

Announced Premises Inspection Report

09 November 2017



Carrickfergus Manor

Type of Service: Nursing Home

**Address: 76 Dunluskin Gardens, Prince Andrew Way,
Carrickfergus, BT38 7JA**

Tel No: 028 9336 9780

Inspector: Raymond Sayers

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 providing care for ninety service users, including forty three residents in RC-DE category situated on the ground floor level.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual: Mr Gavin O'Hare-Connolly (Registration Pending)	Registered manager: Mrs Joanne Neville
Person in charge at the time of inspection: Mrs Joanne Neville	Date manager registered: 17 December 2014
Categories of care: Nursing Home: I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. Residential Care: I – Old age not falling within any other category DE – Dementia	Number of registered places: 90, including a maximum number of 43 residents in category RC-DE accommodated on the Ground Floor.

4.0 Inspection summary

An announced inspection took place on 09 November 2017 from 10.30 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 issues identified as requiring improvement during and since the last premises inspection completed on 09 February 2015.

The inspection evaluation considered if the service was well led, delivering safe, effective and compassionate care.

Evidence of good practice was found in relation to the facility janitor/maintenance supervisor monitoring of building user health & safety controls.

Issues requiring improvement were identified as follows:

- The installation of an emergency gas safety interlock device adjacent the laundry facility means of escape exit would reduce the potential fire safety risk to staff and service users.

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	1

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Joanne Neville, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent premises inspection

Other than those actions detailed in the QIP no further actions required to be taken following the most recent inspection on 09 February 2015.

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 establishment 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 Mr Jim Fowler (Runwood Health & Safety Manager), Mr Albert Crosbie, (Janitor/Maintenance Supervisor) and Joanne Neville (Manager).

Areas for improvements identified at the last premises inspection were reviewed and the assessment of compliance recorded as met, partially met, or not met.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 04 September 2017

The most recent inspection of the service was an unannounced medicines management inspection. There were no issues requiring improvement listed as a result of the inspection.

6.2 Review of areas for improvement from the last premises inspection dated 09 February 2015

Areas for improvement from the last premises inspection		
Action required to ensure compliance in relation to Standard 32 - Premises and grounds		Validation of compliance
Area for improvement 1 Regulation 14.-(2)(a) and (c)	The window restrictors in the new extensions, and throughout the home, should be reviewed and actioned in accordance with safety alert EFA/2014/003.	Met
	Action taken as confirmed during the inspection: Janitor/Maintenance Supervisor confirmed that remedial actions to window restrictors implemented. Random sample checked on inspection.	
Area for improvement 2 Regulation 14.-(2)(a) and (c)	The blended water temperature at all the outlets accessible to residents should be checked and where necessary adjusted to be in accordance with Health Guidance Note 'Safe hot water and surface temperatures.	Met
	Action taken as confirmed during the inspection: Building user controls monitoring implemented, including checking of water temperatures.	
Area for improvement 3 Regulation 27.-(2)(j)	The two additional communal toilets should be completed.	Met
	Action taken as confirmed during the inspection: Building works completed.	

Area for improvement 4 Regulation 27.-(2)(b)	The minor defects to surface finishes should be rectified.	Met
	Action taken as confirmed during the inspection: Snagging works completed	
Area for improvement 5 Regulation 13.-(7)	The legionella risk assessment was reviewed on 02 February 2015 and it is understood that water samples were taken to be tested for the presence of legionella bacteria. The results of the tests should be forwarded to RQIA. The updated scheme of control arising from the new legionella risk assessment should be fully implemented.	Met
	Action taken as confirmed during the inspection: Records of water samples analysis indicate no legionella bacteria present, & scheme of water safety control implemented.	
Area for improvement 6 Regulation 14.-(2)(a) and (c)	The wardrobe in room 65 requires to be secured to the wall.	Met
	Action taken as confirmed during the inspection: Wardrobe secured to wall.	

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 documents related to the maintenance and inspection 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.

Documentation relating to the safe operation of the establishments installations and engineering services was also presented for review during this premises inspection.

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.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to premises management.

Areas for improvement

The laundry facility emergency gas safety isolation valve was not located adjacent the laundry means of escape doorway, and was a manually operated lever rather than an interlock valve. e-mail from Jim Fowler on 21 November 2017 confirmed that an emergency gas interlock valve will be installed on the laundry gas service pipework, in accordance with a health & safety risk assessment).

	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 planned premises management, as well as timely breakdown/repair maintenance. Where appropriate service users are involved in decisions around the maintenance of the establishment.

This supports the delivery of effective care.

Areas of good practice

The interior and exterior environment was well maintained.

Areas for improvement

There were no issues requiring improvement 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 accommodation reviewed during this premises inspection was well decorated, comfortable, clean, well ventilated, with adequate lighting levels. Service users are consulted about decisions around decoration in their private accommodation where appropriate.

This supports the delivery of compassionate care.

Areas of good practice

Patients and relatives are consulted prior to planning proposed refurbishment/alteration works

Areas for improvement

There were no issues requiring improvement identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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 documents are retained in a manner which is accessible to authorised persons.

Arrangements are in place for managing premises related incidents/notifiable events, and Medical Device and Equipment Alerts.

Previous RQIA QIP items and other relevant issues relating to the premises have been addressed, adequate support and resources are provided by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators.

This supports a well led service.

Areas of good practice

Maintenance management issues are subjected to good governance arrangements.

Areas for improvement

There were no issues requiring improvement 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 Joanne Neville, (Manager), and Jim Fowler, (Runwood Health & Safety Manager) 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 47 Stated: First time To be completed by: In accordance with health and safety risk assessment recommendations	The registered person shall complete the risk assessment and the installation of the gas service emergency interlock isolation valve adjacent to the laundry facility "means of escape" doorway as per the undertaking given to the RQIA estates inspector by Jim Fowler's e-mail on 21 November 2017. Ref: 6.4 Response by registered person detailing the actions taken: Gas work alterations will be completed before xmas by Fowler UK. Risk assessment has been completed. Corner has been cleared and signs in place.

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



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