



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

ANNOUNCED ESTATES INSPECTION

Inspection No:	IN018001
Establishment ID No:	1067
Name of Establishment:	Carnalea Care Home
Date of Inspection:	14 October 2014
Inspector's Name:	Colin Muldoon

1.0 GENERAL INFORMATION

Name of Home:	Carnalea Care Home
Address:	20 – 30 Crawfordsburn Road, Bangor. BT19 1BE
Telephone Number:	028 91 451121
Registered Organisation/Provider:	Four Seasons Health Care Mr J McCall (Responsible Person)
Registered Manager:	Mr Mauro Magbitang
Person in Charge of the Home at the time of Inspection:	Mr Mauro Magbitang
Other person(s) consulted during inspection:	Mr Stevie McCormick (FSHC Estates Manager)
Type of establishment:	Nursing Home
Number of Registered Places:	73
Category of Care	NH-I, NH-DE, NH-PH, NH-PH(E), NH-TI
Date and time of inspection:	14 October 2014 10.00 – 12.30
Date of previous Estates inspection:	16 September 2011
Name of Inspector:	Colin Muldoon

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 Mr Mauro Magbitang and Mr Stevie McCormick
- 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 Registered Provider 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 Mr Mauro Magbitang and Mr Stevie McCormick.

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

Carnalea Care Home is a purpose built two storey nursing home. It is set within a residential area on the outskirts of Bangor. Residents have single bedrooms and there are a number of sitting and dining rooms throughout the home.

There are a number of garden areas and the home has car parking space.

8.0 SUMMARY

There was good evidence of maintenance activities and in general the building appeared to be in satisfactory condition although some matters relating to the environment were identified. Therefore, following the Estates Inspection of Carnalea Care Home on 14 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 36 - Fire Safety

This resulted in seven requirements. These are outlined in the Quality Improvement Plan appended to this report.

The Estates Inspector would like to acknowledge the assistance of Mr Mauro Magbitang and Mr Stevie McCormick during the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from previous Estates inspection on 16 September 2011.

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
9.1.1	Regulation 14.-(2)(c)	It is understood that there is a current legionella risk assessment although it was not available for inspection. It should be confirmed that an action plan arising from the risk assessment has been implemented.	The legionella risk assessment was subsequently reviewed in August 2012. The inspector was informed that a further review has been arranged.	During this inspection it could not be confirmed that remedial works identified during the 2012 review have been addressed. There are procedures and monitoring checks in place towards the control of legionella. The records indicate that the return temperature at one of the calorifiers is lower than expected for the effective control of legionella. (Item 1 and 2 in Quality Improvement Plan)
9.1.2	Regulation 14.-(2)(c)	The records relating to legionella control indicate that the temperature of water from some sentinel outlets is outside the expected range. This requires to be followed up.	Addressed.	N/A

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
9.1.3	Regulation 27.-(2)(q)	The report on the thorough examination of the lifts contained some recommendations. It should be confirmed that these have been addressed.	There were current reports on LOLER (Lifting Operations and Lifting Equipment Regulations (NI) 1999) thorough examinations of the two lifts. These reports did not record any defects in the lifts.	N/A
9.1.4	Regulation 27.-(2)(q)	The recent test and inspection of the electrical installation deemed the installation to be unsatisfactory and identified a number of items requiring urgent attention. It is understood that this matter is being followed up. The installation should be restored to a satisfactory condition as soon as possible.	Documentation available indicates that all remedial works were completed by January 2012.	N/A
9.1.5	Regulation 27.-(2)(c)	It should be confirmed that someone on the Gas Safe register has issued a valid safety certificate for the gas catering appliances.	There was a current Gas Safe certificate which verified that the gas catering equipment was safe to use.	N/A

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
9.1.6	Regulation 14.-(2)(a)	The light switch in some toilets is a standard (non pull cord) switch directly beside the wash hand basin. The advice of an electrician should be sought and the necessary modifications made.	The inspector was informed that there are plans to upgrade wet rooms which would include the fitting of sensor activated lights.	Although there are plans for refurbishing shower rooms the light switch arrangements in other rooms such as toilets still requires consideration, particularly in areas where residents are ambulant and have unsupervised access to toilets and bathrooms. (Item 3 in Quality Improvement Plan)
9.1.7	Regulation 27.-(4)(f)	Arrangements should be made which will ensure that all staff participate in practice fire drills.	There were records of numerous fire drills having been carried out over the last year. The manager confirmed that all staff have had face to face practical fire training which includes the use of evacuation mattresses.	All the drills appear to have taken place during the day. The fire procedure posted at the alarm panel is not in line with current good practice and should be reviewed. (Item 6 in Quality Improvement Plan)

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
9.1.8	Regulation 27.-(4)(d)(i)	<p>For fire safety reasons the doors to bedrooms have been fitted with overhead closers.</p> <p>It was observed that some of the bedroom doors were propped open.</p> <p>The manager should make arrangements for the doors that need to be kept open for care reasons to be fitted with stand open devices that will automatically release on activation of the fire alarm system.</p> <p>All other doors should be kept closed.</p>	Addressed	N/A

No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Comments
9.1.9	Standard 32.	The frequency of flushing little used water outlets should be increased to be in line with current good practice.	The inspector was informed that arrangements are in place to review the legionella risk assessment and will include the flushing of infrequently used outlets.	N/A
9.1.10	Standard 32.	The illumination in some of the enclosed toilets is poor. A survey should be carried out of all enclosed toilets and the lighting level improved.	Addressed	N/A
9.1.11	Standard 32.	The surface of the Parker bath in bathroom 131 is in poor condition. The future of this bathroom should be considered and plans made to refurbish it with suitable bathing or showering facilities.	The inspector was informed that this bathroom is currently not in use and that plans are being made to refurbish and upgrade it.	RQIA should be informed of the date by which this bathroom will be upgraded. (Item 4 in Quality Improvement Plan)
9.1.12	Standard 32.	A programme should be started to replace broken tiles and dirty grouting in all bath and shower rooms.	Addressed	N/A

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 In the small kitchen at the dining rooms in zone 4 the floor units, their doors and the worktop are in poor condition.
(Item 5 in Quality Improvement Plan)

This matter is detailed in the section of the attached Quality Improvement Plan titled '**Standard 32 - Premises and grounds**'.

9.3 Standard 35 - Safe and healthy working practices - *The home is maintained in a safe manner*

- 9.3.1 No issues were identified during this inspection

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 There were no records relating to the maintenance of the fire detection and alarm system and the emergency lights.
(Item 7 in Quality Improvement Plan)

This matter is detailed in the section of the attached Quality Improvement Plan titled '**Standard 36: Fire safety**'

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement plan appended to this report were discussed with Mr Mauro Magbitang and Mr Stevie McCormick 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**

Quality Improvement Plan

Announced Estates Inspection

Carnalea Care Home

14 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 Mr Mauro Magbitang and Mr Stevie McCormick as part of the inspection process.

The timescales commence from the date of inspection.

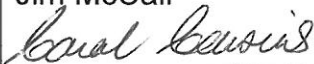
Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

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 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	Mauro Magbitang
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Jim McCall 

CAROL COUSINS
DIRECTOR OF OPERATIONS

Announced Estates Inspection to Carnalea Care Home 14 October 2014

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	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
1	Regulation 13.-(7)	<p>It should be confirmed that any remedial work identified in the 2012 review of the legionella risk assessment has been addressed.</p> <p>The reason for the low calorifier return temperature should be followed up and the necessary remedial action taken. Reference should be made to Health and Safety Executive document L8 <i>Legionnaires' disease - The control of legionella bacteria in water systems</i> with particular attention to HSG274 Part 2 (2014) and the Department of Health document Health Technical Memorandum 04-01: <i>The control of Legionella, hygiene, "safe" hot water, cold water and drinking water systems</i> (Item 9.1.1 in report)</p>	1 Month	<p>Remedial works from the 2012 Legionella Risk Assessment have been completed. Purchase order NM14869992 was completed A new pump was fitted to the calorifier and temperatures are now at acceptable level.</p>

Announced Estates Inspection to Carnalea Care Home 14 October 2014

Assurance, Challenge and Improvement in Health and Social Care

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
2	Regulation 14.-(2)(a) 14.-(2)(c) 13.-(7)	The legionella risk assessment should be reviewed. The action plan arising from the review should be fully implemented. Reference should be made to Health and Safety Executive document L8 <i>Legionnaires' disease - The control of legionella bacteria in water systems</i> with particular attention to HSG274 Part 2 (2014) and the Department of Health document Health Technical Memorandum 04-01: <i>The control of Legionella, hygiene, "safe" hot water, cold water and drinking water systems</i> (Item 9.1.1 in report)	3 Months	The 2014 Legionella Risk Assessment has been reviewed and an action plan and programme of remedial works has been developed which is due to start in January 2015. The 2015 programme of legionella remedial works will be communicated to the RQIA separately.
3	Regulation 14.-(2)(a)	The light switch in some toilets is a standard (non- pull cord) switch directly beside the wash hand basin. The advice of an electrician and the health and safety advisor should be sought and the necessary modifications made. (Item 9.1.6 in report)	1 Month	There is no electrical or health & safety regulation stipulating that light switches must be a certain distance from a wash hand basin in WC or toilets. 2015 refurbishment plan includes for refurbishment of all washing facilities and bathrooms which will include installation of PIR light fittings
4	Regulation 27.-(2)(b)	RQIA should be informed of the date by which bathroom 131 will be upgraded and recommissioned. (Item 9.1.11 in report)	1 Month	Phase one of home refurbishment due to commence in January 2015, this will include bathroom 131.

Announced Estates Inspection to Carnalea Care Home 14 October 2014

Assurance, Challenge and Improvement in Health and Social Care

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
5	Regulation 27.-(2)(b)	It should be confirmed that firm plans have been made to upgrade the small kitchen off the dining room in zone 4. (Item 9.2.1 in report)	Month	Refurbishment of the first floor small kitchen is included in phase 2 of the planned works for 2015. It is estimated this will be carried out before the end of March .

Standard 36 - Fire Safety

The following requirements and recommendations should be noted for action in relation to Standard 36 - Fire Safety

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
6	Regulation 27.-(4)(a)	The fire procedure should be reviewed and updated in line with current good practice. It should be ensured that all staff are trained and drilled in the revised procedure. (Item 9.1.7 in report)	1 Month	The fire procedure has been reviewed and updated. Fire Safety training to include the updated fire procedure.
7	Regulation 27.-(4)(d)(iv)	It should be confirmed that there are up to date service records for the fire detection and alarm system and the emergency lighting. The records should verify that both these installations are in satisfactory condition and that the servicing has been carried out in accordance with the relevant British Standard (Item 9.4.1 in report)	1 Month	These certificates have been requested from the contractors and will be forwarded to the RQIA when received.

Announced Estates Inspection to Carnalea Care Home 14 October 2014

Assurance, Challenge and Improvement in Health and Social Care



Quality Improvement Plan sign off sheet for estates inspectors

Name of Home	Carnalea Care Home
Date of Inspection	14 October 2014
	C Muldoon

QIP Position Based on Comments from Registered Persons			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 Muldoon	24/12/2014
C.	Clarification or follow up required on some items.					

Estates Inspection – QIP sign off sheet

Informing and Improving Health and Social Care