the fire detection and alarm service engineer should be consulted to ensure that the fire detection and alarm system remains effective.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

There are arrangements in place for routine planned maintenance actions, as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the refurbishment of the bedroom accommodation.

This supports the delivery of effective care.

Areas of good practice

The environment and building services are maintained in a planned effective manner.

Areas for improvement

There were no issues requiring improvement identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

The accommodation reviewed during this premises inspection was well presented, comfortable, clean, well ventilated with satisfactory lighting levels. Service users are consulted about decisions around decoration in their private accommodation where appropriate.

This supports the delivery of compassionate care.

Areas of good practice

Service user views are considered when redecorating bedroom accommodation

Areas for improvement

There were no issues requiring improvement identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

Premises related policies and documentation are retained in a manner which is accessible to authorised persons.

Arrangements are in place for managing premises related incidents/notifiable events, and Medical Device and Equipment Alerts.

The registered person has dealt appropriately with previous RQIA QIP items, and other relevant issues relating to the premises. Adequate support and resources are provided by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators.

This supports a well led service.

Areas for improvement

There were no issues requiring improvement identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Wesley Kerr, Registered Responsible Person, 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 Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 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.	
Area for improvement 1 Ref: Standard 48 Stated: First time To be completed by: 15 June 2018	<p>The registered person shall consult with the fire risk assessor and the fire detection and alarm service engineer, to ensure that the BS5839 fire detection & alarm system continues to function effectively. The system should be subjected to continual assessment to maintain NIHTM84 standards.</p> <p>Ref: 6.4.1</p> <p>Response by registered person detailing the actions taken: Alarm Service Engineer contacted and will check system at beginning of July, 2018. Fire Risk Assessor will carry out full assessment on 19th June, 2018. System continues to work effectively.</p>

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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