



The **Regulation** and
Quality Improvement
Authority

Owen Mor Care Centre
RQIA ID: 020001
167 Culmore Road
Londonderry
BT48 8JH

Inspector: Phil Cunningham
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**Announced Estates Inspection
of
Owen Mor Care Centre**

25 March 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

1. Summary of Inspection

An announced estates inspection took place on 25 March 2016 from 10.00 to 14.00. 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
Total number of requirements and recommendations made at this inspection	0	3

The details of the QIP within this report were discussed with Jane Laird, Home Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Dr Brendan McDonald	Registered Manager: Jane Laird
Person in Charge of the Home at the Time of Inspection: Jane Laird	Date Manager Registered: 05 June 2015
Categories of Care: NH-DE, NH-MP, NH-MP(E)	Number of Registered Places: 47
Number of Patients Accommodated on Day of Inspection: 45	Weekly Tariff at Time of Inspection: £593 (basic rate).

3. Inspection Focus

This inspection was the first RQIA estates inspection since the home registered as a new home in July 2015. The purpose of the inspection was to establish if the relevant premises related procedures and activities had been established and had bedded in. The inspection also sought to assess progress with the issues raised during the pre-registration estates 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, duty call log.

During the inspection the inspector met with Jane Laird, Home Manager.

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.

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 25 January 2016. One recommendation was made as a result of that inspection. The completed QIP was returned and approved by the care inspector on 08 March 2016.

5.2 Review of Requirements and Recommendations from the pre-registration Estates Inspection carried out on 3 July 2015

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27 (2)(a)	Carry out works to complete the planting and furnishing of the external garden areas.	Met
	Action taken as confirmed during the inspection: The external garden areas have been planted and furnished accordingly.	
Requirement 2 Ref: Regulation 27 (2)(a)	Complete works to provide railings to the front entrance area of the building.	Met
	Action taken as confirmed during the inspection: The railings have been provided to the front entrance areas accordingly.	
Requirement 3 Ref: Regulation 27 (2)(a)	Complete works to the floor of the smoking area.	Met
	Action taken as confirmed during the inspection: Works to the floor of the smoking area have been completed accordingly.	
Requirement 4 Ref: Regulation 14 (2)(a) and (c)	Undertake appropriate measures to implement the action plan of the legionellae risk assessment.	Partially Met
	Action taken as confirmed during the inspection: Records presented indicate that procedures have been implemented to control the growth of legionella bacteria in the home's domestic water system including monitoring of water temperatures and flushing of seldom used outlets by the home's maintenance man at appropriate frequencies.	

	<p>There appeared however to be some discrepancy between the location of outlets being monitored as 'sentinel' outlets and those identified in the action plan of the risk assessment. The manager stated that suitable training by the legionella risk assessor would be organised for the home's maintenance man within several weeks.</p> <p>The thermostatic mixing valves will be due servicing over coming months and this is also identified in the action plan of the risk assessment.</p> <p>See recommendation 1 in the attached Quality Improvement Plan.</p>	
<p>Requirement 5 Ref: Regulation 27 (2)(a)</p>	<p>Carry out a review of the electricity supply arrangements with particular attention to the running of the emergency standby generator. This should be arranged to run for minimal periods as possible to minimise the potential annoyance to patients and others affected by this.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the manager established that a review has been undertaken of the use of the standby generator and that this is now run between the hours of 9:00 and 17:00 Monday to Friday to facilitate the home's laundry. Residential enclosure and silencing have been provided to the equipment and it was not found to be intrusive or of nuisance during the inspection. The manager stated that the medium term plans were to install gas supply to the home and to convert the laundry equipment accordingly. This would negate the need to run the standby generator other than for emergency use.</p>	<p>Met</p>
<p>Requirement 6 Ref: Regulation 27 (4)(f)</p>	<p>Carry out a practice fire evacuation drill fire with all staff to supplement the training which has already taken place.</p> <hr/> <p>Action taken as confirmed during the inspection: Records presented indicate that practice fire evacuation drills have been carried out regularly in the home since the pre-registration inspection.</p>	<p>Met</p>

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. It is good to note that procedures have been established in relation to the maintenance and upkeep of the premises since registration in June 2015. 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)

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

1. Records indicated that the home's thermostatic mixing valves are checked regularly for correct operation and this reduces the risk of scalding. The valves are due to be serviced in accordance with manufacturer's instructions and good practice guidance HSG 274 part 2 within the next two months. See recommendation 2 in the attached Quality Improvement Plan.
2. The manager stated that the home's bedpan washer disinfectors are largely unused due to the use of en-suite facilities which are available for all patients. This was apparent during inspection as the associated equipment appeared unused. See recommendation 3 in the attached Quality Improvement Plan.

Number of Requirements	0	Number Recommendations:	2
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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.

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 and safety procedures and control measures in place which support the delivery of compassionate care.

Areas for Improvement

None.

Number of Requirements	0	Number Recommendations:	0
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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 which was carried out by a risk assessor holding professional body registration for fire risk assessors. 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

None.

Number of Requirements	0	Number Recommendations:	0
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5.6 Additional Areas Examined

None.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Jane Laird, Home Manager 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 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

Recommendations			
Recommendation 1 Ref: Standard 27.8 Stated: First time To be Completed by: 20 May 2016	Engage with the legionella risk assessor to provide training and instruction to the home's maintenance man and other relevant staff in the home on the legionella risk assessment and the procedures for controlling legionella bacteria in the home's domestic water system.		
	Response by Registered Manager Detailing the Actions Taken: Training arranged for all relevant staff in legionella risk assessment and the procedures for controlling legionella bacteria in the home's domestic water system. Training to be carried out at Owen Mor on 28/04/16.		
Recommendation 2 Ref: Standard 27.8 Stated: First time To be Completed by: 24 June 2016	Ensure that arrangements are in place to service the home's thermostatic mixing valves in accordance with manufacturer's instructions.		
	Response by Registered Manager Detailing the Actions Taken: Date arranged with plumber to carry out the servicing on the thermostatic mixing valves on 06/06/16 and then yearly after that.		
Recommendation 3 Ref: Standard 27.8 Stated: First time To be Completed by: 20 May 2016	Carry out review of the home's two washer disinfectors for human waste containers (bedpan washers). If the equipment is to be used, it should be subject to regular checks and revalidation in accordance with the provisions of HTM 2030.		
	Response by Registered Manager Detailing the Actions Taken: Review of the two washer disinfectors determined that both will be kept and that regular checks/servicing will be carried out in accordance to the HTM 2030.		
Registered Manager Completing QIP	Jane Laird	Date Completed	20/04/16
Registered Person Approving QIP	Brendan McDonald	Date Approved	20/04/16
RQIA Inspector Assessing Response	P Cunningham	Date Approved	25/4/16

Please ensure the QIP is completed in full and returned to estates.mailbox@rqia.org.uk from the authorised email address