

# Announced Premises Inspection Report 13 March 2018



## Knockagh Rise

**Type of service: Nursing Home**  
**Address: 236 Upper Road, Greenisland, BT38 8RP**  
**Tel No: 028 9085 5930**  
**Inspector: Gavin Doherty**

[www.rqia.org.uk](http://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 registered to provide nursing and residential care for up to 29 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Knockagh Rise Ltd  <b>Responsible Individual(s):</b> Malcolm James Wilson	<b>Registered Manager:</b> See box below
<b>Person in charge at the time of inspection:</b> Diane Brown - acting manager	<b>Date manager registered:</b> Diane Brown – acting manager. No application to register submitted.
<b>Categories of care:</b> Nursing Home (NH) 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 (RC) 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.	<b>Number of registered places:</b> 29 comprising: 23 – NH- I, PH and PH(E) 6 – RC – I, PH and PH(E)

### 4.0 Inspection summary

An announced inspection took place on 13 March 2018 from 10.00 to 12.00.

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 any areas for improvement identified since the last premises inspection and to determine if the service was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the ongoing maintenance of the premises and the monitoring of key aspects of health and safety within the premises. Areas requiring improvement were identified regarding servicing contracts and risk assessments for key mechanical and electrical services.

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
<b>Total number of areas for improvement</b>	4	0

Details of the Quality Improvement Plan (QIP) were discussed with James Wilson, Responsible Individual, 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.

## 4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions required to be taken following the most recent inspection on 1 February 2018.

## 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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 1 February 2018

The most recent inspection of the service was an unannounced care inspection. There were no areas for improvement made as a result of the inspection.

The completed QIP was returned and approved by the care inspector.

## 6.2 Review of areas for improvement from the last premises inspection dated 18 October 2016

There were no areas for improvement made as a result of the last premises inspection.

## 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 documentation in relation to the maintenance and upkeep 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 building maintenance, health and safety, and staff fire training.

The fixed electrical installation was commissioned in 2014 and was in a satisfactory condition. Portable appliances are tested in-house on a regular basis and no failures have been noted.

### Areas for improvement

Details for the servicing and maintenance of the premises Fire detection and alarm system were not available during the inspection. It is important that these systems are maintained in accordance with current best practice guidance (BS5839 Part 1 Fire detection and fire alarm systems for buildings – Part 1: Code of practice for design, installation, commissioning and maintenance of systems in non-domestic premises). The period between service visits should not exceed 6 months.

Details for the servicing and maintenance of the premises Emergency lighting installation were not available during the inspection. It is important that these systems are maintained in accordance with current best practice guidance (BS5266 Part 8 Emergency escape lighting systems). The period between service visits should not exceed 12 months.

It is important that the above essential systems are tested in house at the correct intervals and in accordance with the appropriate standards. These are as follows:

- fire detection and alarm system – Weekly test
- emergency lighting installation – Monthly function check
- portable fire-fighting equipment – Monthly visual inspection

A current risk assessment for the control of legionella bacteria in the premises hot and cold water systems was not in place at the time of the inspection. However, it was stated that this is in hand and will be undertaken imminently. A temperature monitoring regime is currently in place for the premises, seldom used outlets are being regularly flushed and the shower heads are cleaned and descaled quarterly. The proposed risk assessment was discussed in detail with the responsible individual. It is essential that this risk assessment complies with the relevant guidance, issued by the Health and Safety Executive NI. This guidance can be found using the following link:

<http://www.hse.gov.uk/pubns/priced/hsg274part2.pdf>

Details for the 'Thorough Examination' of the premises passenger lift were not available during the inspection. It is essential that this essential apparatus is maintained in accordance with the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). It is recommended that the home seek guidance on this matter from their property insurer. The period between thorough examinations should not exceed 6 months.

Details for the inspection of the premises gas powered appliances were not available during the inspection. It is important that these appliances and associated pipework are maintained annually in accordance with the current Gas Safe Regulations.

	Regulations	Standards
<b>Total number of areas for improvement</b>	4	0

### 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 premises management and upkeep, as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the establishment.

This supports the delivery of effective care.

### Areas of good practice

Areas of good practice were identified in relation to the environment, the management ethos of the home and infection prevention and control.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 areas of the establishment 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 their private accommodation where appropriate.

This supports the delivery of compassionate care.

## Areas of good practice

Areas of good practice were identified in relation to the personalisation of resident's private accommodation and effective, sympathetic signposting throughout the premises.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 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.



## Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 James Wilson, Responsible Individual, 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.



## Quality Improvement Plan

### Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005.

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 27(4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 April 2018</p>	<p>The registered person shall ensure that the following service contracts are in place and maintained at the required frequency for the premises in accordance with current best practice guidance:</p> <ul style="list-style-type: none"> <li>• Fire detection and alarm system (BS5839 Part 1 Fire detection and fire alarm systems for buildings – Part 1: Code of practice for design, installation, commissioning and maintenance of systems in non-domestic premises)</li> <li>• Emergency lighting installation (BS5266 Part 8 Emergency escape lighting systems)</li> </ul> <p>It is important that the above essential systems are tested in house at the correct intervals and in accordance with the appropriate standards. These are as follows:</p> <ul style="list-style-type: none"> <li>• fire detection and alarm system – Weekly test</li> <li>• emergency lighting installation – Monthly function check</li> <li>• portable fire-fighting equipment – Monthly visual inspection</li> </ul> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> maintenance contract nok277/1 dated 05/01/18 with atlas fire ans security limited. Inspected fire alarm panel and tested on the 26/03/18 job ref 137482, Inspected detectors in selected areas on the 26/03/18 job ref 14273, Inspected emergengy lighting and tested on 26/03/18 job ref 131437. Contract covers maintance testing to be carried out every three months. weekly fire alarm test is carried out every Thursday and recorded. monthly emergency lighting &amp; fire fighting equipment checks being carried out &amp; recorded.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 27(2)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 April 2018</p>	<p>The registered person shall ensure that the premises passenger lift is 'thoroughly examined' in accordance with the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER)</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Thorough examination of passenger lift to loler 1998 has been organised by colin hutchinson of our insurers towergate dawson &amp; white, awaiting confirmation of date of examination.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 27(2)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 April 2018</p>	<p>The registered person shall ensure that the premises gas powered appliances and associated pipework are maintained annually in accordance with the current Gas Safe Regulations.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> E.B Gas is inspecting gas powered appliances associated pipework on 23rd april &amp; issuing gas safe certificates to cover annual inspection requirements.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 27(2)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 April 2018</p>	<p>The registered person shall ensure that a current risk assessment for the control of legionella bacteria in the premises hot and cold water systems is in place within the premises, and that all required control measures and remedial work flowing from this risk assessment are fully implemented and maintained.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> BWT(NI) ltd have carried our legionella risk assessment and taken water samples for analysis on 28/03/18 , awaiting written report and results of water samples submitted to the laboratory.</p>



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