

# **Announced Premises Inspection Report 27 February 2017**



## **Rosebrook House**

**Type of Service: Day Care Setting**  
**Address: Brook House, Coleraine, BT52 1QG**  
**Tel No: 02870343084**  
**Inspector: Phil Cunningham**

## 1.0 Summary

An announced premises inspection of Rosebrook House took place on 27 February 2017 from 10:00 to 11:00.

The inspection sought to assess progress with any issues raised during and since the last premises inspection and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

On the day of the inspection the premises supported the delivery of safe care.

### Is care effective?

On the day of the inspection the premises supported the delivery of effective care.

### Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care.

### Is the service well led?

On the day of the inspection the management of the premises was considered to be well led.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007 and The Day Care Settings Minimum Standards (DHSSPS, 2012).

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

Details of the Quality Improvement Plan (QIP) within this report were discussed with Caroline Bucklee, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 1.2 Actions/enforcement taken following the most recent premises inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the most recent premises inspection dated 21 July 2013.

## 2.0 Service Details

<b>Registered organisation/registered provider:</b> NHSCT	<b>Registered manager:</b> Caroline Sarah Buckley
<b>Person in charge of the establishment at the time of inspection:</b> Caroline Sarah Buckley	<b>Date manager registered:</b> 14/09/2015
<b>Categories of care:</b> DCS-DE	<b>Number of registered places:</b> 12

## 3.0 Methods/processes

Prior to inspection the following records were analysed: Previous premises inspection report, statutory notifications over the past 12 months, duty call log.

During the inspection the inspector met with Caroline Bucklee, Registered Manager and Ronnie Hogg, Estates Manager NHSCT Estates Department.

The following records were examined during the inspection: Copies of 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.

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 16 February 2017

The most recent inspection of the day care setting was an unannounced care inspection. The report on that inspection is due to be issued over coming days and QIP of the report will be assessed by the care inspector when returned by the registered provider. This QIP will be validated by the specialist inspector at their next inspection.

### 4.2 Review of requirements and recommendations from the last premises inspection dated 21 July 2013

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 14 (1)(c)	Carry out a review of the legionellae risk assessment and implement measures to address any resulting issues.	<b>Met</b>

	<b>Action taken as confirmed during the inspection:</b> Records indicated that the legionella risk assessment was reviewed on 18/05/15 and the Estates Manager confirmed that all resulting issues were addressed accordingly.	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 26 (2) (l)	Carry out formal periodic testing and inspection to the fixed electrical installation and implement measures to address any resulting issues.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records indicated that the fixed wiring installation was tested on 30/03/16 and that remedial works to address the defects identified in the report of the testing were completed.	
<b>Requirement 3</b>  <b>Ref:</b> Regulation 26 (4)(c)	Provide manual over-ride release facilities for the electromagnetically operated locks on the front entrance and side exit doors.  Liaise with the fire risk assessor regarding same	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Manual over-ride release points (green break-glass units) are provided adjacent to the exit doors which are fitted with electromagnetic locking devices.	

#### 4.3 Is care safe?

A range of documentation in relation to the maintenance and upkeep of the premises 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 premises, installations and engineering services was presented for review during this premises inspection.

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, 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 premises 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. This supports the delivery of safe care. The registered manager forwarded a copy of the record of the fire risk assessment review by e-mail following the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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**4.4 Is care effective?**

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the premises.  
This supports the delivery of effective care.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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**4.5 Is care compassionate?**

The areas of the premises reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit. Service users are consulted about decisions around décor where appropriate.  
This supports the delivery of compassionate care.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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**4.6 Is the service well led?**

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

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 and has been adequately supported and resourced by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.  
This supports a well led service.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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**5.0 Quality improvement plan**

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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.



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