

Announced Premises Inspection Report 3 June 2016



Longfield Care Home

Type of Service: Nursing Home
Address: Longfield Road, Eglinton, BT47 3PY
Tel No: 0287181 2552
Inspector: Phil Cunningham

1.0 Summary

An announced premises inspection of Longfield Care Home took place on 3 June 2016 from 10:00 to 14:00hrs.

Comprehensive records relating to the maintenance and upkeep of the premises were presented and the home appeared in relative good condition with no obvious areas of concern indicating that the upkeep of the home is being managed competently. Subsequently the following summarises:

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. However some issues were identified for attention by the registered person. Refer to section 4.3.

Is care effective?

On the day of the inspection the premises supported the delivery of effective care.

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care. However one issue was identified for attention by the registered person. 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.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015:

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	4

Details of the QIP within this report were discussed with Louise McCloskey, Home Manager, 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.

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 last inspection.

2.0 Service Details

Registered organisation/registered person: Four Seasons Health Care Limited (FSHC)	Registered manager: Louise McCloskey
Person in charge of the home at the time of inspection: Louise McCloskey	Date manager registered: 1 April 2005
Categories of care: NH-PH, NH-PH(E), NH-I	Number of registered places: 46

3.0 Methods/processes

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

During the inspection the inspector met with the Louise McCloskey, Registered Manager, Gerry Hegarty, FSHC Property Manager and John McAuley, Maintenance Man.

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.

4.0 The Inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 21 March 2016

The most recent inspection of the establishment was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the specialist inspector at their next inspection

4.2 Review of requirements and recommendations from the last premises inspection dated 12 September 2013

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 14 (2)(a)	Ensure that the temperature checks to the home's plumbing system are carried out and recorded in line with the legionellae risk assessment and the established log book recording system.	Met
	Action taken as confirmed during the inspection: Records presented confirming that this has been implemented.	
Requirement 2 Ref: Regulation 14 (2)(a)	Implement the planned remedial works to address the action plan of the legionellae risk assessment and subsequently record details of this on the action plan.	Met
	Action taken as confirmed during the inspection: FSHC property manager confirmed that relevant remedial works were completed in the home.	
Requirement 3 Ref: Regulation 27 (2)(3)	Implement measures as appropriate to address the service report and associated advice notice for the home's gas installation.	Met
	Action taken as confirmed during the inspection: FSHC property manager confirmed that relevant remedial works were completed in the home.	
Requirement 4 Ref: Regulation 14 (2)(a)	Carry out remedial works as appropriate to address the defects listed on the service report for the thermostatic mixing valves. Particular attention should be paid to the patient shower which has been identified.	Met
	Action taken as confirmed during the inspection: FSHC property manager confirmed that relevant remedial works were completed in the home.	

<p>Requirement 5</p> <p>Ref: Regulation 27 (2)(c)</p>	<p>Put in place arrangements to ensure that the home's bedpan washer disinfectors are maintained in line with the provisions of HTM 2030.</p>	<p>Partially Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>FSHC property manager confirmed that a contract was now in place relating to breakdown maintenance of the equipment although servicing/validation was not included. See section 4.3 item 1 below.</p>		
<p>Requirement 6</p> <p>Ref: Regulation 14 (2)(a)</p>	<p>Implement the planned remedial measures to address the defects listed on the latest report on the periodic inspection and testing for the fixed wiring electrical installation.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>FSHC property manager confirmed that relevant remedial works were completed in the home.</p>		
<p>Requirement 7</p> <p>Ref: Regulation 27 (4)(e)</p>	<p>Ensure that all staff receive fire safety training to ensure that all staff are up to date in line with the agreed provision.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The manager confirmed the range of training and fire drills in place for staff in the home and that these were currently up to date.</p>		
<p>Previous Inspection Recommendations</p>		<p>Validation of Compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 32.1</p>	<p>Carry out internal redecoration as necessary. Particular attention should be paid to sanitary accommodation and areas where decorative finishes have become defective. Attention should also be paid to minor defects to door furniture and hand rails along corridors.</p>	<p>Partially Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Decorative upgrading has been carried out to various areas throughout the home which appeared to be in good condition. The home's communal shower rooms however require some attention particularly floor finishes which have become defective. The manager confirmed that funding was now approved to upgrade these and works are due to be completed over the months of June and July 2016. See 4.3 item 2 below.</p>		

4.3 Is care safe?

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

A number of issues were however identified for attention during this premises inspection. These are detailed in the 'areas for improvement' section below.

Areas for improvement

1. The home utilises an automatic washer disinfecter for the bedpans in the home. The property manager stated that there is a service contract in place with a specialist contractor for the upkeep of the equipment but this may only cover breakdown.

Subsequently there were no records of servicing of the unit. See recommendation 1 on the attached Quality Improvement Plan.

2. With reference to the previous recommendation 1 stated above in section 4.2 it is good to note that works have been approved to extensively refurbish three main shower rooms in the home. See recommendation 2 on the attached Quality Improvement Plan.
3. Records presented indicated that the home's emergency standby generator is run monthly by the maintenance man although this is not an 'on-load' operation. See recommendation 3 on the attached Quality Improvement Plan

Number of requirements:	0	Number of recommendations:	3
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4.4 Is care effective?

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 premises.
This supports the delivery of effective care.

Number of requirements:	0	Number of recommendations:	0
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4.5 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.

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

Areas for improvement

1. Bedrooms 44a and 44b were found not to contain wash hand basins. Both rooms share a bathroom situated adjacent. The property manager undertook to have wash hand basins installed in a timely manner. See recommendation 4 on the attached Quality Improvement Plan.

Number of requirements:	0	Number of recommendations:	1
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4.6 Is the service well led?

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.

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.

Number of requirements:	0	Number of recommendations:	0
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5.0 Quality Improvement Plan

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

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 Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Care Standards for Nursing Homes 2015. 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 manager/registered person

The QIP should be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person should review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP should 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 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 person/manager 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 person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be Completed by: 29 July 2016</p>	<p>The registered person should review the arrangements for upkeep of the washer disinfectant for human waste containers (bedpan washer) to ensure that there are suitable routine checks in place confirming that it is operating correctly within expected parameters. Reference should be made to DHSSNI's Health Technical Memorandum (HTM) 2030.</p>
	<p>Response by Registered Manager Detailing the Actions Taken: Seeking clarification from Aquilant re bedpan washer to be serviced annually . This is with our Maintenance Director at present. Maintenance man checks temperature on a monthly basis.</p>
<p>Recommendation 2</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be Completed by: 26 August 2016</p>	<p>The registered person should provide RQIA with confirmation that the works to refurbish the shower rooms have been completed.</p>
	<p>Response by Registered Manager Detailing the Actions Taken: Scheduled to commence refurbishment on shower rooms on the 22/08/16</p>
<p>Recommendation 3</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be Completed by: 29 July 2016</p>	<p>The registered person should review the arrangements for routine checks of the home's emergency standby generator with consideration of running the equipment for one hour on-load on a monthly basis. Reference should be made to the provisions of BS 5839 part 1.</p>
	<p>Response by Registered Manager Detailing the Actions Taken: Routine checks of the generator will now be completed by the maintenance man on load.</p>
<p>Recommendation 4</p> <p>Ref: Standard E20</p> <p>Stated: First time</p> <p>To be Completed by: 26 August 2016</p>	<p>The registered person should provide RQIA with confirmation that the works to provide wash hand basins to bedrooms 44a and 44b have been completed</p>
	<p>Response by Registered Manager Detailing the Actions Taken: This has now been priced and forwarded to our estates team. This work will also be completed in the next 4 weeks.</p>

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



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