

**Announced Estates Inspection  
of  
Millcroft**

**06 August 2015**

## 1. Summary of Inspection

An announced estates inspection took place on 06 August 2015 from 10.00hrs to 13.00hrs. 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
<b>Total number of requirements and recommendations made at this inspection</b>	2	2

The details of the QIP within this report were discussed with Mr Tom McCaffrey, Proprietor, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Carewell Homes Limited/Ms Carol Kelly	<b>Registered Manager:</b> Mrs Carmen Leonard
<b>Person in Charge of the Home at the Time of Inspection:</b> Mrs Carmen Leonard	<b>Date Manager Registered:</b> 19 Jan 2012
<b>Categories of Care:</b> RC-I, RC-PH, RC-PH(E), NH-I, NH-PH, NH-PH(E)	<b>Number of Registered Places:</b> 92
<b>Number of Patients Accommodated on Day of Inspection:</b> 65	<b>Weekly Tariff at Time of Inspection:</b> £470 - £637

### 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 month period.

During the inspection the inspector met with Mr Tom McCaffrey (Proprietor) & Ms Carol Kelly (Registered Person).

The following records were examined during the inspection: Copies of service records, building user log books relating to maintenance/inspection of the building and engineering services, legionellae risk assessment and 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 completed on 15 June 2015. The completed QIP was returned, and assessed as satisfactory by the care inspector on 26 June 2015.

#### 5.2 Review of Requirements and Recommendations from *the last* Estates Inspection completed on 02 August 2012.

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref: Regulation 27.(4)(a)</b>	Complete a review of the fire safety precautions; prepare a works action plan to implement any subsequent fire safety risk assessment recommendations.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Risk assessment works implemented.	

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 32.1	Remove & replace degraded sealant from window frames.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Window frame sealant replaced.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 32.1	Replace worn/frayed stairwell carpet.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Nosings fitted to stair treads	
<b>Recommendation 3</b> <b>Ref:</b> Standard 32.1	Complete a condition survey of all decorated surfaces; implement redecoration works where surfaces have sustained damage/deterioration.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Redecoration works implemented.	

### 5.3 Standard 44: Premises Is Care Safe? (Quality of Life)

A range of documents relating to the maintenance and inspection of the premises were presented for review during this Estates inspection. The documentation included: inspection/ test reports for building engineering services and associated risk assessments. This supports the delivery of safe care.

[Issues were identified for attention during this Estates inspection, and are detailed in the 'areas for improvement' section below.]

#### Is Care Effective? (Quality of Management)

A range of accommodation, facilities and support services are provided in the premises. This supports the delivery of effective care.

[Issues were identified for attention during this Estates inspection, and are detailed in the 'areas for improvement' section below.]

#### Is Care Compassionate? (Quality of Care)

The accommodation inspected was maintained in a good condition, clean and free from malodours. This supports the delivery of compassionate care.

[There were no issues identified for attention during this Estates inspection.]

### Areas for Improvement

Unit 2 first floor corridor carpet is worn/soiled.

Refer to Quality Improvement Plan Recommendation 2

A number of bedrooms have sustained superficial damage to wall surfaces as a result of impact with wheel chairs/hoists. (Note Bedrooms: 21, 48, 44)

Refer to Quality Improvement Plan Recommendation 1

Ground floor lounge carpet is worn & frayed; Mr McCaffrey stated that the carpet is scheduled for replacement.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>2</b>
-------------------------------	----------	--------------------------------	----------

## 5.4 Standard 47: Safe and Healthy Working Practices

### Is Care Safe? (Quality of Life)

Documents related to the safe operation of the premises, installations and engineering services were presented for review during this Estates inspection. This supports the delivery of safe care.

[An issue was identified for attention during the estates inspection, and is detailed in the 'areas for improvement' section below.]

### Is Care Effective? (Quality of Management)

The dependency 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.

[There were no issues identified for attention during this Estates inspection.]

### Is Care Compassionate? (Quality of Care)

There are health & safety procedures plus control measures in place which support the delivery of compassionate care.

[There were no issues identified for attention during this Estates inspection.]

### Areas for Improvement

BS7671 Periodic Inspection Report for the electrical installation was not available for examination/review. Mr McCaffrey stated the inspection was completed on 21 July 2015; the inspection report had not yet been received by the home manager.

Refer to Quality Improvement Plan Requirement 1

<b>Number of Requirements</b>	<b>1</b>	<b>Number Recommendations:</b>	<b>0</b>
-------------------------------	----------	--------------------------------	----------

## 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.

[An issue was identified for attention during this Estates inspection, and 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 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.

A fire risk assessment was completed by an assessor accredited for conducting fire safety risk assessments in regulated residential care facilities, in accordance with RQIA guidance letter "Competence of persons carrying out fire risk assessments in regulated residential care establishments", 2 April 2015. This standard has been referenced in the fire risk assessment. This supports the delivery of effective care.

[An issue was identified for attention during this Estates inspection, and is detailed in the 'areas for improvement' section below.]

### 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.

[There were no issues identified for attention during this Estates inspection.]

### Areas for Improvement

Bedroom doors are not currently fitted with "free-swing" self-closer devices. This proposed fire safety improvement work is currently progressing and will be completed in accordance with the works action plan incorporated in October 2014 fire risk assessment.

Refer to Quality Improvement Plan Requirement 2.

<b>Number of Requirements</b>	<b>1</b>	<b>Number Recommendations:</b>	<b>0</b>
-------------------------------	----------	--------------------------------	----------

## 5.6 Additional Areas Examined

N/A

## 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Tom McCaffrey, (Proprietor) 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](mailto:estates.mailbox@rqia.org.uk) / RQIA's office at 'Hilltop' Tyrone and Fermanagh Hospital, Omagh, County Tyrone BT79 0ns 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	
Statutory Requirements	
<b>Requirement 1</b>  <b>Ref:</b> Regulations 14.(2)(a),(b) & (c)  <b>Stated:</b> First time  <b>To be Completed by:</b> 01 October 2015	Submit a copy of the BS7671 Periodic Inspection Report for the electrical installation.  <b>Response by Registered Manager Detailing the Actions Taken:</b> Has been forwarded by email.
<b>Requirement 2</b>  <b>Ref:</b> Regulations 27.(4).(a),(b),(c) & (d)(i) & (iii)  <b>Stated:</b> First time  <b>To be Completed by:</b> 05 November 2015	Complete the installation of “free-swing” bedroom door closer devices. Continue with management controls until “free-swing” door system is operational.  <b>Response by Registered Manager Detailing the Actions Taken:</b> Have been installed and awaiting commissioning.
Recommendations	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 44.1 <b>Stated:</b> First time  <b>To be Completed by:</b> 29 October 2015	Implement redecoration repairs to wall surfaces damaged by wheelchair & hoist traffic impact.  <b>Response by Registered Manager Detailing the Actions Taken:</b> Ongoing.
<b>Recommendation 2</b>  <b>Ref:</b> Standard 44.2 <b>Stated:</b> First time  <b>To be Completed by:</b> 29 October 2015	Clean/replace Unit 2 first floor corridor carpet.  <b>Response by Registered Manager Detailing the Actions Taken:</b> Receiving attention.



<b>Registered Manager Completing QIP</b>	Carmen Leonard	<b>Date Completed</b>	17/09/15
<b>Registered Person Approving QIP</b>	Carol Kelly	<b>Date Approved</b>	17/09/15
<b>RQIA Inspector Assessing Response</b>	Raymond Sayers	<b>Date Approved</b>	17/09/15

*\*Please ensure the QIP is completed in full and returned to [estates.mailbox@rqia.org.uk](mailto:estates.mailbox@rqia.org.uk) from the authorised email address\**