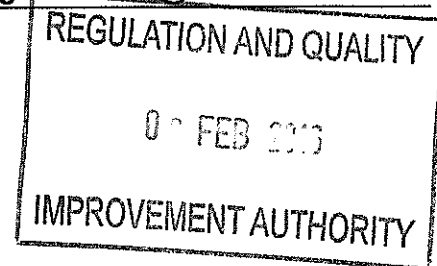


The Regulation and
Quality Improvement
Authority

Edgewater Nursing Home
RQIA ID: 1178
70 Victoria Road
Newbuildings
Londonderry
BT47 2RL

Inspector: P Cunningham
Inspection ID: IN021483

Tel: 02871342090
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**Announced Estates Inspection
of
Edgewater Nursing Home**

20 January 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 20 January 2016 from 10.00 to 13.30. 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	0	2

The details of the QIP within this report were discussed with John Green, 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: Paul Steele and Michael Curran	Registered Manager: John Green
Person in Charge of the Home at the Time of Inspection: John Green	Date Manager Registered: 14 December 2007
Categories of Care: NH-I	Number of Registered Places: 28
Number of Patients Accommodated on Day of Inspection: 25	Weekly Tariff at Time of Inspection: £593

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, duty call log.

During the inspection the inspector met with John Green

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 5 November 2015. The completed QIP was returned by the registered manager in the week preceding this estates inspection and will be assessed by the care inspector. RQIA records indicate that there were two recommendations made as a result of that inspection and discussion with the care inspector established that and that there were no areas for concern identified.

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)(b)	Replace the linoleum floor covering in the ground floor central sanitary accommodation. Action taken as confirmed during the inspection: Item addressed. This was confirmed following previous inspection by a series of correspondence between the registered manager and RQIA.	Met
Requirement 2 Ref: Regulation 27 (2)(q)	Provide confirmation that the ventilation system in the first floor areas are in working order following remedial works. Action taken as confirmed during the inspection: Item addressed. This was confirmed following previous inspection by a series of correspondence between the registered manager and RQIA.	Met
Requirement 3 Ref: Regulation 14 (2)(c)	Provide confirmation that the works to remove the 'dead-leg' pipework in the home's plumbing system have been removed or provide date by which this is to be completed. Action taken as confirmed during the inspection: Item addressed. This was confirmed following previous inspection by a series of correspondence between the registered manager and RQIA.	Met
Requirement 4 Ref: Regulation 27 (4)(b)	Develop a time-scaled programme/plan of works for the provision of suitable self-closing devices and smoke seals to fire doors throughout the home in line with correspondence from RQIA/NIFRS in June 2013. Forward a copy of the plan to RQIA. Action taken as confirmed during the inspection: Item addressed. This was confirmed following previous inspection by a series of correspondence between the registered manager and RQIA.	Met

Requirement 5 Ref: Regulation 27 (4)(b)	Provide confirmation of completion to works to provide fire detection in the home's roof space or provide date by which this is to be completed.	Met
Action taken as confirmed during the inspection: Item addressed. This was confirmed following previous inspection by a series of correspondence between the registered manager and RQIA.		
Requirement 6 Ref: Regulation 27(4)(e)	Ensure that all staff have attended refresher fire safety training.	Met
Action taken as confirmed during the inspection: Item addressed. This was confirmed following previous inspection by a series of correspondence between the registered manager and RQIA.		

5.3 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.

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)

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. It is good to note that the Local Authority Food Hygiene Inspection assessed the catering arrangements with a rating of five stars.

Areas for Improvement

1. Window restrictors in the home can be over-riden without the use of a special tool or key. Following discussion with the registered manager, it was agreed that a risk assessment would be carried out and robust restrictors fitted where assessed as appropriate. It was noted that openings sashes on the home's windows are at the top section of the frame and as such are less accessible than if located at window sill level.
See recommendation number 1 in the attached Quality Improvement Plan.
2. Floor finishes in bedrooms 3 and 14 were found to defective. The registered manager explained that replacement floor covering had already been procured to replace the covering in bedroom 14 as part of the home's ongoing decorative refurbishment programme. It was agreed that the floor covering in bedroom 3 would be tended to as part of this.

Number of Requirements	0	Number Recommendations:	1
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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.

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

Not applicable.

Number of Requirements	0	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.

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 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 which was undertaken by an assessor holding recognised professional body registration for 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. Maintenance records presented indicated that several emergency light fittings were faulty. A scheme to replace and upgrade the lighting in the home is currently underway and is due to be completed over coming weeks. This includes the replacing of emergency lighting.
See recommendation number 2 in the attached Quality Improvement Plan.

Number of Requirements	0	Number Recommendations:	1
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5.6 Additional Areas Examined

Not applicable.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with John Green, 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

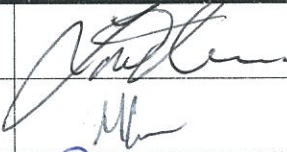

This section outlines the recommended actions based on research, recognised sources and Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered 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

Quality Improvement Plan			
Recommendations			
Recommendation 1	Carry out a risk assessment around the homes window openings and provide suitable robust restrictors where assessed as appropriate.		
Ref: Standard 44.8	Refer to guidance forwarded by RQIA. http://rqia.org.uk/cms_resources/window%20restrictors.pdf		
Stated: First time			
To be Completed by: 16 March 2016	Response by Registered Manager Detailing the Actions Taken: <i>Action discussed with proprietor and same agreed to be completed by March 2016</i>		
Recommendation 2	On completion of works to replace lighting, forward copy of commissioning certification relating to the general and emergency lighting installation to RQIA.		
Ref: Standard 44.8			
Stated: First time			
To be Completed by: 16 March 2016	Response by Registered Manager Detailing the Actions Taken: <i>Same to be done and sent by March 16th 2016.</i>		
Registered Manager Completing QIP		Date Completed	11/2/16
Registered Person Approving QIP		Date Approved	1/2/16
RQIA Inspector Assessing Response		Date Approved	11/2/16 *

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

* FOLLOW UP ON BOTH ITEMS TO BE CARRIED OUT AFTER TIMESCALES