

Announced Premises Inspection Report 12 January 2017



Gnangara

Type of Service: Residential Care Home
Address: 163 Sligo Rd, Drumawill, Enniskillen BT74 7JZ
Tel No: 028 6632 5134
Inspector: Raymond Sayers

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Ghangara took place on 12 January 2017 from 10:00 to 13:00 hours.

The inspection sought to assess progress with any issues raised during and since the last premises inspection and to determine if the residential care home was well led, delivering safe, effective and compassionate care.

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. Some issues were however identified, and require attention by the registered provider. Refer to section 4.3

Is care effective?

On the day of the inspection the premises supported the delivery of effective care. Refer to section 4.4

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care. Some issues were however identified, and require attention by the registered provider. Refer to section 4.5

Is the service well led?

On the day of the inspection the management of the premises was considered to be well led. Refer to section 4.6

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes Minimum Standards 2011:

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Margaret Irwin, and Mr Diarmid Sloan, Fold Housing Estate Officer as part of the inspection process. The timescales for completion commence from the date of inspection.

There was no enforcement action implemented as a result of 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 most recent premises inspection dated 4 March 2014.

2.0 Service Details

Registered organisation/registered provider: Fold Housing Association/Mrs Fiona McAnespie	Registered manager: Ms Deirdre Carr (Acting Manager)
Person in charge of the home at the time of inspection: Ms Margaret Irwin	Date manager registered:
Categories of care: RC-DE	Number of registered places: 15

3.0 Methods/processes

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

During the inspection the inspector met with two residents, two kitchen staff, Ms Margaret Irwin and Mr Diarmid Sloan, Fold Housing Estate Officer.

The following records were examined during the inspection: Copies of building service certificates, building user log books relating to the maintenance and inspection of the building and engineering services, legionellae risk assessment, and fire risk assessment.

4.0 The Inspection

The most recent inspection of the residential care home was an unannounced care inspection, IN024679 dated 13 October 2016. The completed QIP was returned, and reviewed by the care on 08 December 2016 inspector. This QIP will be validated by the care inspector at their next inspection.

4.1 Review of requirements and recommendations from the last premises inspection dated 4 March 2014

Last premises inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 14.(2)(c) Stated: First time	Remove stored items from electrical switch-gear room located in Zone 5.	Met
	Action taken as confirmed during the inspection: Items removed from switch-gear room.	

Requirement 2 Ref: Regulations 14.(2)(a),(b) & (c) Stated: First time	Submit verification that mobile hoist appliance will receive Lifting Operations and Lifting Equipment Regulations (LOLER) thorough examination inspection prior to use, and submit verification report/certificate to RQIA Estate inspector.	Met
	Action taken as confirmed during the inspection: LOLER implemented.	
Requirement 3 Ref: Regulation 14.(2)(c) Stated: First time	Submit evidence to RQIA Estate inspector verifying that the kitchen extract ventilation system has received a valid Local Exhaust Ventilation (LEV) inspection.	Met
	Action taken as confirmed during the inspection: LEV inspection certificate 30 August 2016 examined.	
Requirement 4 Ref: Regulations 14.(2)(a),(b) & (c) Stated: First time	Legionella risk assessment action plan recommendations implemented should be verified and dated by a responsible person.	Met
	Action taken as confirmed during the inspection: Implemented.	
Requirement 5 Ref: Regulation 14.(2)(c) Stated: First time	Liaise with the facility fire safety consultant and emergency lighting maintenance engineer to implement procedures/system modification to permit monthly functional user testing of the emergency lighting to commence in accordance with BS5266.	Met
	Action taken as confirmed during the inspection: Inspection regime implemented.	

4.2 Is care safe?

A range of documents related to the maintenance and inspection of the premises were presented for review during this 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 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 which was carried out by a risk assessor holding professional body registration for fire risk assessors. This supports the delivery of safe care.

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

Areas for improvement

1. "Cold smoke" barriers had become defective on a number of corridor fire doors due to drying out shrinkage movement of doors etc. (increased gap at meeting edge of door). Refer to Quality Improvement Plan Recommendation 1.

Number of requirements	0	Number of recommendations:	1
-------------------------------	----------	-----------------------------------	----------

4.3 Is care effective?

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

There were no issues identified as requiring improvement during the inspection.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

4.4 Is care compassionate?

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

Service users are consulted about decisions around décor and the private accommodation where appropriate. This supports the delivery of compassionate care.

An issue was however identified for attention during this premises inspection, and is detailed in the 'areas for improvement' section below.

Areas for improvement

1. There are some drying out shrinkage cracks, minor settlement cracks and building user damage sustained on interior wall finishes. Refer to Quality Improvement Plan Recommendation 2.

Number of requirements	0	Number of recommendations:	1
-------------------------------	----------	-----------------------------------	----------

4.5 Is the service well led?

Premises related policies and documents are retained in a manner which is accessible to authorised persons.

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. Adequate support and resources have been provided by the registered responsible person.

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

There were no areas for improvement identified during the inspection.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Margret Irwin, and Mr Diarmid Sloan, Fold Housing Estate Inspector, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises, 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 Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Residential Care Homes Minimum Standards 2011. 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 Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to Estates.Mailbox@rqia.org.uk for review 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 provider 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 provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Recommendations	
Recommendation 1 Ref: Standard 48.1 Stated: First time To be completed by: 09 March 2017	Complete a condition survey of all fire doors, and implement remedial works to ensure that “cold” smoke seals are deemed as providing an effective smoke resistant barrier.
	Response by registered provider detailing the actions taken: Processes in place to install smoke resistant barriers which will comply with relevant regulations
Recommendation 2 Ref: Standard 44.1 Stated: First time To be completed by: 09 March 2017	Complete an interior decoration condition survey, plan and implement redecoration works in accordance with condition survey recommendations.
	Response by registered provider detailing the actions taken: Remedial decoration works on going from time of this inspection.

Please ensure this document is completed in full and returned to Estates.Mailbox@rqia.org.uk from the authorised email address



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
 @RQIANews