Announced Premises Inspection Report
26 April 2016

Clandeboye Care Home

Address: 35 Cardy Close, Bangor, BT19 1AT
Tel No: 028 9127 1011
Inspector: Colin Muldoon

1.0 Summary

An announced premises inspection of Clandeboye Care Home took place on 26 April 2016 from 10:00 to 14:00hrs.

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. However some issues were identified for attention by the registered person. Refer to section 4.3.

Is care effective?

On the day of the inspection the premises supported the delivery of effective care.

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care.

Is the service well led?

On the day of the inspection the management of the premises was considered to be well led.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015:

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	1

Details of the QIP within this report were discussed with Mrs Joanne Roy (Registered Manager) and Mr Gerry Hegarty (FSHC Estates Manager) as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent premises inspection

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

2.0 Service Details

Registered organisation/registered person: Four Seasons Healthcare/ Dr M C Royston	**Registered manager:** Mrs Joanne Roy
Person in charge of the home at the time of inspection: Mrs Joanne Roy	**Date manager registered:** 09 December 2010
Categories of care: NH - DE	**Number of registered places:** 52

3.0 Methods/processes

Prior to inspection the following records were analysed: Previous premises inspection report, statutory notifications over the past 12 months, duty call log.

During the inspection the inspector met with Mrs Joanne Roy (Registered Manager), Mr Gerry Hegarty (FSHC Estates Manager) and Mr Richard Gordon (Home Maintenance Officer).

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.

4.0 The Inspection

4.1 Review of requirements and recommendations from the previous inspection dated 08/03/2016

The previous inspection of the establishment was an unannounced care inspection. Two recommendations relating to care and training were made following that inspection and the returned Quality Improvement Plan was approved by the specialist inspector.

4.2 Review of requirements and recommendations from the last estates inspection dated 23/04/2013

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 **Ref**: Regulation 27(2)(b) **Stated:** First time	The following maintenance issues require to be addressed: The nurse call cord in toilet 6 is missing. The toilet seat in shower room 46 is not fitting on the toilet bowl correctly. In Dufferin bedroom 19 the top of the steel radiator cover is missing leaving exposed metal edges and a void which is becoming a dirt trap. The area behind the tumble dryers should be kept clean.	**Met**
	Action taken as confirmed during the inspection: Issues addressed.	
Requirement 2 **Ref**: Regulation 14(2)(c) **Stated:** First time	All the actions in the plan for controlling legionella should be addressed. It is recommended that the status of issues is marked up in the action plan.	**Met**
	Action taken as confirmed during the inspection: The inspector was provided with a detailed action plan which had been drawn up from the last legionella risk assessment carried out in 2014. The action plan has been marked up showing that the issues have been addressed.	
Requirement 3 **Ref**: Regulation 14(2)(c) **Stated:** First time	The reason for the water temperature at some of the sentinel outlets being lower than expected for the control of legionella should be followed up and rectified.	**Met**
	Action taken as confirmed during the inspection: The recorded temperature of the water at unblended sentinel outlets was satisfactory. Refer also to section 4.3 item 1.	

Requirement 4 **Ref**: Regulation 27(4)(f) **Stated:** Second time	Arrangements must be made which will ensure that all staff on all shifts participate in practice fire drills. Reference should be made to NIHTM84.	**Not Met**
	Action taken as confirmed during the inspection: There were records of emergency drills having taken place over the last year. However, this matter requires further attention and reference should also be made to section 4.3 item 2 and requirement 1 in Quality Improvement Plan.	
Requirement 5 **Ref**: Regulation 27(4)(d)(iv) **Stated:** Second time	The emergency lighting system must be restored to full working order.	**Met**
	Action taken as confirmed during the inspection: The emergency lighting system was maintained in July 2015 and there was confirmation that remedial work was subsequently completed.	
Requirement 6 **Ref**: Regulation 27(4)(a) **Stated:** First time	It must be confirmed that the criteria in NIHTM84 (Northern Ireland Firecode – Fire risk assessment in residential care premises) was used in the fire risk assessment.	**Met**
	Action taken as confirmed during the inspection: The fire risk assessment was reviewed in October 2015 and notes NIHTM84 as one of the reference documents.	

Requirement 7 **Ref**: Regulation 27(4)(a) **Stated:** Second time	Display an up to date emergency action plan. The plan should be based on the fire risk assessment and set out, among other things: - Details of action to be taken by staff in case of fire; - The procedure to be followed in the evacuation of the premises in case of fire; - The arrangements for calling the Northern Ireland Fire and Rescue Service The advice of the fire safety advisor should be sought and the procedures in the plan should be in line with current good practice and take account of the findings and recommendations arising from the Rosepark Inquiry. Staff must be trained in the use of the plan.	**Partially Met**
	Action taken as confirmed during the inspection: While there was an emergency action plan displayed at the fire panel, reference should also be made to section 4.3 item 2 and requirement 1 in Quality Improvement Plan.	
Requirement 8 **Ref**: Regulations 27.-(4)(b) 27.-(4)(d)(i) **Stated:** Second time	The fire detection and alarm system must be restored to a satisfactory condition.	**Met**
	Action taken as confirmed during the inspection: The fire detection and alarm system was last serviced on 08 April 2016. The contractor's service report notes that there were no defects or issues to report.	
Requirement 9 **Ref**: Regulations 27.-(2)(l) 27.-(4)(b) **Stated:** Second time	Storage should be reviewed and suitable arrangements made for storing flammable and combustible materials.	**Met**
	Action taken as confirmed during the inspection: Addressed.	

4.3 Is care safe?

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this premises inspection.

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.

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 service users, 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 safe care.

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

Areas for improvement

1. The water temperatures at some sentinel outlets were well within the recommended parameters. However, where the sentinel outlet was fitted with a thermostatic mixing valve it appears that the blended water temperature is being recorded. This was discussed with Mr Hegarty who confirmed that this would be corrected.

2. Whilst practice emergency drills have taken place over the last year it could not be confirmed that all staff have participated. The record of the last drill in April 2016 identified some issues which indicate that staff require further training and guidance. The Manager informed the inspector that a program of training and drills led by the fire risk assessor/health and safety manager has begun, that fire warden training for some staff, including night duty, has been arranged for week commencing 02 May 2016 and that records of drills would be established and maintained. The inspector also drew attention to the fire procedure posted at the fire alarm panel which should be reviewed to ensure it is in line with good practice and the training being given to staff.
   Refer to requirement 1 in Quality Improvement Plan.

3. A recent contractor's service report on the thermostatic mixing valves notes that the failsafe on a valve in a communal bathroom failed. This was discussed with the manager and estates manager who confirmed that arrangements are being made to replace the valve and that in the interim staff have been informed of the precautions to be taken to ensure safe bathing.

4. On the day of inspection it could not be confirmed that the fire risk assessor is accredited as defined in the letters issued by RQIA on 02 April 2015 and 31 January 2013.
   Refer to recommendation 1 in Quality Improvement Plan.

5. During the walk round it was observed that a number of double glazed window units have internal condensation. The manager and estates manager confirmed that there is an ongoing program to replace this glazing.

Number of requirements:	**1**	**Number of recommendations:**	**1**

4.4 Is care effective?

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the premises.
This supports the delivery of effective care.

Number of requirements:	0	Number of recommendations:	0

4.5 Is care compassionate?

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

Number of requirements:	0	Number of recommendations:	0

4.6 Is the service well led?

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

Arrangements are in place for managing premises related incidents/notifiable events and Medical Device and Equipment Alerts.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.
This supports a well led service.

Number of requirements:	0	Number of recommendations:	0

5.0 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Joanne Roy (Registered Manager) and Mr Gerry Hegarty (FSHC Estates 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.

5.1 Statutory requirements

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

5.2 Recommendations

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

5.3 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 should review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP should 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 areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory Requirements	
Requirement 1 **Ref**: Regulation 27.-(4)(a) and (f) **Stated:** Third time	Robust arrangements should be in place to provide all staff with appropriate and sufficient fire safety information, training and practice drills and for maintaining records. The emergency procedure posted at the fire alarm panel should be reviewed to ensure it is line with good practice and the information and training provided to staff.
To be Completed by: Ongoing	**Response by Registered Manager Detailing the Actions Taken:** Training has taken place on 19th April & 19th May. A total of 20 staff attended the training over the two days. Two night staff have also completed Fire Warden training 26th April 2016. Another date has been arrange for 28th June 2016 (two sessions), all staff are instructed to attend. There will then be a follow up session for those staff who where on annual leave and new staff. The emergency procedure posted at the fire alarm panel has been reviewed and is now in line with good practice. To ensure fire drills are completed designated staff have attended evacuation training ensuring practical fire drills are taken forward and comply to HTM84 requirements and company policy.
Recommendations	
Recommendation 1 **Ref**: Standard 48 **Stated:** First time **To be Completed by:** Ongoing	RQIA recommend that the person carrying out the next review of the fire risk assessment should hold professional body registration or third party certification for fire risk assessment and be registered accordingly with the relevant body. Reference should be made to correspondence issued by RQIA to all registered homes on 13 January 2013 and 02 April 2015 and the guidance contained in: *http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf* *http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf*
	Response by Registered Manager Detailing the Actions Taken: The fire risk assessor Jonathan McCleery is registered with Warrington Certification Scheme, fire risk assessors certification scheme. Registeration number FRA55. See attached certificate for confirmation.

Registered Manager Completing QIP	Joanne Roy	**Date Completed**	30.05.2016
Registered Person Approving QIP	Dr Claire Royston	**Date Approved**	13.06.16
RQIA Inspector Assessing Response	C Muldoon	**Date Approved**	28/07/16

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