

Announced Estates Inspection

of

Laganvale Care Home, Moira
(General Nursing Unit)

on

22 September 2015

1. Summary of Inspection

An announced estates inspection took place on 22 September 2015 from 1:55pm. to 4:35pm. Overall 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
Total number of requirements and recommendations made at this inspection	9	0

The details of the QIP within this report were discussed with Mrs. Shily Paul, Registered Manager and Mr. Gerry Hegarty, Estates Manager with Four Seasons Health Care, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Four Seasons Health Care Dr. Maureen Claire Royston	Registered Manager: Mrs. Shily Paul
Person in Charge of the Home at the Time of Inspection: Mrs. Shily Paul, Registered Manager	Date Manager Registered: 07 November 2007
Categories of Care: NH-I, NH-PH	Number of Registered Places: 37
Number of Patients Accommodated on Day of Inspection: 33	Weekly Tariff at Time of Inspection: £470.00 - £593.00/Week

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 included the following:

Prior to the inspection the following records were analysed: The previous estates inspection report and the statutory notifications over the past 12 months.

Discussions with Mrs. Shily Paul and Mr. Gerry Hegarty.

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, etc..

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of this home was an unannounced primary care inspection on 19 August 2015. The completed QIP for this inspection was returned to RQIA on 25 September 2015. This completed QIP has not yet been approved by the Nursing Inspector.

5.2 Review of Requirements and Recommendations from the last Estates Inspection on 23 January 2014

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27(2)(b)	The remaining double glazed units with defective seals should be replaced.	Met
	Action taken as confirmed during the inspection: A number of double glazed units had been replaced and further units will be replaced on an ongoing basis as identified, for example the lower pane to the window in bedroom 136.	
Requirement 2 Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(c)	The issue in relation to the worn door to one of the lift cars as noted in the report for the thorough examination that was completed on 02 September 2013 should be reviewed with the inspecting engineer to establish what action is required to address same. The outcome of this review should be confirmed to RQIA.	Met
	Action taken as confirmed during the inspection: This issue had been addressed.	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 3 Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(c) 27(2)(q)	The issues identified for attention in the report for the safety inspection for the gas equipment in the kitchen that was completed on 31 December 2013 should be addressed. The reports for the most recent safety inspections for the gas pipework and the gas equipment in the laundry should also be forwarded to RQIA.	Met
	Action taken as confirmed during the inspection: The most recent gas safety inspection for the gas equipment in the kitchen was carried out on 08 January 2015. The report for this gas safety inspection which was presented for review during this estates inspection did not identify any issues for attention. The reports for the most recent gas safety inspections to the gas pipework (15 June 2015) and the gas equipment in the laundry (13 October 2014) were also presented for review during this estates inspection. In addition Mr. Hegarty confirmed that a programme of work was being taken forward for the replacement of the underground gas pipework from the gas storage tank.	
Requirement 4 Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)	The unblended hot water temperatures noted during the monthly checks should be recorded in the log.	Met
	Action taken as confirmed during the inspection: This issue had been addressed.	
Requirement 5 Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(b) 27(2)(c)	The area around the sink including the sink in the laundry should be deep cleaned and improved. Proposals should be developed to replace the cupboards in the hairdressing room.	Met
	Action taken as confirmed during the inspection: The area around the sink in the laundry had been improved and the hairdressing room had been refurbished.	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 6 Ref: Regulations 27(4)(b) 27(4)(d)(i) 27(4)(d)(iv)	The details in relation to the work to install the new fire detection and alarm system should be confirmed to RQIA.	Met
	Action taken as confirmed during the inspection: It is good to report that a new fire detection and alarm system had been installed throughout the home. This is to be commended.	
Requirement 7 Ref: Regulations 27(4)(b) 27(4)(f)	The points of learning identified during the fire drill that was carried out on 20 January 2014 should be followed up and carried forward into future practice. Further fire drills should also be carried out to validate this learning.	Met
	Action taken as confirmed during the inspection: Fire drills were carried out in April 2014, December 2014 and April 2015. The most recent fire drill was also carried out on 18 September 2015 with no issues identified for attention.	

5.3 Standard 44: Premises

Is Care Safe? (Quality of Life)

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this Estates inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. This supports the delivery of safe care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Is Care Effective? (Quality of Management)

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

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. This supports the delivery of compassionate care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Areas for Improvement

1. The first floor service kitchen and the dining room should be deep cleaned. The shower chairs and commodes in the sluice room adjacent to bedroom 110 should also be reviewed and replaced as required (some rusting evident). Reference should be made to requirement 1 in the attached QIP.
2. The bath in bathroom 144 was out of commission. This bath should be replaced. Reference should be made to requirement 2 in the attached QIP.
3. The roof gutters should be cleared and flushed clean. Reference should be made to requirement 3 in the attached QIP.

Number of Requirements	3	Number Recommendations:	0
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5.4 Standard 47: Safe and Healthy Working Practices

Is Care Safe? (Quality of Life)

A range of documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this Estates inspection. This supports the delivery of safe care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Is Care Effective? (Quality of Management)

The nature 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.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Is Care Compassionate? (Quality of Care)

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

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Areas for Improvement

1. There was a slight variation between the level of the first floor landing and the lift car floor. The lift should be adjusted to remove this variation. Reference should be made to requirement 4 in the attached QIP.
2. The issues identified for attention in the report for the thorough examination of the lifts that was carried out 18 March 2015 should be addressed. The issue identified during the service of the lifts on 08 July 2015 (oil in lift pit) should be closely monitored to ensure that the cause is identified and remedial works are carried out as required. Reference should be made to requirement 4 in the attached QIP.
3. The minor issues identified for attention during the thorough examinations of the patient hoists and slings that were completed on 17 September 2015 should be addressed. Reference should be made to requirement 4 in the attached QIP.
4. The legionella risk assessment was reviewed and updated on 11 June 2015. The issues identified for attention in the report for this risk assessment should be addressed and completion should be confirmed to RIQA. Reference should be made to requirement 5 in the attached QIP.
5. The short dead leg where the staff shower has been removed should be removed. Reference should be made to requirement 5 in the attached QIP.
6. Five thermostatic mixing valves (four at wash basins and one at a bath) had been identified for replacement. Completion of this work should be confirmed to RQIA. Reference should be made to requirement 5 in the attached QIP.
7. There appeared to be a small oil leak at one of the heating boilers in the boiler room. This should be investigated and remedial action should be taken re same. The redundant liquid container in the boiler room should also be removed. Reference should be made to requirement 6 in the attached QIP.
8. The fixed wiring installation was inspected and tested on 16 March 2015. The issues identified for attention during this inspection and test should be addressed and completion should be confirmed to RQIA. Reference should be made to requirement 7 in the attached QIP.
9. The generator was serviced on 26 August 2015. The report for this work identified that the heaters were disconnected. This issue should be addressed. Reference should be made to requirement 7 in the attached QIP.

Number of Requirements	4	Number Recommendations:	0
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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.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Is Care Effective? (Quality of Management)

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 patients, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment. The fire risk assessment was reviewed, updated and actioned on 07 August 2014. The most recent review was also completed during the week previous to this estates inspection in line with the guidance issued by RIQA in relation to the competency of fire risk assessors. This supports the delivery of effective care.

A number of issues were however identified for attention during this Estates inspection. These are 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. All bedroom doors were self-closing with electro-magnetic hold open devices in line with the guidance issued by the Northern Ireland Fire and Rescue Service. This supports the delivery of compassionate care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Areas for Improvement

1. The service record on the carbon dioxide fire extinguisher in the first floor corridor should be checked and brought up to date. Reference should be made to requirement 8 in the attached QIP.
2. The emergency lights were inspected and tested on 16 July 2015. Mr. Hegarty confirmed that remedial works to the emergency lights had been authorised for completion. Completion of these remedial works should be confirmed to RQIA. Reference should be made to requirement 8 in the attached QIP.
3. The local isolating switch for the electro-magnetic hold open device on the corridor door at bedroom 133 was not releasing the door. This switch should be made good. Reference should be made to requirement 8 in the attached QIP.

Areas for Improvement Continued

4. There should be a continued focus on fire safety training to ensure that the programme of practical fire safety trading for all staff is completed. Reference should be made to requirement 9 in the attached QIP.

Number of Requirements	2	Number Recommendations:	0
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5.6 Additional Areas Examined

No additional areas were reviewed during this estates inspection.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs. Shily Paul, Registered Manager and Mr. Gerry Hegarty, Estates Manager with Four Seasons Health Care, 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 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 persons 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 persons with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulations 13(7) 27(2)(c) 27(2)(d)</p> <p>Stated: First time</p> <p>To be Completed by: Ongoing</p>	<p>The first floor service kitchen and the dining room should be deep cleaned. The shower chairs and commodes in the sluice room adjacent to bedroom 110 should also be reviewed and replaced as required.</p> <p>Response by Registered Manager Detailing the Actions Taken: First floor Service kitchen has been deep cleaned and the area in the dining room has been re painted. All Shower chairs have been deep cleaned/ re-painted/replaced accordingly.</p>
<p>Requirement 2</p> <p>Ref: Regulation 27(2)(c)</p> <p>Stated: First time</p> <p>To be Completed by: 18 December 2015</p>	<p>The bath in bathroom 144 should be replaced.</p> <p>Response by Registered Manager Detailing the Actions Taken: This bath is non usable and a notice placed for staff attention. The replacement or removal of bath is planned in conjunction with the refurbishment plan for 2016.</p>
<p>Requirement 3</p> <p>Ref: Regulation 27(2)(b)</p> <p>Stated: First time</p> <p>To be Completed by: 20 November 2015</p>	<p>The roof gutters should be cleared and flushed clean.</p> <p>Response by Registered Manager Detailing the Actions Taken: Mitie will be clearing all visible vegetation from all gutters before the end of Novemeber 2015.</p>

Quality Improvement Plan

Statutory Requirements

Requirement 4

Ref: Regulations

14(2)(a)

14(2)(c)

27(2)(c)

Stated: First time

To be Completed by:
22 October 2015

The lift should be adjusted to remove the slight variation between the level of the first floor landing and the lift car floor. The issues identified for attention in the report for the thorough examination of the lifts that was carried out 18 March 2015 should be addressed. The issue identified during the service of the lifts on 08 July 2015 (oil in lift pit) should be closely monitored to ensure that the cause is identified and remedial works are carried out as required. The minor issues identified for attention during the thorough examinations of the patient hoists and slings that were completed on 17 September 2015 should be addressed.

Response by Registered Manager Detailing the Actions Taken:

A new part is fitted to lift correct the variation. The oil in lift pit is attended by contractors and remedial work had been completed. Patient hoist is serviced by recommended suppliers and according to the reports it is serviceable. We will be closely monitoring this and will identify if any issues.

Requirement 5

Ref: Regulations

13(7)

14(2)(a)

14(2)(c)

27(2)(c)

27(2)(q)

Stated: First time

To be Completed by:
18 December 2015

The issues identified for attention in the report for the review of the legionella risk assessment that was completed on 11 June 2015 should be addressed and completion should be confirmed to RIQA. The short dead leg where the staff shower has been removed should be removed. Completion of the work to replace the five thermostatic mixing valves (four at wash basins and one at a bath) should be confirmed to RQIA.

Response by Registered Manager Detailing the Actions Taken:

All issues related to legionella risk assessment is completed. A new shower is fitted for male staff in the change room where there was short dead leg. This will be checked by maintenance man regularly. Contractors were given information about the valve replacement. Bathroom bath is not in use at present, a risk assessment will be carried out when this is in use.

Requirement 6

Ref: Regulations

14(2)(a)

14(2)(c)

27(2)(c)

Stated: First time

To be Completed by:
22 October 2015

The oil at one of the heating boilers in the boiler room should be investigated and remedial action should be taken re same. The redundant liquid container in the boiler room should also be removed.

Response by Registered Manager Detailing the Actions Taken:

The oil leak in the boiler room is addressed, remedial work is carried out by contractors.
The redundant liquid container is removed for boiler room.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 7</p> <p>Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(q)</p> <p>Stated: First time</p> <p>To be Completed by: 20 November 2015</p>	<p>The issues identified for attention during the inspection and test of the fixed wiring installation on 16 March 2015 should be addressed and completion should be confirmed to RQIA. The issue in relation to the heaters for the generator should be addressed.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: Estate manager is pricing regarding fixed wiring installationj at present and will be dealing it as soon as possible. Smoke detector has been moved in the generator room.</p>
<p>Requirement 8</p> <p>Ref: Regulations 27(4)(b) 27(4)(d)(iv)</p> <p>Stated: First time</p> <p>To be Completed by: 22 October 2015</p>	<p>The service record on the carbon dioxide fire extinguisher in the first floor corridor should be checked and brought up to date. Completion of the remedial works to the emergency lights should be confirmed to RQIA. The local isolating switch for the electro-magnetic hold open device on the corridor door at bedroom 133 should be made good.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: The Fire extinguisher in first floor is re serviced in October and an up to date label is attached. completion of the emergency light remedials are on a programme of work at present. The isolation switch is replaced and working.</p>

Quality Improvement Plan

Statutory Requirements

Requirement 9 Ref: Regulation 27(4)(e) Stated: First time To be Completed by: Ongoing	<p>There should be a continued focus on fire safety training to ensure that the programme of practical fire safety training for all staff is completed.</p> <p>Response by Registered Manager Detailing the Actions Taken: Majority of the staff have attended practical fire training with a programme ongoing</p>
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Registered Manager Completing QIP	Shily Paul	Date Completed	11.11.2015
Registered Person Approving QIP	Dr Claire Royston	Date Approved	13.11.15
RQIA Inspector Assessing Response	K. Monaghan	Date Approved	*18/11/15

* Clarification or follow up required on some items.

**Please ensure the QIP is completed in full and returned to estates.mailbox@rqia.org.uk from the authorised email address*