

Announced Premises Inspection Report 20 April 2016



Bell Gray House

48 Dublin Street, Newtownstewart, BT78 4AG
Tel No: 02881662075
Inspector: P Cunningham

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Bell Gray House took place on 20 April 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 Eileen Stanford, 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

As well those actions detailed in the previous QIP there were two issues which were discussed during the inspection. These resulted from a telephone call made to RQIA duty desk on 06 April 2016 by the relative of a service user who wished to remain anonymous. These related to:

- adequacy of staff call points in a lounge
- provision of self-closing devices to bedroom doors, which it was alleged, was leading to wedging open of several doors by staff

On inspection the provision of staff call points was found to be adequate. One lounge which was unoccupied at the time of inspection was provided with one call point. The manager stated that this room was used by small numbers of service users. The main lounge was provided with three points, two of which were added approximately two years ago. The manager stated that there had not been any adverse or notable issues around the provision or use of the staff call system.

Apex Property Services fitted automatic self-closing devices to all bedroom doors in line with directive from the Northern Ireland Fire and Rescue Service (NIFRS) in 2013. An assessment of the impact of the automatic self-closing devices on the service users using the bedroom doors was carried out over recent months. This resulted in the provision of acoustic hold-open/release units to two doors on 18 April 2016.

Subsequently, no further actions were required by the registered person in relation to these matters.

2.0 Service Details

Registered organisation/registered person: Gerald Kelly, Apex Housing Association Ltd	Registered manager: Eileen Stanford
Person in charge of the home at the time of inspection: Eileen Stanford	Date manager registered: 26 January 2015
Categories of care: NH-LD, RC-I, NH-I, NH-PH	Number of registered places: 35

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 Eileen Stanford, Home Manager, Mark Toland, Apex Property Services Officer and Orla Murphy, 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 25/02/2016

The previous inspection of the establishment was an unannounced care inspection. The QIP contained one requirement and three recommendations. The registered person's response will be assessed by the care inspector when the completed QIP has been returned.

4.2 Review of requirements and recommendations from the last estates inspection dated 22/04/2013

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 13(4)(a) Stated: First time	Ensure that the medicines are stored appropriately. The residential medicines trolley should be stored securely in the nursing medicines store as agreed during the inspection until a suitable alternative is identified in the residential section of the home. Consideration should be given to providing obscure finish to the window of the nursing medicines store room for added security. Action taken as confirmed during the inspection: Robust fixing point provided and obscure finish provided to window.	Met
Requirement 1 Ref: Regulation 27(4)(d)(i) Stated: First time	Fit smoke seal to the door to store room ref BGH007. Action taken as confirmed during the inspection: Seal fitted to door.	Met

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. Smoking materials were found to be unattended in the smoking room. The manager stated that only one service user used the room independently and this has been assessed as appropriate as he has capacity to do so safely. See recommendation 1 in the attached Quality improvement Plan.
2. Records presented indicated that the bedpan washer disinfectant was subjected to annual servicing. There were no records relating to in-house checks although the Property Services Officer explained that the equipment was fitted with fail-safe feature which disabled it from performing wash cycle in the event of achieving inadequate temperature. In the event of such occurrence, the service contractor would attend. See recommendation 2 in 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.

No areas for improvement were identified during the inspection.

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.

No areas for improvement were identified during the inspection.

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.

No areas for improvement were identified during the inspection.

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 Eileen Stanford, 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 will 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 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 44.14</p> <p>Stated: First time</p>	<p>Review the arrangements for management of smoking materials. Guidance can be obtained from RQIA at: http://www.rqia.org.uk/cms_resources/RQIA%20Guidance_Smoking_RCH_NH.pdf</p>
<p>To be Completed by: Immediately</p>	<p>Response by Registered Manager Detailing the Actions Taken: The arrangements for the management of smoking materials has been reviewed, action taken to ensure no smoking materials are evident in the designated smoking area for residents.</p>
<p>Recommendation 2</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p> <p>To be Completed by: 1 May 2016</p>	<p>Liaise with the specialist contractor for the washer disinfecter regarding the appropriate procedures for routine 'in-house' upkeep and checking of the equipment. Reference should be made to the HTM 2030.</p> <p>Response by Registered Manager Detailing the Actions Taken: A weekly check will be carried out according to the HTM 2030 and the manufacturers guidelines for the washer/disinfecter. The checks will be monitored monthly by the Property Services Office.</p>

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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