

# Announced Premises Inspection Report 18 May 2016



## Silverdale Nursing Home

**Address: 29a Castlegore Road, Castleberg, BT81 7RU**

**Tel No: 028 8167 9574**

**Inspector: Phil Cunningham**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced premises inspection of Silverdale Nursing Home took place on 18 May 2016 from 09:45 to 13:00. The inspector assessed that the management and upkeep of the premises and the building and engineering services by the registered person was carried out in an effective and competent manner. This supported positive outcomes for the service users accommodated in the home and subsequently in summary:

### Is care safe?

On the day of the inspection the premises supported the delivery of safe care. One issue was however 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
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

Details of the QIP within this report were discussed with Roberta Brownlee, Registered Person 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

<b>Registered organisation/registered person:</b> SRB Care Limited/Roberta Brownlee	<b>Registered manager:</b> Geraldine Browne
<b>Person in charge of the home at the time of inspection:</b> Roberta Brownlee	<b>Date manager registered:</b> 10 June 2009
<b>Categories of care:</b> NH-DE, NH-I, NH-PH	<b>Number of registered places:</b> 41

## 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 Roberta Brownlee, Registered Person, Patricia McGlinchey, Administration Officer and Simon Hogg, 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 previous inspection dated 28/01/2016

The previous inspection of the home was an unannounced care inspection. The completed QIP was returned by the registered manager/person on 23 March 2016 and approved by the care inspector on 11 April 2016.

## 4.2 Review of requirements and recommendations from the last premises inspection dated 14/05/2013

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 27(4)(a)  <b>Stated:</b> First time	Review the emergency fire procedure in relation to summoning emergency services in the event of a fire alarm activation. The manager should liaise with the fire safety adviser/fire risk assessor in this respect.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The emergency procedures were reviewed accordingly and a copy was presented for inspection.	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 27(4)(b)  <b>Stated:</b> First time	Carry out assessment of the activities of the patient who smokes and confirm that the arrangements in place for retention and management of smoking materials are suitable and safe from a fire safety perspective. The manager should liaise with the Trust Care Manager and the fire safety adviser/risk assessor in this respect.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Assessment carried out following the previous inspection and smoking procedures amended accordingly.	
<b>Requirement 3</b>  <b>Ref:</b> Regulation 27(4)(d)(i)  <b>Stated:</b> First time	Give consideration to the provision of automatic self-closing devices to bedroom doors. Care should be taken so that devices which do not impact negatively on the mobility, safety and quality of life of patients are selected. This may require the provision of suitable hold-open devices where assessed necessary or appropriate. The manager should liaise with the fire risk assessor in this respect.  Proposals for this including the approximate intended completion date should be forwarded to RQIA for information within the timescale indicated.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Automatic self-closing devices provided to bedroom doors throughout the home.	

### 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 also presented for review during this premises inspection.

The legionella risk assessment, reviewed on February 2016, listed a number of items requiring attention by the registered person and good attention has been paid to these. One issue relating to the plumbing system requires remedial actions and the registered provider stated that this would be addressed over coming weeks. The issue does not present any immediate cause for concern and relates to the configuration of expansion/over-flow pipework on the hot water system should the system mal-function.

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. New fire doors provided to the homes main lounge offer wider opening for ease of access as well as improved structural fire resistance. 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. This supports the delivery of safe care.

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

#### Areas for improvement

1. The fire risk assessor is a fire safety specialist and a copy of certification was presented indicating that he had successfully obtained an accredited qualification in fire risk assessment from a recognised training organisation. There was no documentation however to indicate that the assessor had attained entry onto a recognised professional body register or an accredited third party register for fire risk assessors. This was detailed in correspondence from RQIA to registered providers on 02 April 2015 and 31 January 2013.

Refer to recommendation 1 in Quality Improvement Plan.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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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.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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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.

Works to enhance the outdoor spaces at the rear area of the home for service users had been carried out over the past number of years. This included provision of attractive brick-paviour pathways and garden furniture. The registered person stated that further similar works were planned to the remaining outdoor areas over coming months.

This supports the delivery of compassionate care.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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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.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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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 Roberta Brownlee, Registered Person 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](mailto: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 48

**Stated:** First

**To be Completed by:**

At time of next review  
of the fire risk  
assessment

RQIA recommend that the person carrying out the next review of the fire risk assessment should hold professional body registration or third party body certification for fire risk assessment and be registered accordingly with the relevant body.

Reference should be made to correspondence issued by RQIA to all registered homes on 13 January 2013 and 02 April 2015 and the guidance contained in:

[http://www.rqia.org.uk/cms\\_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf](http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf)

[http://www.rqia.org.uk/cms\\_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf](http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf)

**Response by Registered Manager Detailing the Actions Taken:**

Silverdale will ensure that the person carrying out the Fire Risk Assessment will hold a professional body registration and be registered accordingly with the relevant body.

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





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