



The Regulation and  
Quality Improvement  
Authority

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**Announced Estates Inspection  
of  
Giboney House**

**10 November 2015**

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 10 November 2015 from 10:40am to 12:30pm. 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 Residential Care Homes Minimum Standards 2011.

### 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>	5	1

The details of the QIP within this report were discussed with Mr. Andrew Johnston, Registered Manager, Marriott House Residential Care Home, Magherafelt, Ms. Ann Darragh, Senior Care, Giboney House, Ms. Joanne Robinson, Maintenance Officer, Clanmil Housing Association and Mr. Kieran O'Neill, Maintenance Officer, Clanmil Housing Association, 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> Clanmil Housing Association/ Ms. Clare Imogen McCarty	<b>Registered Manager:</b> Mrs Maureen Corry
<b>Person in Charge of the Home at the Time of Inspection:</b> Mr. Andrew Johnston, Registered Manager, Marriott House Residential Care Home, Magherafelt and Ms. Ann Darragh, Senior Care, Giboney House Residential Care Home	<b>Date Manager Registered:</b> 01 April 2005
<b>Categories of Care:</b> RC-DE, RC-I, RC-MP	<b>Number of Registered Places:</b> 15
<b>Number of Residents Accommodated on Day of Inspection:</b> 12	<b>Weekly Tariff at Time of Inspection:</b> £479.00 + £16.00 Top up

### **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 27: Premises and Grounds**

**Standard 28: Safe and Healthy working Practices**

**Standard 29: Fire safety**

### **4. Methods/Process**

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

Prior to inspection the following records were analysed: The previous estates inspection report and the statutory notifications over the past 12 months.

Discussions with Mr. Andrew Johnston, Registered Manager, Marriott House Residential Care Home, Magherafelt, Ms. Ann Darragh, Senior Care, Giboney House, Ms. Joanne Robinson, Maintenance Officer, Clanmil Housing Association and Mr. Kieran O'Neill, Maintenance Officer, Clanmil Housing Association.

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, available legionellae support documentation, fire risk assessment etc... .

### **5. The Inspection**

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

The previous inspection of the home was an unannounced primary care inspection on 31 July 2015. The completed QIP for this inspection was returned to RQIA on 18 September 2015 and approved by the care inspector on 18 September 2015.

## 5.2 Review of Requirements and Recommendations from the last Estates Inspection on 25 October 2012

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b> Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(c) 27(2)(q)	The reports for the six monthly thorough examinations to the lift should be available in the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The reports for the most recent thorough examination for the passenger lift were not presented for review during this estates inspection. Subsequent to this estates inspection RQIA received a copy of the report for the most recent thorough examination and confirmation that the issues identified for attention had either been addressed or were being followed up.	

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 2</b>	<p>The temperature of the unblended hot water should be closely monitored to ensure that it remains in compliance with the standards contained in the 'APPROVED CODE OF PRACTICE AND GUIDANCE L8 Legionnaires' disease the control of legionella bacteria in water systems' available from the Health and Safety Executive. The need to test water samples for legionella bacteria should also be considered in the risk assessment process.</p>	<b>Partially Met</b>
<b>Ref:</b> Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)	<p><b>Action taken as confirmed during the inspection:</b>            Ms. Darragh confirmed that the water temperatures were checked on the 20<sup>th</sup> of each month. In addition the unblended hot and cold water temperatures are monitored by a specialist company each month. Subsequent to this estates inspection a copy of the report for the October 2015 monitoring visit by the specialist company was provided to RQIA. This report indicated that the temperature of the unblended hot water was not above the minimum standard of 55°C at each sentinel outlet. Remedial action should be taken to address this issue. Subsequent to this estates inspection it was confirmed to RQIA that the need to test water samples was reviewed with the legionella risk assessor and it was decided that this was not required. This should be kept under review. Reference should be made to requirement 1 in the attached Quality Improvement Plan.</p>	

Previous Inspection Statutory Requirements	Validation of Compliance	
<p><b>Requirement 3</b></p> <p>Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)</p>	<p>The current risk assessment for the prevention or control of legionella bacteria in the water systems should be available in the home.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The current legionella risk assessment was not presented for review during this estates inspection. Subsequent to this estates inspection a copy of the report for the legionella risk assessment that was completed on 26 October 2015 by a specialist company was forwarded to RQIA. The current position in relation to addressing the issues identified for attention in this report should be confirmed to RQIA. Reference should be made to requirement 2 in the attached Quality Improvement Plan.</p>	<p><b>Partially Met</b></p>
<p><b>Requirement 4</b></p> <p>Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(c) 27(2)(q)</p>	<p>The gas safety inspection for the cooker should be completed. The service of the oil fired heating boilers should also be carried out (in hand). In addition the issues noted for attention in the report for the recent servicing of the passenger lift should be followed up.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The most recent gas safety inspection for the cooker was completed on 04 November 2015 with a satisfactory outcome. The heating boilers were serviced on 22 September 2015. Mr. O'Neill also confirmed that arrangements had been made to replace the oil storage tank in the near future. The most recent service of the passenger lift was carried out 28 September 2015. Subsequent to this estates inspection RQIA received confirmation that the issue noted in the service report in relation to an oil leak had been addressed.</p>	<p><b>Met</b></p>

Previous Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 5</b></p> <p>Ref: Regulations 14(2)(a) 14(2)(c)</p>	<p>The method of controlling the window openings should be reviewed and improved to ensure that all window openings are controlled to a safe point of opening with a maximum clear opening of 100mm. The restrictors should not be easy to disconnect without the use of a key or a specialist tool. Reference should be made to the recent correspondence from RQIA in relation to this issue.</p> <p><b>Action taken as confirmed during the inspection:</b> The method of controlling the window openings had been reviewed and lockable restrictors had been fitted.</p>	Met
<p><b>Requirement 6</b></p> <p>Ref: Regulations 27(4)(b) 27(4)(c) 27(4)(d)(i)</p>	<p>The ceiling trap doors should be checked and upgraded as required to ensure that they provide a ½ hour fire and smoke sealing standard.</p> <p><b>Action taken as confirmed during the inspection:</b> The ceiling trap doors in the bedrooms had been replaced.</p>	Met
Previous Inspection Recommendations		Validation of Compliance
<p><b>Recommendation 1</b></p> <p>Ref: Standard 29.2</p>	<p>The most recent version of Health Technical Memorandum 84 should be available in the home. This guidance is available by registering on the 'space for health' website at: <a href="http://www.spaceforhealth.nhs.uk/">http://www.spaceforhealth.nhs.uk/</a> and can be found on the Northern Ireland section of the site.</p> <p><b>Action taken as confirmed during the inspection:</b> The registered manager of the home was not present for this estates inspection. The information provided in the returned completed QIP for the last estates inspection confirmed that a copy of this document had been downloaded and forwarded to the home. Subsequent to this estates inspection Mrs. Corry confirmed to RQIA that a copy of Health Technical Memorandum 84 was available in the home.</p>	Met

### 5.3 Standard 27: Premises and Grounds

#### 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.

No issues were identified for attention during this Estates inspection.

#### 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.

No issues were identified for attention during this Estates inspection.

#### 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.

Two issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

#### Areas for Improvement

1. The bath should either be repaired or replaced. Reference should be made to requirement 3 in the attached Quality Improvement Plan.
2. The standard of décor in the bedrooms was very good. Some of the communal areas, the laundry, cleaner's store etc... would benefit from redecoration. Ms. Robinson however confirmed that redecoration works had been scheduled for the home.

<b>Number of Requirements</b>	<b>1</b>	<b>Number Recommendations:</b>	<b>0</b>
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### 5.4 Standard 28: 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.

Two issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.



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

The nature and needs of the residents 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.

Two issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

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

There are health & safety procedures and control measures in place which support the delivery of compassionate care.

Two issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

### Areas for Improvement

1. The large store room on the first floor should be deep cleaned and reorganised. The chair should be removed from the lift plant room and the window restrictor in bedroom 8 should be checked and resecured as required. Reference should be made to requirement 4 in the attached Quality Improvement Plan.
2. The cold water tanks were cleaned and disinfected on 03 March 2015. Subsequent to this estates inspection Mr. O'Neill forwarded a copy of the certificate for this work. The thermostatic mixing valves were serviced on 30 October 2015. Subsequent to this estates inspection Mr. O'Neill forwarded a copy of the report for the service and disinfection of the thermostatic mixing valves and confirmation that the issues identified for attention were being followed up. Completion of these remedial works should be confirmed to RQIA. Reference should be made to requirement 2 in the attached Quality Improvement Plan.

<b>Number of Requirements</b>	<b>2</b>	<b>Number Recommendations:</b>	<b>0</b>
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## 5.5 Standard 29: 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.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

### **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 residents, 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.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

### **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.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

### **Areas for Improvement**

1. The need for a fire blanket in the area used for smoking should be reviewed. The need for a green breakglass for the electro-magnetic fastening on the front door should also be reviewed. Reference should be made to British Standard 7273-4:2007 Code of practice for the operation of fire protection measures – Part 4: Actuation of release mechanisms for doors. Reference should be made to requirement 5 in the attached Quality Improvement Plan.
2. The fire detection and alarm system was inspected and serviced on 22 October 2015. The report for this work indicated that the panel required new batteries and that the lift did not descend to the ground floor in the event of the fire alarm activating. The service company also recommended in October 2015 that the control panel for the fire detection and alarm system should be replaced. Subsequent to this estates inspection RQIA received confirmation from Ms. Robinson that the issue in relation to the lift descending to the ground floor in the event of the fire alarm activating had been followed up with the service company and an order would be raised to complete the work required. Confirmation in relation to the replacement of the batteries for the fire detection and alarm panel and an update in relation to the adequacy of the fire detection and alarm panel should be provided to RQIA. Reference should be made to requirement 5 in the attached Quality Improvement Plan.
3. The emergency lights were inspected and tested on 26 May 2015 and on 05 November 2015. Subsequent to this estates inspection RQIA received confirmation from Mr. O'Neill that the issue identified for attention during the November 2015 inspection and test had been addressed.
4. The corridor door at bedroom 3 should be adjusted to close fully into the door stops with the self-closer. Reference should be made to requirement 5 in the attached Quality Improvement Plan.

### **Areas for Improvement Continued**

5. It is recommended that the next review of the fire risk assessment that is due on 02 December 2014 should be completed in accordance the recent guidance from RQIA in relation to the competency of fire risk assessors. Reference should be made to the following link in this regard.

[http://www.rgia.org.uk/cms\\_resources/letter%20re%20accreditation%20for%20FRAs\\_Marc\\_h2015.pdf](http://www.rgia.org.uk/cms_resources/letter%20re%20accreditation%20for%20FRAs_Marc_h2015.pdf)

It is also recommended that a template should be developed to record the fire drill details. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.

<b>Number of Requirements</b>	<b>1</b>	<b>Number Recommendations:</b>	<b>1</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 Mr. Andrew Johnston, Registered Manager, Marriott House Residential Care Home, Magherafelt, Ms. Ann Darragh, Senior Care, Giboney House, Ms. Joanne Robinson, Maintenance Officer, Clanmil Housing Association and Mr. Kieran O'Neill, Maintenance Officer, Clanmil Housing Association, 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, The Residential Care Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Residential Care Homes Minimum Standards 2011. 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 Manager/Registered Person**

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 persons 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 persons 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> Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> <b>Ongoing</b></p>	<p>The temperature of the unblended hot water should be maintained above 55°C in line with the most recent guidance for the prevention or control of legionella bacteria in water systems. The need to test water samples should also be kept under review.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> Temperatures taken during each of the last six number monthly monitoring visits have all been 60°C and above. During legionella risk assessment, HBE confirmed water samples were only to be taken if the assessor deemed this was necessary. In this instance they were not deemed necessary.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> <b>08 January 2015</b></p>	<p>The current position in relation to addressing the issues identified for attention in the report for the legionella risk assessment that was completed on 26 October 2015 should be confirmed to RQIA. Completion of the remedial works to the thermostatic mixing valves should also be confirmed to RQIA.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b></p> <p>Remdial works idented from LRA have been issued under Works Order 00232118, works completed on the 03/12/2015 . Remdial works idented from TMV servicing have been issued under Works Order 00235099, contractor booked in on the 25/01/2016 to complete these assoicated works.</p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 27(2)(c)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> <b>05 February 2015</b></p>	<p>The bath should either be repaired or replaced.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b></p> <p>Costs and recommendations have been requested from specialist contractor to replace the bath with a suitable bath and hoist or rise and fall bath. Lead in for the specialist bath allowing, we anticipate this being installed by 5<sup>th</sup> February.</p>

## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulations 13(7) 14(2)(a) 14(2)(c)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 08 January 2015</p>	<p>The large store room on the first floor should be deep cleaned and reorganised. The chair should be removed from the lift plant room and the window restrictor in bedroom 8 should be checked and resecured as required.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b></p> <p>The large storeroom has been partially reorganised and staff allocated time to complete the full deep clean and reorganisation by 8<sup>th</sup> January 2016.</p> <p>The chair has been removed from the lift plantroom.</p> <p>The window restrictor in bedroom 8 has been checked and resecured.</p>
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<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulations 27(4)(b) 27(4)(c) 27(4)(d)(i) 27(4)(d)(iv)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 08 January 2015</p>	<p>The need for a fire blanket in the area used for smoking should be reviewed. The need for a green break glass for the electro-magnetic fastening on the front door should also be reviewed. Reference should be made to British Standard 7273-4:2007 Code of practice for the operation of fire protection measures – Part 4: Actuation of release mechanisms for doors. Confirmation in relation to the replacement of the batteries for the fire detection and alarm panel and an update in relation to the adequacy of the fire detection and alarm panel should be provided to RQIA. The corridor door at bedroom 3 should be adjusted to close fully into the door stops with the self-closer.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b></p> <p>An order was raised on the 18/12/15 for the supply and installation of new batteries for the fire detection and alarm panel and this is to be completed no later than the 14/1/16. During the last fire alarm maintenance visit on 22/10/15 the system was left operational with full fire cover. Our specialist contractor has confirmed there were no issues with this system.</p> <p>The fire blanket has been fitted in the area used for smoking.</p> <p>An order was raised on the 23/12/15 for a green breakglass unit and it will be installed no later than the 20/1/16.</p> <p>The corridor door at bedroom 3 has been adjusted to close fully into the door stops with the self closer.</p>
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## Quality Improvement Plan

### Recommendations

#### Recommendation 1

**Ref:** Standard 29

**Stated:** First time

**To be Completed by:**  
Ongoing

It is recommended that the next review of the fire risk assessment that is due on 02 December 2014 should be completed in accordance the recent guidance from RQIA in relation to the competency of fire risk assessors. Reference should be made to the following link in this regard.

[http://www.rqia.org.uk/cms\\_resources/letter%20re%20accreditation%20for%20FRAs\\_March2015.pdf](http://www.rqia.org.uk/cms_resources/letter%20re%20accreditation%20for%20FRAs_March2015.pdf)

It is also recommended that a template should be developed to record the fire drill details.

#### Response by Registered Manager Detailing the Actions Taken:

The Fire Risk Assessment for Giboney House was carried out by a fully qualified External Fire Risk Assessor in 2013. The annual review of the Risk Assessment is carried out by Clanmil Housing's Business Improvement Manager who is responsible for Health and Safety and Fire Risk Assessments. The next fire risk assessment is due on 11.01.16

A template is being developed for the recording of the fire drill details by scheme staff and will be used to record the next fire drill details.

Registered Manager Completing QIP	<i>M. Conry</i>	Date Completed	5-1-16
Registered Person Approved	<i>Clare McQuinn</i>	Date Approved	
RQIA Inspector Assessing Response	Kieran Monaghan *	Date Approved	15/01/2016

\*Clarification or follow up required on some items\*

**\*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\***