

The Regulation and
Quality Improvement
Authority

Rose Martha Court
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30 Westbourne Avenue
Ballymena
BT43 5LW

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**Announced Estates Inspection
of
Rose Martha Court**

09 February 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 09 February 2016 from 10.30 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	1	4

The details of the QIP within this report were discussed with Mr Martin Kelly (Manager – Registration Pending) and Mr Neil Shields (Runwood Regional Maintenance Co-ordinator) as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Runwood Homes Ltd Mr Nadarajah Logeswaran	Registered Manager: Mr Martin Kelly (Registration Pending)
Person in Charge of the Home at the Time of Inspection: Mr Martin Kelly	Date Manager Registered: Registration Pending
Categories of Care: NH-I, NH-DE, NH-PH, NH-PH(E), NH-TI RC-I, RC-DE	Number of Registered Places: 100
Number of Residents Accommodated on Day of Inspection: 91	Weekly Tariff at Time of Inspection: £490- £732

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 report on the last care inspection.

Discussion with Mr Martin Kelly (Manager – Registration Pending) and Mr Neil Shields (Runwood Homes Regional Maintenance Co-ordinator).

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 18-19 January 2016. One requirement and six recommendations relating to care issues were made following that inspection.

Review of Requirements and Recommendations from the last Estates Inspection on 09 July 2012.

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27.-(2)(q)	The registered persons must review the arrangements for the thorough examination of the lifts. Reference should be made to the Lifting Operations and Lifting Equipment Regulations (NI) 1999 and HSE guidance.	Met
	Action taken as confirmed during the inspection: There were valid LOLER thorough examination reports which confirm that the lifts were found to be without defects.	
Requirement 2 Ref: Regulation 14.-(2)(c)	The registered persons must arrange for a suitable and sufficient legionella risk assessment to be carried out. The outcome of the assessment must be a scheme for the control of legionella bacteria. The registered person must fully implement the scheme. The scheme of control must be in line with HSE document L8 - <i>The control of legionella bacteria in water systems</i> and Health Technical Memorandum 04-01: <i>The control of Legionella, hygiene, "safe" hot water, cold water and drinking water systems</i> . All actions relating to the control of legionella bacteria should be recorded.	Met
	Action taken as confirmed during the inspection: There was a legionella risk assessment which was carried out by a specialist contractor in February 2015. There are actions and monitoring measures in place towards the control of legionella.	

<p>Requirement 3</p> <p>Ref: Regulation 27.-(2)(s)</p>	<p>The registered persons must set up contingency arrangements which will enable the home to operate in the event of an interruption to mains water supply.</p> <p>Action taken as confirmed during the inspection: The provider has confirmed that the home has been registered with Northern Ireland Water as a critical care facility.</p>	<p>Met</p>
<p>Requirement 4</p> <p>Ref: Regulation 27.-(2)(l)</p>	<p>Spare oxygen cylinders must be stored safely and securely. Reference should be made to Estates and Facilities Alert EFA/2010/008 issued 27/07/2010</p> <p>Action taken as confirmed during the inspection: The home has a number of treatment rooms. It was found that although there appeared to be securing chains fitted they were not always in use. Refer also to section 5.4 item 1 and recommendation 2 in quality improvement plan.</p>	<p>Partially Met</p>
<p>Requirement 5</p> <p>Ref: Regulation 27.-(4)(a)</p>	<p>The registered persons must ensure that a current fire risk assessment for the whole home is held on site and that the action plan is fully addressed. A copy of the assessment and action plan must be forwarded to RQIA.</p> <p>Action taken as confirmed during the inspection: There was a valid fire risk assessment which had been carried out by an accredited fire risk assessor. The risk was considered to be normal and the action plan containing one matter relating to signage has been signed off as completed.</p>	<p>Met</p>
<p>Requirement 6</p> <p>Ref: Regulation 27.-(4)(a)</p>	<p>The registered persons must ensure that there is an up-to-date emergency plan which is based on the fire risk assessment. The details of the plan must be included in staff fire training and briefings. A copy of the plan should be posted at the fire panel. Reference should be made to NIHTM84.</p> <p>Action taken as confirmed during the inspection: An emergency plan is posted at the fire panel.</p>	<p>Met</p>

<p>Requirement 7</p> <p>Ref: Regulation 27.-(4)(d)(v)</p>	<p>The registered persons must review the procedure for testing the fire alarm system. Reference should be made to the Maintenance section of BS 5839.</p> <hr/> <p>Action taken as confirmed during the inspection: There is a system in place for testing two call points per week.</p>	Met
<p>Requirement 8</p> <p>Ref: Regulation 27.-(4)(d)(i)</p>	<p>A survey of all fire doors should be carried out and the necessary repairs and adjustments made which will ensure that every doorset provides an effective fire seal.</p> <hr/> <p>Action taken as confirmed during the inspection: The provider confirmed that the doors were surveyed and repairs completed following the last Estates inspection. Random doors were reviewed during this inspection and were found to be operating correctly.</p>	Met
<p>Requirement 9</p> <p>Ref: Regulation 27.-(4)(c)</p>	<p>The registered persons must seek advice from the fire advisor regarding the means of escape from the garden.</p> <hr/> <p>Action taken as confirmed during the inspection: The use and management of the garden and gates was considered by the fire risk assessor in his last assessment. The risk assessor made a comment about the supervision of the garden but made no recommendations.</p>	Met

5.2 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.

Two 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. There is a procedure in place to check that the hot water from outlets accessible to residents is at a safe temperature. Outlets are identified by room number only. Some rooms have more than one outlet. This was discussed and the inspector recommended that the process be amended to ensure that records are kept of the checks carried out on each uniquely identifiable outlet.
Refer to recommendation 1 in quality improvement plan.
2. During the walk round some wardrobes were found to be disconnected from the brackets securing them to the wall. The inspector recommended that a survey of all wardrobes be carried out. It was confirmed to the inspector that this was addressed on the day of inspection.

Number of Requirements	0	Number Recommendations:	1
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5.3 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

1. It is recommended that the safe storage of oxygen cylinders be included in team briefings.
Refer to recommendation 2 in quality improvement plan.

Number of Requirements	0	Number Recommendations:	1
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5.4 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.

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 information and records available on the day of inspection indicate that fire safety training and practice fire drills may not be up to date for all staff.
Refer to requirement 1 in quality improvement plan.
2. The records available on the day of inspection indicate that the maintenance of the emergency lights has included a duration test of one hour. It is recommended that a competent person review the duration of the tests to the emergency lighting system taking into account the type of premises and the British Standard 5266.
Refer to recommendation 3 in quality improvement plan.
3. During the walk round it was observed that an electric convector heater is in use in the dry finishing end of the laundry.
Refer to recommendation 4 in quality improvement plan.

Number of Requirements	1	Number Recommendations:	2
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5.5 Additional Areas Examined

No additional issues were identified during this inspection.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Martin Kelly (Manager – Registration Pending) and Mr Neil Shields (Runwood Homes Regional Maintenance Co-ordinator) 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.

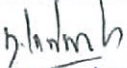
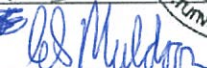
6.3 Actions Taken by the Registered Persons

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	
<p>Requirement 1</p> <p>Ref: Regulation 27.-(4)(e) and (f)</p> <p>Stated: First time</p> <p>To be Completed by: 09 March 2016</p>	<p>The participation of all staff in fire safety training and practice fire drills should be reviewed and arrangements made to bring it up date as necessary.</p> <p>The training and drills should be carried out in accordance with NIHTM84.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken:</p> <p>The process for fire drills has been reviewed and a fire drill has been completed each week since the inspection.</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be Completed by: 09 March 2016</p>	<p>The process for checking safe hot water temperatures should be amended so that records are kept of the checks carried out on each uniquely identifiable outlet.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken:</p> <p>The process for checking and maintaing records on safe water teperature has been amended.</p>
<p>Recommendation 2</p> <p>Ref: Standard 47</p> <p>Stated: Second time</p> <p>To be Completed by: 09 March 2016</p>	<p>It is recommended that training and information on the safe storage of oxygen cylindres be included in team briefings.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken:</p> <p>Training and information on the safe storage of oxygen cylinders has been included in team briefings.</p>
<p>Recommendation 3</p> <p>Ref: Standard 48</p> <p>Stated: First time</p> <p>To be Completed by: 09 March 2016</p>	<p>A competent person should review the duration of the tests to the emergency lighting system taking into account the type of premises and the British Standard 5266.</p> <p>The advice of the fire risk assessor should be sought.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken:</p> <p>This work has been completed and documentation is retained in the home verifying the required information.</p>

Recommendation 4 Ref: Standard 48 Stated: First time To be Completed by: 09 March 2016	The advice of the fire risk assessor should be sought and followed regarding the use of the electric convector heater in the laundry. Consideration should be given to removing the heater from the room and adjusting the fixed heating system accordingly.	Response by Registered Manager Detailing the Actions Taken: This is resolved. The heater has been removed in the laundry.	
Registered Manager Completing QIP	Martin Kelly	Date Completed	06/04/2016
Registered Person Approving QIP		Date Approved	6/4/2016
RQIA Inspector Assessing Response		Date Approved	13/04/16

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

** Some items require clarification or follow up.*