



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No: IN016776
Establishment ID No: 1207
Name of Establishment: Gillbrooke
Date of Inspection: 22 January 2015
Inspector's Name: Raymond Sayers

1.0 GENERAL INFORMATION

Name of Home:	Gillbrooke
Address:	103 Clabby Road Fivemiletown BT75 0QY
Telephone Number:	028 8952 1888
Registered Organisation/Provider:	Mr. Alan Gilmore
Registered Manager:	Ms. Hazel Latimer
Person in Charge of the Home at the time of Inspection:	Ms. Hazel Latimer
Other person(s) consulted during inspection:	
Type of establishment:	Nursing Home
Number of Registered Places:	25
Date and time of inspection:	22 January 2015 from 09.30 – 13.00hrs
Date of previous estates inspection:	8 February 2012
Name of Inspector:	Raymond Sayers

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes.

This is a report of an announced inspection to assess the quality of the premises and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. The report details the extent to which the standards measured during inspection were met.

3.0 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the premises and grounds were safe, well maintained and remain suitable for their stated purpose in compliance with legislative requirements and current minimum standards. This was achieved through a process of evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards.

The aims of the inspection were to examine the estates related policies, practices and monitoring arrangements for the provision of Nursing Homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003;
- The Nursing Homes Regulations (Northern Ireland) 2005;
- Nursing Homes Minimum Standards (DHSSPS, 2008).

Other published standards which guide best practice may also be referenced during the Inspection process.

4.0 METHODS/PROCESS

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

- Discussion with the person in charge;
- Examination of records;
- Inspection of the home internally and externally. Patients' private bedrooms were only inspected when unoccupied and permission was granted;
- Evaluation and feedback.

Any other information received by RQIA about this regulated establishment has also been considered by the Inspector in preparing for this inspection.

5.0 CONSULTATION PROCESS

During the course of the inspection, the Inspector spoke to Mr. Alan Gilmore.

6.0 INSPECTION FOCUS

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Nursing Homes Minimum Standards and to assess progress with the issues raised during and since the previous inspection:

Standards inspected:

- Standard 32 - Premises and grounds;
- Standard 35 - Safe and healthy working practices;
- Standard 36 - Fire Safety.

7.0 PROFILE OF SERVICE

The home is detached and situated on the main Fivemiletown to Clabby Road. The home comprises of six single bedrooms on the ground floor, with 13 single and three double bedrooms on the first floor. All bedrooms have en-suite facilities with the exception of one bedroom.

There are two sitting rooms, a dining room, kitchen, WC facilities and a laundry room. There are adequate car parking facilities adjacent the front and side elevations.

8.0 SUMMARY

Following the Estates Inspection of Gillbrooke on 22 January 2015 improvements are required to comply with the Nursing Homes Regulations (Northern Ireland) 2005 and the criteria outlined in the following standards:

- Standard 32 - Premises and grounds;
- Standard 36 - Fire Safety.

This resulted in one requirement and two recommendations, listed in the quality improvement plan appended to this report.

The building services and fabric are maintained to a satisfactory condition, it is noted that Mr. Gilmore plans to redecorate the first floor accommodation during the summer season 2015.

Mr. Gilmore stated that the fire alarm maintenance inspection frequency will be increased in compliance with BS5839.

The Estates Inspector would like to acknowledge the assistance of Ms. Hazel Latimer and Mr. Alan Gilmore during the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from previous inspection

A number of issues raised in the report of the previous estates inspection on 8 February 2012 have been addressed. One issue requires further attention and is restated in the relevant section of the attached quality improvement plan sub-titled 'restated recommendations/requirements'.

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
1.	Regulation 27.(4)(d)	Fire detection and alarm system must be maintained at intervals in accordance with BS5839.	Certificates examined indicate annual inspection frequency.	Not compliant Refer to QIP item 1
2.	Regulation 27.(4)(d)	Kitchen/dining room door must be adapted to satisfy FD30S fire resistance specification.	Implemented.	Compliant

No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Comments
3.	Standard 35.	Repair First Floor bedroom 22 en-suite shower appliance.	Repairs implemented.	Compliant
4.	Standard 35.	Assess the BS7671 Periodic Inspection Report for the electrical installation, plan and implement a remedial/improvement works programme in compliance with the Electricity at Work Regulations.	Implemented.	Compliant
5.	Standard 35.	The passenger lift installation must be subjected to a Lifting Operations and Lifting Equipment Regulations "thorough examination".	Implemented.	Compliant

9.2 Standard 32 - Premises and grounds - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

9.2.1 There was evidence of maintenance activity and procedures; the building and engineering services however require some attention in order to comply with this standard. Items requiring corrective action by the registered person are detailed in report items 9.2.2 - 9.2.4. Requirements and recommendations are listed in the attached Quality Improvement Plan section titled '**Standard 32 - Premises and grounds**'.

9.2.2 A number of drill holes were left in kitchen tiles wall surface where obsolete fixing bolts/screws had been removed.

Mr. Gilmore stated on 29 Jan 2015 that the fixing holes were sealed.

9.2.3 Bedroom 12 en-suite radiator had sustained some surface corrosion.

Mr Gilmore stated on 29 January 2015 that the repairs are completed.

9.2.4 Some corridor wall surfaces had received minor impact damage & soiling.

Mr Gilmore stated that redecoration works were planned for summer months. (Reference: Quality Improvement Plan Item 1)

9.3 Standard 35 - Safe and healthy working practices - *The home is maintained in a safe manner*

9.3.1 Safe and healthy working practices are evident in the home, compliant with this standard. There have been no issues identified for corrective/improvement works attention by the registered person in relation to this standard.

9.3.2 The hot & cold water storage and distribution system was chlorinated on 19 January 2015; Mr. Gilmore stated that it was his intention to modernize and adapt the hot & cold water storage and distribution system in 2015, and the legionella risk assessment would be reviewed to reflect the alteration works.

9.4 Standard 36: Fire safety - *Fire safety precautions are in place that reduce the risk of fire and protect patients, staff and visitors in the event of fire.*

9.4.1 Fire Safety procedures are implemented in the home and a fire risk assessment was completed by Colin Smyth (Assured Fire Consulting) on 26 March 2014; the risk from fire hazard was deemed as tolerable and no recommended corrective/improvement works actions were listed.

During this inspection two issues were listed and recommended for improvement action, they are detailed in report paragraphs 9.4.4 & 9.4.5. The recommendation & requirement are listed in the section of the attached quality improvement plan titled '**Standard 36: Fire safety**'.

- 9.4.2 Monthly BS5266 emergency lighting functional testing was not recorded; Mr. Gilmore stated that this would be implemented.

Mr. Gilmore contacted and verified that records were completed on 29 Jan 2015.

- 9.4.3 Monthly fire-fighting equipment inspection records were not available for examination; Mr. Gilmore stated that that monthly inspections would be recorded.

Mr. Gilmore contacted and verified that records were completed on 29 Jan 2015.

- 9.4.4 It was not ascertained that the fire risk assessment was completed by an accredited fire risk assessor, Mr. Gilmore was requested to establish that Mr. Colin Smyth (Assured Fire Consulting) was selected from an accredited panel of risk assessors as recommended by RQIA guidance.
(Reference: Quality Improvement Plan Item 3.)

- 9.4.5 The fire detection & alarm maintenance inspection/test period by a competent engineer was greater than six monthly and therefore not compliant with BS5839.
(Reference: Quality Improvement Plan Item 2.)

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement plan appended to this report were discussed with Ms. Hazel Latimer as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the quality improvement plan.

11.0 Enquiries

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

Announced Estates Inspection

Gillbrooke Nursing Home: RQIA ID 1207

22 January 2015

QIP Position Based on Comments from Registered Persons (for RQIA use only)			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.					
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.	x	x		R Sayers	16 February 2015
C.	Clarification or follow up required on some items.					

NOTES:

The details of the quality improvement plan were discussed with Ms Hazel Latimer the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by patients.

The registered provider is required to record comments on the quality improvement plan.

The quality improvement plan is to be completed by the registered provider and registered manager and returned to **estates@rqia.org.uk**.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Mrs. Hazel Latimer
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Mr. R. A. Gilmore

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Assurance, Challenge and Improvement in Health and Social Care

Standard 32 - Premises and grounds

The following requirements and recommendations should be noted for action in relation to Standard 32 - Premises and grounds

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
		N/A		
Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
		N/A		
Item	Standard Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
1	Standard 32.	Complete a condition audit of all wall finishes and implement upgrade works to maintain decorative standards. (Reference: Report paragraph 9.2.4)	26 weeks	In progress and on-going

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Assurance, Challenge and Improvement in Health and Social Care

Standard 35 - Safe and healthy working practices

The following requirements and recommendations should be noted for action in relation to Standard 35 - Safe and healthy working practices

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
		N/A		
Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
		N/A		
Item	Standard Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
		N/A		

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Assurance, Challenge and Improvement in Health and Social Care

Standard 36 - Fire Safety

The following requirements and recommendations should be noted for action in relation to Standard 36 - Fire Safety

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
2	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)	26 weeks	Will be checked by Electrical Contractor when carrying out other duties
Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
		N/A		
Item	Standard Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
3	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 (Reference: Report paragraph 9.4.4)	16 Weeks	Mr. Colin Smith GIFE Assured Fire Consultant Mr. Ronnie Glass Member of Fire Prevention Officers

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Assurance, Challenge and Improvement in Health and Social Care