



Inspector: Colin Muldoon
Inspection ID: IN021460

Abbey View
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**Announced Estates Inspection
of
Abbey View**

13 October 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

1. Summary of Inspection

An announced Estates inspection took place on 13 October 2015 from 10.00 to 15.30. 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	5	2

The details of the QIP within this report were discussed with the Mrs Heather Spence (Registered Manager) as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Maria Mallaband Ltd/Mrs Victoria Craddock	Registered Manager: Mrs Heather Spence
Person in Charge of the Home at the Time of Inspection: Mrs Heather Spence	Date Manager Registered: 19 January 2015
Categories of Care: NH-I, NH-PH, NH-PH(E), NH-TI	Number of Registered Places: 25
Number of Patients Accommodated on Day of Inspection: 24	Weekly Tariff at Time of Inspection: £594 - £693

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 and the last care inspection report.

During the inspection the inspector met with Mrs Heather Spence (Registered 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 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 29 July 2015. The completed QIP was returned and the responses were considered to be acceptable by the care inspector.

5.2 Review of Requirements and Recommendations from the last Estates Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27.-(2)(q)	Arrangements should be made for the thermostatic mixing valves to be maintained in accordance with the manufacturer's instructions.	Partially Met
	Action taken as confirmed during the inspection: The QIP returned following the last inspection confirmed this had been achieved. The record for the last check of the thermostatic mixing valves in April 2015 appears to have been a check of temperatures only. Refer to section 5.3 item 1 and QIP requirement 1.	
Requirement 2 Ref: Regulation 27.-(2)(c)	Arrangements must be made for the lift to be thoroughly examined in accordance with the Lifting Operations and Lifting Equipment Regulation (NI) 1999	Met
	Action taken as confirmed during the inspection: A current LOLER thorough examination report for the lift was presented for inspection.	
Requirement 3 Ref: Regulation 27.-(2)(q)	Arrangements must be made for a competent electrical contractor to provide current and valid certificates which verify that the electrical installation is in a safe and satisfactory condition.	Met
	Action taken as confirmed during the inspection: There is documentation which verifies that the electrical installation is in satisfactory condition.	

<p>Requirement 4</p> <p>Ref: Regulation 27.-(2)(q)</p>	<p>Arrangements must be made for someone on the Gas Safe register to provide valid certificates which verify that the gas appliances and installation are in a safe and satisfactory condition. The competent person should also advise on the condition of the supply pipe from the bulk tank.</p> <hr/> <p>Action taken as confirmed during the inspection: There is a valid Gas Safe certificate for the gas installations.</p> <p>See also section 5.3 item 3 and recommendation 1 in Quality Improvement Plan.</p>	<p>Met</p>
<p>Requirement 5</p> <p>Ref: Regulation 14.-(2)(c)</p>	<p>The responsible person must ensure that all the actions in the scheme for the control of legionella are being fully implemented. All actions relating to the control of legionella should be recorded. Reference should be made to Health and Safety Executive document L8 and Health Technical Memorandum 04-01.</p> <hr/> <p>Action taken as confirmed during the inspection: There is a scheme in place towards the control of legionella and records are being kept. This is confirmed in a legionella risk assessment carried out in May 2015.</p>	<p>Met</p>
<p>Requirement 6</p> <p>Ref: Regulation 27.-(2)(t)</p>	<p>The issues identified in the health and safety survey must be considered and addressed.</p> <hr/> <p>Action taken as confirmed during the inspection: There is a procedure for reviewing general risk assessments which is ongoing.</p>	<p>Met</p>

Requirement 7 Ref: Regulation 27.-(4)(b)	The responsible person must take urgent action to restore the fire detection and alarm system to satisfactory condition.	Met
	Action taken as confirmed during the inspection: The fire detection and alarm system is maintained by a specialist contractor. The most recent service records confirm that they consider the installation to be in satisfactory condition.	
Requirement 8 Ref: Regulation 27.-(4)(a)	The responsible person must ensure that any issues identified in the new fire risk assessment are fully addressed.	Met
	Action taken as confirmed during the inspection: The provider confirmed that this was addressed in relation to the fire risk assessment carried out in 2012. The most recent fire risk assessment was carried out in November 2014.	
Requirement 9 Ref: Regulation 27.-(4)(d)(v)	The responsible person must confirm that the emergency lights are being function tested at least monthly. Reference should be made to BS 5266.	Met
	Action taken as confirmed during the inspection: There are arrangements in place for the emergency lights to be function tested monthly and maintained by a specialist contractor.	

Requirement 10 Ref: Regulation 27.-(4)(b)	<p>Arrangements must be made for a competent person to assess the adequacy of the emergency lighting throughout the home.</p> <p>The responsible person must ensure that any shortcomings are addressed.</p> <p>Reference should be made to BS5266</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The most recent fire risk assessment confirms that a reasonable standard of emergency lighting is provided except for living room 4.</p> <p>The manager informed the inspector that the installation of the emergency light in living room 4 was arranged for 15 October 2015.</p>	Met
Requirement 11 Ref: Regulation 27.-(4)(a)	<p>A copy of the emergency action plan should be posted at the alarm panel.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>An emergency procedure is posted at the fire panel.</p>	Met

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.

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.

One issue was however identified for attention during this Estates inspection. This is detailed in the 'areas for improvement' section below.

Areas for Improvement

1. It should be confirmed that the thermostatic mixing valves are being maintained and fail safe tested in accordance with the manufacturer's instructions.
Refer to Requirement 1 Quality Improvement Plan.

2. The report on the LOLER thorough examination of the lift identifies some defects requiring attention. These defects are not in the category called *Defects which could cause a danger to persons*.

Documentation relating to the thorough examination of patient hoisting equipment indicates that some slings were not available to the LOLER inspector during previous visits.

Refer to Requirement 2 in Quality Improvement Plan

3. The last Gas Safe certificate included a warning/advisory notice advising that the gas installation is not to current standards.
Refer to Recommendation 1 in Quality Improvement Plan.
4. Some areas of the home, such as shower room 21 and the ground floor bathroom, would benefit from upgrade/maintenance. Work which should be considered includes redecoration, replacement of sealants and boxing in pipework.
Refer to Recommendation 2 in Quality Improvement Plan.

Number of Requirements	2	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.

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

Areas for Improvement

The legionella risk assessment carried out in May 2015 identified some issues requiring attention. Recent calorifier temperatures have been lower than recommended in the code of practice for the control of legionella. The frequency at which shower heads and hoses are cleaned and disinfected should be increased to at least quarterly and the staff shower should be added to the flushing routine.

Refer to Requirement 3 in Quality Improvement Plan

Number of Requirements	1	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. 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.

Areas for Improvement

1. The current fire risk assessment was carried out by a specialist contractor in November 2014. The assessor considered the overall fire risk to be moderate. Work, has been carried out to address issues on the risk assessment action plan, including the installation of automatic closers on bedroom doors.
Refer to Requirement 4 in Quality Improvement Plan
2. A number of fire drills have been carried out over the last year. Arrangements should be made which will ensure that all staff participate. The drills should include use of the evacuation aids.
Refer to Requirement 5 in Quality Improvement Plan

Number of Requirements	2	Number Recommendations:	0
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5.6 Additional Areas Examined

Not applicable.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Heather Spence (Registered 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	
Statutory Requirements	
Requirement 1 Ref: Regulations 14.-(2)(c) 27.-(2)(q) Stated: First time To be Completed by: 13 November 2015	<p>It should be confirmed that the thermostatic mixing valves are being maintained and fail safe tested in accordance with the manufacturer's instructions.</p> <p>Response by Registered Manager Detailing the Actions Taken: All thermostatic valve checks done 6/11/15 the valves that need attention have been listed and we are waiting on a quote for all works to be done immediatley.I will send certificate when finished</p>
Requirement 2 Ref: Regulations 27.-(2)(c) 27.-(2)(q) Stated: First time To be Completed by: Ongoing	<p>The defects in the lift which were identified in the LOLER thorough examination report should be rectified within timescales acceptable to the lift inspector.</p> <p>It should be ensured that all lifting equipment available for use has a current and satisfactory certificate of thorough examination.</p> <p>Response by Registered Manager Detailing the Actions Taken: Lifts have been re checked on 6/11/15 and all defects are planned to be rectified</p>
Requirement 3 Ref: Regulation 14.-(2)(a) and (c) Stated: First time To be Completed by: 13 November 2015 and ongoing	<p>The issues identified in the legionella risk assessment summary should be addressed within timescales acceptable to the risk assessor. It should be ensured that the actions and monitoring measures in place for the control of legionella are maintained in accordance with the control regime set out in the latest legionella risk assessment.</p> <p>Response by Registered Manager Detailing the Actions Taken: All works for the risks identified in the legionella report are scheduled for the 17/11/15 by Brodex</p>
Requirement 4 Ref: Regulation 27.-(4)(a) Stated: First time To be Completed by: 13 November 2015	<p>The fire risk assessment action plan should be reviewed and marked up to ensure that all necessary action has been taken to reduce the overall fire risk to tolerable or better.</p> <p>Response by Registered Manager Detailing the Actions Taken: Fire risk assesment done on the 2/11/15 for annual review only minor issues which are now rectified and assesment is now up to tolerable level.</p>

Requirement 5 Ref: Regulation 27.-(4)(f) Stated: First time To be Completed by: 13 November 2015 and ongoing	Arrangements should be made which will ensure that all staff participate in fire drills. The drills should include use of the evacuation aids.		
	Response by Registered Manager Detailing the Actions Taken: All staff are going through regular fire drills within home and we have a matrix in place to ensure all staff are covered.		
Recommendations			
Recommendation 1 Ref: Standard 44 Stated: First time To be Completed by: 13 November 2015	The issues identified in the Gas Safe warning/advisory notice should be considered and appropriately actioned by a responsible person.		
	Response by Registered Manager Detailing the Actions Taken: ECCNI who done the original gas saftey check contcted and discussed all works can be put on hold until kitchen is refurbished a new canopy above cooker will need installed as well as an inter lock system for vent in kitchen.. Until then the company states it is alright to leave as it is for now.		
Recommendation 2 Ref: Standard 44 Stated: First time To be Completed by: 13 February 2015	A maintenance survey should be carried out and plans made to upgrade areas such as shower room 21 and the ground floor bathroom.		
	Response by Registered Manager Detailing the Actions Taken: Ongoing work to be done awaiting a quote for all works		
Registered Manager Completing QIP	Heather Spence	Date Completed	9/11/15
Registered Person Approving QIP	Vicky Craddock	Date Approved	10/11/15
RQIA Inspector Assessing Response	*C Muldoon	Date Approved	*27/01/16

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

** Clarification or follow up required on some items*