



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No: IN016778
Establishment ID No: 1200
Name of Establishment: Gortacharn Nursing Home
Date of Inspection: 23 October 2014
Inspector's Name: Raymond Sayers

1.0 GENERAL INFORMATION

Name of Home:	Gortacharn
Address:	Brookborough Rd Lisnaskea BT92 0LB
Telephone Number:	028 67721030
Registered Organisation/Provider:	Mr Richard James Trimble & Mrs Robena Heather Trimble
Registered Manager:	Ms Jill Trimble
Person in Charge of the Home at the time of Inspection:	Ms Jill Trimble
Other person(s) consulted during inspection:	Mrs Robena Trimble
Type of establishment:	Nursing Home
Number of Registered Places:	55
Date and time of inspection:	23 October 2014 from 09.50 – 13.45hrs
Date of previous estates inspection:	24 January 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 Ms Jill Trimble.

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

Gortacharn is a purpose built facility situated in its own grounds, a short distance from the centre of Lisnaskea village in Co. Fermanagh. The home is owned by Mr and Mrs Trimble, the Registered Providers. The home is currently managed by M/s Jill Trimble, Acting Manager.

Accommodation is on the ground floor and comprises of 55 single bedrooms, a number with en-suite facilities; there is a range of toilets, bath and shower facilities, communal lounges and dining areas.

The grounds around the home are landscaped and seating areas are provided for patients, residents and visitors use. There is adequate car parking facilities within the grounds. The home provides accommodation for up to 40 patients and 15 residents. The home is registered to provide care in the following categories:

Nursing - I Old age not falling within any other category;
Nursing - PH Physical disability other than sensory impairment;
Nursing - PH (E) Physical disability other than sensory impairment - over 65 years;
Nursing - TI Terminally ill;
Nursing - LD Learning Disability;
Residential - I Old age not falling within any other category;
Residential - PH Physical disability other than sensory impairment;
Residential - LD (E) Learning disability - over 65 years.

8.0 SUMMARY

Following the Estates Inspection of Gortacharn on 23 October 2014 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 35 - Safe and healthy working practices;
- Standard 36 - Fire Safety.

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

The interior decoration required an upgrade in some rooms; Ms Trimble stated that this would be implemented.

Several bedroom doors did not have self-closer devices installed; Ms Trimble stated that improvement works were currently progressing and that all doors would be modified to comply with Northern Ireland Fire and Rescue Service Standards.

The fire risk assessment was being reviewed by an accredited fire risk assessor at the time of this inspection.

A recommendation listed on the previous Estates inspection report has been restated

The Estates Inspector would like to acknowledge the assistance of Ms Jill Trimble during the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from previous inspection

It is noted that one of issues raised in the report of the previous estates inspection on 24 January 2012 has been addressed. The remaining issue requiring further attention is restated in the relevant section of the attached quality improvement plan sub-titled 'restated recommendations/requirements'.

No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Comments
1	36	Instruct a competent engineer to complete an annual service of the boiler room powder fire extinguishers and submit works verification certificate to RQIA estates inspector.	Completed and certificate submitted.	Compliant
2	36	Consider enhancing existing fire safety precautions in the Nursing Unit by the installation of "free-swing" door closers on bedroom fire doors, as recommended by NIHTM84.	Improvement works progressing, although several doors were noted as not having self-closer devices installed.	Not compliant Refer to QIP items 6 & 7

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 interior building fabric however requires some redecoration in order to comply with this standard. Required corrective action by the registered person is detailed in report item 9.2.2. The requirement is listed in the attached Quality Improvement Plan section titled '**Standard 32 - Premises and grounds**'.

9.2.2 Bedroom 8 en-suite decorative wall finish was in a poor decorative condition. Bedrooms 9, 18, 19 & 36 wall finishes were in a poor decorative condition. Some bedroom wall surfaces in the Residential Unit have sustained superficial damage as a result of impact with chairs, profile beds & wall mounted lights. Ms Trimble stated that a redecoration works programme was scheduled for completion within 8 weeks.
(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 are however two issues identified for corrective/improvement works attention by the registered person in relation to this standard and are detailed in report paragraph 9.3.2 & 9.3.3. The requirements are listed in the attached Quality Improvement Plan section titled '**Standard 35 – Safe and healthy working practices**'.

9.3.2 Currently valid Gas Safe Register inspection reports for the gas appliances were not presented for examination (kitchen, laundry and space heater appliances).
(Reference: Quality Improvement Plan Item 2)

9.3.3 A legionella risk assessment was completed however the assessing engineer did not complete a final evaluation of the risk. Control measures were implemented to reduce/eliminate the potential health risk caused by legionella bacteria.
(Reference: Quality Improvement Plan Item 3)

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 in compliance with good practice. Records inspected demonstrate some improvements are required to enhance fire safety.

There are five issues requiring remedial action detailed in report paragraphs 9.4.2- 9.4.6. Four requirements and one recommendation are listed in the section of the attached quality improvement plan titled '**Standard 36: Fire safety**'.

9.4.2 BS5839 fire detection and alarm service inspections were implemented at annual intervals; not six monthly as required by BS5839.

The last BS5839 inspection report submitted for examination was dated 25 November 2013.

(Reference: Quality Improvement Plan Item 5)

9.4.3 The last emergency lighting monthly BS5266 functional test record examined was dated August 2014.

(Reference: Quality Improvement Plan Item 6)

9.4.4 Monthly visual inspection of the fire-fighting equipment/appliances was not recorded.

(Reference: Quality Improvement Plan Item 6)

9.4.5 The fire risk assessment was being undertaken by an accredited fire risk assessment company on 23 October 2014; the assessment report was therefore not available for examination during the estates inspection.

(Reference: Quality Improvement Plan Item 8)

9.4.6 A number of bedroom doors in the nursing unit did not have self-closing devices installed, this is contrary to Northern Ireland Fire & Rescue Service requirements.

(Reference: Quality Improvement Plan Items 4 & 7)

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement plan appended to this report were discussed with Ms Jill Trimble 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**



The **Regulation** and
Quality Improvement
Authority

Quality Improvement Plan

Announced Estates Inspection

Gortacharn Nursing Home, RQIA ID 1200

23 October 2014

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.					
C.	Clarification or follow up required on some items.					

NOTES:

The details of the quality improvement plan were discussed with Ms Jill Trimble 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 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	Jill Trimble
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Robena H Trimble

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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	Standard Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
1	Standard 32.1	Implement interior redecoration works after conducting a decoration condition survey. (Reference: Report paragraph 9.2.2)	12 weeks	Decoration programme ongoing as per Decoration Condition Survey

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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	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
2	Regulations 14 (2)(a), (b) & (c)	Submit valid verification certificates to demonstrate that all gas appliances are currently inspected and deemed safe by a Gas Safe Register Engineer. (Reference: Report paragraph 9.3.2)	8 weeks	Gas Safety Inspection carried out and certificate forwarded to RQIA
3	Regulations 14 (2)(a), (b) & (c)	Instruct a competent Legionella risk assessor to review and amend the legionella risk assessment report; report format should be based on HSE "five steps to risk assessment", INDG 163. (Reference: Report paragraph 9.3.3)	8 weeks	2014/2015 Legionella Risk Assessment due on week beginning 5/1/15. Report will be forwarded during week beginning 12/1/15. Assessor advised of report amendments required.

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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	Standard Reference	Restated Recommendation	Timescale	Details Of Action Taken By Registered Person (S)
4	Standards 36.1 & 36.2	Consider enhancing existing fire safety precautions in the Nursing Unit by the installation of “free-swing” door closers on bedroom fire doors, as recommended by NIHTM84. (Reference: Report paragraph 9.1.2)	Immediate & ongoing	Remaining door closures ordered and will be fitted
Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
5	Regulations 27.(4)(c),(d)(i),(ii),(iv) &(v)	The fire detection and alarm system must be inspected by a competent engineer in accordance with BS5839 recommendations; six monthly maximum period between maintenance engineer system inspections. (Reference: Report paragraph 9.4.2)	8 Weeks	All alarm systems inspected and 6 monthly certificate forwarded
6	Regulations 27.(4)(d)(iv) &(v)	Emergency lighting functional tests and fire-fighting equipment visual “user” inspections should be completed at monthly intervals, and recorded. (Reference: Report paragraphs 9.4.3 & 9.4.4)	4 Weeks	All emergency lighting functional tests and visual user inspection up to date

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Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
7	Regulations 27.(4)(a),(b) &(c)	Complete a fire safety survey of all bedroom doors and implement an improvement works programme to enhance fire safety by installing suitable self- closing devices on all bedroom doors. (Reference: Report paragraph 9.4.6)	Immediate & ongoing	Fire Safety survey completed and Risk Assessment updated on day of inspection. All recommendations carried out and work complete
8	Regulation 27.(4)(a)	Submit a copy of the 23 October 2014 Fire Risk Assessment report to the RQIA inspector; implement a prioritized fire safety works action plan in compliance with the fire risk assessment. (Reference: Report paragraph 9.4.5)	8 Weeks	23 October Fire Risk Assessment already forwarded and all actions required addressed

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Assurance, Challenge and Improvement in Health and Social Care