



The Regulation and  
Quality Improvement  
Authority

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**Announced Estates Inspection  
of  
Gillaroo Lodge**

**4 February 2016**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An announced estates inspection took place on 4 February 2016 from 10:30 to 13.00. Overall on the day of the inspection the premises supported the delivery of safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Care Standards for Nursing Homes 2015.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	0

The details of the QIP within this report were discussed with Mrs Nicola McCrudden, registered manager and Mrs Elizabeth Rowan, registered provider as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Mrs Margaret Boyle and Mrs Elizabeth Rowan	<b>Registered Manager:</b> Mrs Nicola McCrudden
<b>Person in Charge of the Home at the Time of Inspection:</b> Mrs Nicola McCrudden	<b>Date Manager Registered:</b> 13 May 2013
<b>Categories of Care:</b> NH – I, PH and PH(E)	<b>Number of Registered Places:</b> 25
<b>Number of Patients Accommodated on Day of Inspection:</b> 25	<b>Weekly Tariff at Time of Inspection:</b> £629

### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

**Standard 44: Premises**

**Standard 47: Safe and Healthy Working Practices**

**Standard 48: Fire Safety**

### 4. Methods/Process

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

Prior to inspection the following records were analysed: Previous estates inspection report, statutory notifications over the past 12 months.

Discussions took place with the registered manager and registered provider of the home.

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, and fire risk assessment.

### 5. The Inspection

#### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 1 June 2015. The completed QIP was returned and approved by the care inspector on 17 July 2015.

#### 5.2 Review of Requirements and Recommendations from *the last* Estates Inspection undertaken on 25 January 2013.

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 27 (2) (q)	Ensure that a new agreement is put in place to ensure that the home has access to an emergency backup generator in the event of a mains electrical failure.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records and documentation examined and found to be satisfactory	

<b>Requirement 2</b>  <b>Ref:</b> Regulation 14 (2)	Ensure that all 'seldom used outlets throughout the home are identified and that a program of twice weekly flushing of these outlets is implemented	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records for twice weekly flushing of seldom used outlets inspected and found to be satisfactory.	
<b>Requirement 3</b>  <b>Ref:</b> Regulation 27 (4) (b)	Ensure that the homes fire alarm and detection system fully complies with and is tested and serviced in accordance with BS5839-1:2002 'Fire detection and fire alarm systems for buildings'.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records and documentation examined and found to be satisfactory.	

### 5.3 Standard 44: Premises

#### Is Care Safe? (Quality of Life)

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this Estates inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. This supports the delivery of safe care.

#### Is Care Effective? (Quality of Management)

A range of accommodation, facilities and support services is provided in the premises. This supports the delivery of effective care.

#### Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. This supports the delivery of compassionate care.

#### Areas for Improvement

No areas for improvement were identified as a result of this inspection.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
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## 5.4 Standard 47: Safe and Healthy Working Practices

### Is Care Safe? (Quality of Life)

A range of documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this Estates inspection. This supports the delivery of safe care. One issue was however identified for attention during this Estates inspection. This is detailed in the 'areas for improvement' section below.

### Is Care Effective? (Quality of Management)

The nature and needs of the patients are considered as part of the risk assessment processes and this is reflected in the management of the home. This supports the delivery of effective care.

### Is Care Compassionate? (Quality of Care)

There are health & safety procedures and control measures in place which support the delivery of compassionate care. One issue was however identified for attention during this Estates inspection. This is detailed in the 'areas for improvement' section below.

### Areas for Improvement

A risk assessment with regards to the control of legionella bacteria in the home's hot and cold water systems had been undertaken by 'Chemical Treatment Services (CTS)'. However, this document was not available to view at the time of the inspection. CTS also carry out regular chemical treatment of the systems and undertake regular temperature monitoring in accordance with current best practice guidance. The home have in place satisfactory systems for the descaling and disinfection of the shower heads throughout the home and also carry out suitable twice weekly flushing of all infrequently used outlets.

At the time of the inspection several of the hot water temperature records examined gave cause for concern as they were significantly below the levels required by current best practice guidance. A requirement has therefore been made for the home's hot and cold water systems to be inspected as part of a review of the legionella risk assessment. It is essential that any significant findings identified are attended to in a timely manner and within the timescales stipulated by the risk assessment.

(Item 1 in the attached Quality Improvement Plan)

<b>Number of Requirements</b>	<b>1</b>	<b>Number Recommendations:</b>	<b>0</b>
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## 5.5 Standard 48: Fire Safety

### Is Care Safe? (Quality of Life)

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. This supports the delivery of safe care.

### **Is Care Effective? (Quality of Management)**

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 patients, 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 effective care.

### **Is Care Compassionate? (Quality of Care)**

The standard used by the registered persons to determine the extent of fire safety protection measures that are appropriate for the premises recognises the need to maintain a homely, non-institutionalised environment. This supports the delivery of compassionate care.

### **Areas for Improvement**

No areas for improvement were identified as a result of this inspection.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
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### **5.6 Additional Areas Examined**

No additional areas were examined during this inspection.

## 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Nicola McCrudden, registered manager and Mrs Elizabeth Rowan, registered provider as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Nursing Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions Taken by the Registered Persons

The QIP should be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [estates.mailbox@rqia.org.uk](mailto:estates.mailbox@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 27 (2) (q)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 31 March 2016</p>	<p>Inspect the home's hot and cold water systems in conjunction with a review of the home's legionella risk assessment. It is essential that any significant findings identified are attended to in a timely manner and within the timescales stipulated by the risk assessment.</p>
	<p><b>Response by Registered Manager Detailing the Actions Taken:</b> An updated risk assessment has been undertaken and a plumbing engineer has been engaged to carry out the work recommended as a result of the assessment.</p>

<b>Registered Manager Completing QIP</b>	Nicola McCrudden	<b>Date Completed</b>	30/03/2016
<b>Registered Person Approving QIP</b>	Elizabeth Rowan	<b>Date Approved</b>	30/03/2016
<b>RQIA Inspector Assessing Response</b>	Gavin Doherty	<b>Date Approved</b>	8/4/2016

*\*Please ensure the QIP is completed in full and returned to [estates.mailbox@rqia.org.uk](mailto:estates.mailbox@rqia.org.uk) from the authorised email address\**