

Announced Premises Inspection Report

10 May 2016



Parkview House

Parkview Road, Castlederg, BT81 7XH
Tel No: 028 8167 9192
Inspector: Phil Cunningham

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Parkview House took place on 10 May 2016 from 10:00 to 13:00hrs.

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.

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	2

Details of the QIP within this report were discussed with the home manager, Davina McAllister, as part of the inspection process. The timescales for completion commence from the date of 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: Apex Housing Association	Registered manager: Davina McAllister
Person in charge of the home at the time of inspection: Davina McAllister	Date manager registered: 1 April 2005
Categories of care: NH-PH, NH-LD(E), NH-I	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, duty call log.

During the inspection the inspector met with Davina McAllister, Home Manager and Rose Doherty. Apex Property Services Officer.

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 previous inspection dated 11/04/2016

The previous inspection of the home was an unannounced management of medicines inspection. No recommendations or requirements were made as a result of that inspection.

4.2 Review of requirements and recommendations from the last premises inspection dated 01/05/2013

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27 (2)(b) Stated: First time	Complete upgrade works to the central courtyard area. In the meantime, continue to exercise due care in respect of access to this area by patients.	Met
	Action taken as confirmed during the inspection: Central courtyard extensively upgraded.	
Requirement 2 Ref: Regulation 27 (2)(b) Stated: First time	Carry out repairs and re-sealing, etc to wash hand basins and splash-back tiling in residents' bedrooms as appropriate.	Met
	Action taken as confirmed during the inspection: Appropriate remedial works carried out to areas around wash hand basins.	
Requirement 3 Ref: Regulation 12 (3)(a) Stated: First time	Implement suitable range of staff checks to the washer disinfectant in line with the provisions of HTM 2030. The manager should liaise with the specialist contractor regarding the appropriate checks.	Met
	Action taken as confirmed during the inspection: Records of staff checks to equipment presented for inspection.	
Requirement 4 Ref: Regulation 13 (4)(a) Stated: First time	Monitor the room temperature in the medicines storage room to ensure that it remains within suitable levels. Consideration should be given to providing obscure glass to the window in this room for added security.	Met
	Action taken as confirmed during the inspection: Temperature of room subject to regular monitoring by staff and home manager advises that no adverse issues apparent.	

Requirement 5 Ref: Regulation 27 (4)(d)(i) Stated: First time	Provide self-closing devices to bedroom doors. Care should be taken to ensure that suitable devices are selected which do not impact negatively on the safety, mobility or quality of life of patients, e.g. swing free hold-open devices. The manager should liaise with the fire safety adviser in this respect.	Met
	Action taken as confirmed during the inspection: Automatic self-closing devices fitted to all doors.	
Requirement 6 Ref: Regulation 27 (4)(e) Stated: First time	Ensure that all staff receive refresher fire safety training from a competent person.	Met
	Action taken as confirmed during the inspection: Records presented indicate good attention to fire safety training by staff.	

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. Records presented indicate that the home's thermostatic mixing valves were serviced although they were unclear as to whether the valves' filters were cleaned as part of this servicing. See recommendation 1 on the attached Quality Improvement Plan.

2. The window of the home's medicines storage room is fitted with clear glazing. The window faces onto the publicly accessible elevation of the home. It is noted that curtains are provided at the window and the manager confirmed that these are drawn by staff at night time periods to provide security of medicines. See recommendation 2 on the attached Quality Improvement Plan.

Number of requirements:	0	Number of recommendations:	2
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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.

Number of requirements:	0	Number of recommendations:	0
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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 the Davina McAllister, Home 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

Recommendation 1
Ref: Standard 44.8

Stated: First time

To be Completed by:
14 June 2016

The registered person should confirm that the servicing of the thermostatic mixing valves included for the cleaning of the filters on the devices.

Response by Registered Manager Detailing the Actions Taken:
I can confirm that the the servicing of the thermostatic mixing valves have included cleaning of the filters on the mixing valves and have been issued with documentation which states same

Recommendation 2
Ref: Standard 30.1

Stated: First time

To be Completed by:
14 June 2016

Consideration should be given to providing obscure finish to the glazing to the medicines storage room to improve security arrangements.

Response by Registered Manager Detailing the Actions Taken:
Obscure glazing unit has been fitted in the medicines storage room

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



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