

Announced Estates Inspection Report 10 July 2018



Greenhaw Lodge Care Home

Type of Service: Nursing Home

Address: 42 Racecourse Road, Londonderry, BT48 8DA

Tel No: 028 7135 4725

Inspector: Phil Cunningham

www.rqia.org.uk

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a nursing home with 42 beds that provides care for service users living with dementia including a 12 bed enhanced care unit.

3.0 Service details

Organisation/Registered Provider: Larchwood Care Homes (Ltd) NI Responsible Individual(s): Christopher Walsh	Registered Manager: Bernie McDaniel (application in progress)
Person in charge at the time of inspection: Bernie McDaniel	Date manager registered: Application in progress
Categories of care: Nursing Care (NH) Dementia (DE), Past or present alcohol dependence (A)	Number of registered places: 42 – NH-DE, NH-A

4.0 Inspection summary

An announced inspection took place on 10 July 2018 from 10.00 to 14.00.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

The inspection assessed progress with a number of areas for improvement identified by the RQIA nurse inspector during a care inspection on 14 June 2018 ref IN030892 and to determine if the service was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the maintenance and upkeep of the building's engineering services and the home was found to be in generally good decorative order with refurbishment works currently ongoing to address some areas where finishes were deteriorated due to general wear and tear.

Areas requiring improvement were identified and these are included in the relevant sections of the report below and in the Quality Improvement Plan as appropriate.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Bernie McDaniel, home manager and Nuala Green, Director, Larchwood Care (NI) Ltd 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.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions required to be taken following the most recent inspection on 14 June 2018 ref IN030892.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- recent inspection reports and returned QIPs
- recent correspondence with the service
- the estates related incidents reported to RQIA since the last premises inspection

The following records were examined during the inspection:

- 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

During the inspection we met with Bernie McDaniel, home manager and Nuala Green, Director, Larchwood Care (NI) Ltd.

There were no areas for improvements identified at the last premises inspection on 9 September 2015 ref IN023694.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 14 June 2018

The most recent inspection of the service was an unannounced care inspection on 14 June 2018 ref IN030892. The report of that inspection has been issued to the home on 3 July 2018 and the returned QIP will be assessed by the care inspector when it has been returned by the provider.

6.2 Review of areas for improvement from the last premises inspection dated 9 September 2015

There were no areas for improvement made as a result of the last premises inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

A range of documentation in relation to the maintenance and upkeep of the establishment 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.

These included service and maintenance certification and log book documentation relating to:

- Fire Alarm & Detection system
- Emergency Lighting installation
- Fire Fighting Equipment
- Legionella control procedures
- Safe Hot Water arrangements and equipment
- Patient Hoists
- Gas equipment and installation
- Kitchen ventilation
- Fixed electrical installation
- Electrical equipment
- Nurse Call installation
- Space heating Boilers

A range of fire protection measures are in place for the establishment. This includes a fire detection and alarm system, emergency lighting installation, 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 establishment 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. These measures support the delivery of safe care.

The legionella risk assessment was reviewed by a specialist company in recent weeks. A copy of the assessment report was forwarded to RQIA by e-mail on 18 July 2018. Confirmation that elements of the action plan of the report were to be addressed was given. Also confirmed was training for the Maintenance Person on monitoring activities relating to the control of legionella bacteria to ensure that the full range of checks and recording of these are in place.

Areas for improvement

The action plan of the legionella risk assessment should be fully addressed and signed off by the responsible person accordingly.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

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 establishment.

This supports the delivery of effective care.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The areas of the establishment reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and generally adequately lit (see areas for improvement below).

Redecoration works were currently underway in the home in the first floor staff area and further upgrading works to the kitchen utility corridor and the domestic cleaning stores are to be included in the redecoration plan. Bathrooms in corridor B section of home have been refurbished in recent weeks including all wall and floor finishes.

Ms Green, Director, Larchwood Care (NI) Ltd, confirmed by e-mail on 18 July 2018 that the redecoration programme has continued following the inspection to include the areas discussed during the inspection.

Lighting levels in the medicines storage/treatment rooms were found to be lower than recommended levels. Ms Green, Director, Larchwood Care (NI) Ltd, confirmed by e-mail on 18 July 2018 that works to provide additional lighting to these areas was planned for completion during the week beginning 23 July 2018.

Areas for improvement

The home's bathrooms have been upgraded over recent years as part of ongoing refurbishment works to improve the quality of the environment and as part of a service improvement change in 2017 to provide enhanced care units. This included conversion of the home's bathrooms to shower rooms and was intended to meet the assessed needs of the patient group residing in the home. Subsequently the home does not have any baths for use by patients. DoH Care Standards for Nursing Homes require that a mixture of bathing and showering facilities is provided for patients. This is intended to offer choice to patients and to facilitate any medical conditions requiring bathing facilities. Ref DoH Care Standards for Nursing Homes - Standard 6.3.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

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.

Ms Greene, Director, Larchwood Care (NI) Ltd confirmed that arrangements are in place in Larchwood central office to monitor NIAIC medical device and equipment safety alerts and disseminate information as relevant to all homes which it operates in Northern Ireland.

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.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Bernie McDaniel, home manager and Nuala Green, Director, Larchwood Care (NI) Ltd, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 nursing 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.	
Area for improvement 1 Ref: Standard 44.8 Stated: First time To be completed in line with the timescales identified by the risk assessor	<p>The registered person shall ensure that the action plan of the legionella risk assessment report is addressed and signed off by the risk assessor or the relevant responsible person.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Legionella risk assessment report was addressed on the 9 August 2018.</p>
Area for improvement 2 Ref: Standard 6.3 Stated: First time To be completed by: 26 October 2018	<p>The registered person shall make arrangements to reinstate one bath in the home.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Three bathrooms within the Home have recently been full re-furbished. Preferences of residents were considered during the refurbishment programme and showering facilities were introduced. In line with the standards referred in the report the Home will review and re-instate a bath within the Home in line with the timescales of this report</p>

Please ensure this document is completed in full and returned via Web Portal



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