



The **Regulation** and
Quality Improvement
Authority

Carlingford Lodge Care Home
RQIA ID: 11102
76 Upper Dromore Road
Warrenpoint
BT34 3PN

Inspector: Gavin Doherty
Inspection ID: IN021553

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**Announced Estates Inspection
of
Carlingford Lodge Care Home
7 July 2015**

The Regulation and Quality Improvement Authority
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Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced estates inspection took place on 7 July 2015 from 10.45 to 13.15. 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	4	4

The details of the QIP within this report were discussed with Mrs Karen McElherron, 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: Mrs Caroline Denny	Registered Manager: Mrs Karen McElherron
Person in Charge of the Home at the Time of Inspection: Mrs Karen McElherron	Date Manager Registered: 17 July 2013
Categories of Care: NH-DE, NH-I	Number of Registered Places: 75
Number of Patients Accommodated on Day of Inspection: 72	Weekly Tariff at Time of Inspection: £593-623

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 and Grounds

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 Estate's inspection report
- Statutory notifications over the past 12 months

During the inspection the inspector did not meet with any residents, care staff, visiting professionals or resident's representatives.

The following records were examined during the inspection:

- Fire Risk assessment
- Fire Safety service records and in-house log books
- Control of Legionella Risk Assessment and associated records
- Mechanical and Electrical Certificates and associated records
- Service Certificates for the lifting equipment and passenger lift

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced secondary care inspection dated 17 March 2015. The completed QIP was returned and assessed as acceptable by the care inspector on 11 June 2015.

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)	Ensure that all patient hoists, slings and bath chairs are serviced in accordance with the manufacturer's recommendations and receive suitable 'thorough examination' in accordance with the 'Lifting operations lifting equipment regulations' (LOLER), issued by the Health and Safety Executive.	Met
	Action taken as confirmed during the inspection: Certification for all lifting equipment was available at the time of the inspection.	
Requirement 2 Ref: Regulation 27(2)	Ensure that the washer disinfectors are serviced and maintained/validated in accordance with the manufacturer's recommendations.	Met
	Action taken as confirmed during the inspection: The washer disinfectors were suitably serviced and validated on the 16 January 2015.	

<p>Requirement 3</p> <p>Ref: Regulation 27(4)</p>	<p>Ensure that upon review of the current fire risk assessment (due in July 2012), the guidance contained in 'Northern Ireland Health Technical Memorandum 84; Fire risk assessment in residential care homes, November 2010' is suitably referenced. Any requirements flowing from this assessment should be fully implemented within the stated timescales.</p> <p>Action taken as confirmed during the inspection: The fire risk assessment was reviewed on 22 November 2012. However there is still no reference to the requirements outlined in NIHTM84. A further fire risk assessment was carried out on 23 June 2015 but had not been received by the home at the time of this inspection. This requirement is therefore restated in section 5.5 below and in the attached quality improvement plan.</p>	<p>Not Met</p>
<p>Requirement 4</p> <p>Ref: Regulation 27(4)</p>	<p>Ensure that the on-going, periodic servicing and maintenance to the fire alarm and detection system is carried out in accordance with current best practice (BS5839-1:2002 'Code of practice for system design, installation, commissioning and maintenance').</p> <p>Action taken as confirmed during the inspection: Inspector confirmed that suitable servicing of this system was undertaken on 23 March 2015.</p>	<p>Met</p>
<p>Requirement 5</p> <p>Ref: Regulation 27(4)</p>	<p>Ensure that the fire door to the corridor from the server room on the lower ground floor is kept closed at all times.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed that this door was closed at the time of inspection.</p>	<p>Met</p>

5.3 Standard 44: 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.

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. 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

Door frames and architraves are starting to show signs of damage caused by trolleys, wheelchairs and hoists, etc. Consideration should be given to the provision of suitable door and frame protection to prevent further damage occurring.
(Recommendation 1 in the attached quality improvement plan)

There are issues throughout the home in relation to the storage available for equipment, wheelchairs, pads etc. Consideration should be given to rationalising such storage and locating additional areas where such items may be suitably accommodated.
(Recommendation 2 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. One issue was however identified for attention during this Estates inspection. This is detailed in the 'areas for improvement' section below.

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

A current risk assessment is in place for the control of legionella bacteria in the home's hot and cold water systems. Comprehensive control measures have been implemented and records were available for inspection. However in line with current best practice guidance issued by the Health and Safety Executive (HSG274 part 2) this risk assessment should be reviewed and suitable systems introduced to ensure that:

- Seldom used outlets are flushed twice weekly
- Thermostatic mixing valves are suitably serviced at least annually

HSG274 part 2: The control of legionella bacteria in hot and cold water systems can be freely downloaded from the following web link.

<http://www.hse.gov.uk/pubns/priced/hsg274part2.pdf>

(Requirement 1 in the attached 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. 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 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

Provide confirmation that the recently completed fire risk assessment undertaken for the home addresses the specific requirements contained in NI Health Technical Memorandum 84 'Fire risk assessment in residential care homes'.

(Requirement 2 in the attached quality improvement plan)

The door closers on the corridor doors adjacent to the main lounge in the Dementia unit were damaged. These should be replaced without further delay.

(Requirement 3 in the attached quality improvement plan)

The door to the main lounge in the dementia unit was blocked by a chair which would prevent it from closing on the activation of the fire alarm. It is essential that fire doors throughout the home are kept clear of any obstructions at all times.

(Requirement 4 in the attached quality improvement plan)

Ensure that when the fire risk assessment is next reviewed, the person carrying out the review holds professional body registration or third party certification for fire risk assessment and is registered accordingly with the relevant body. Reference should be made to correspondence issued by RQIA to all registered homes on 2 April 2015 and the guidance contained therein.

(Recommendation 3 in the attached quality improvement plan)

http://www.rqia.org.uk/cms_resources/letter%20re%20accreditation%20for%20FRAs_March2015.pdf

The home's fire alarm and detection system appears from the records examined, to be serviced at six monthly intervals. Current best practice guidance within the fire alarm and detection industry would recommend, for a large nursing home such as this with a complex alarm and detection system, quarterly servicing and maintenance of the system.

(Recommendation 4 in the attached quality improvement plan)

Number of Requirements	3	Number Recommendations:	2
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5.6 Additional Areas Examined

No additional areas were examined during this estates inspection.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Karen McElherron, 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 Manager/Registered Person

The QIP will 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: Regulation 27(2) Stated: First time To be Completed by: 1 September 2015	<p>In line with current best practice guidance issued by the Health and Safety Executive (HSG274 part2) the home's legionella risk assessment should be reviewed and suitable systems introduced to ensure that:</p> <ul style="list-style-type: none"> • Seldom used outlets are flushed twice weekly • Thermostatic mixing valves are suitably serviced at least annually <p>Response by Registered Manager Detailing the Actions Taken: The maintenance person now completes twice weekly checks for any seldom used outlets. Currently ,the maintenance person reports any faults identified during weekly temperture checks. Thermostatic mixing valves are replaced as required. I have advised the Amore Estates dept.regarding the guidance stated above, in respect of annual servicing.</p>
Requirement 2 Ref: Regulation 27(4) Stated: Second time To be Completed by: 1 September 2015	<p>Provide confirmation that the recently completed fire risk assessment undertaken for the home addresses the specific requirements contained in NI Health Technical Memorandum 84 'Fire risk assessment in residential care homes'.</p> <p>Response by Registered Manager Detailing the Actions Taken: Fire safety solutions completed a Fire risk assessment ,addressing the specific requirements contained in the HTM 84 N.I on 23th June 2015. An action plan to address any deficits was completed.</p>
Requirement 3 Ref: Regulation 27(4) Stated: First time To be Completed by: 1 September 2015	<p>The door closers on the corridor doors adjacent to the main lounge in the Dementia unit where damaged. These should be replaced without further delay.</p> <p>Response by Registered Manager Detailing the Actions Taken: The door closures were repaired immediately following the inspection.</p>
Requirement 4 Ref: Regulation 27(4) Stated: First time To be Completed by:	<p>The door to the Main lounge in the dementia unit was blocked by a chair which would prevent it from closing on the activation of the fire alarm. It is essential that fire doors throughout the home are kept clear of any obstructions at all times.</p> <p>Response by Registered Manager Detailing the Actions Taken: Staff have been reminded of the importance of complying with basic fire</p>

1 September 2015	standards requirements. Nurse in charge and Home manager will monitor compliance daily.
Recommendations	
Recommendation 1 Ref: Standard 44 Stated: First time To be Completed by: 22 December 2015	<p>Consideration should be given to the provision of suitable door and frame protection, as required to prevent further damage occurring to door frames and architraves throughout the home.</p> <p>Response by Registered Manager Detailing the Actions Taken: Redecoration has been planned for Sept 2015, following same, door and frame protection will be applied.</p>
Recommendation 2 Ref: Standard 44 Stated: First time To be Completed by: 22 December 2015	<p>There are issues throughout the home in relation to the storage available for equipment, wheelchairs, pads etc. Consideration should be given to rationalising such storage and locating additional areas where such items may be suitably accommodated.</p> <p>Response by Registered Manager Detailing the Actions Taken: Discussed with estates department, possible areas to provide additional storage. Application for variation will be forwarded to RQIA for consideration</p>
Recommendation 3 Ref: Standard 48 Stated: First time To be Completed by: Upon review of fire risk assessment	<p>Ensure that when the fire risk assessment is next reviewed, the person carrying out the review holds professional body registration or third party certification for fire risk assessment and is registered accordingly with the relevant body. Reference should be made to correspondence issued by RQIA to all registered homes on 2 April 2015 and the guidance contained therein.</p> <p>Response by Registered Manager Detailing the Actions Taken: A suitably qualified engineer from Fire Safety Solutions Northern Ireland are contracted by Amore care to complete the annual review</p>
Recommendation 4 Ref: Standard 48 Stated: First time To be Completed by: 29 September 2015	<p>Consideration should be given to increasing the frequency for the inspection and servicing of the fire alarm and detection system to quarterly in accordance with current best practice guidance.</p> <p>Response by Registered Manager Detailing the Actions Taken: Estates department have been advised of the above guidance to increase checks from 6 monthly to quarterly.</p>

Registered Manager Completing QIP	Karen McElherron	Date Completed	18.08.15
Registered Person Approving QIP	Caroline Denny	Date Approved	24.08.15
RQIA Inspector Assessing Response	P Cunningham	Date Approved	*26/8/15

**Several items requiring follow up and/or clarification*