

Announced Premises Inspection Report 28 November 2017



Laganvale

Type of Service: Nursing Home

Address: General Nursing Unit, 37 Laganvale Mews, Moira, BT67 0RE

Tel No: 028 9261 9899

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 nursing home is located on the First Floor of the premises and provides residential nursing care for 37 patients.

3.0 Service details

Organisation/Registered Provider: Four Seasons Healthcare Responsible Individual: Dr Maureen Claire Royston	Registered Manager: Mrs Shily Paul
Person in charge at the time of inspection: Mrs Shily Paul	Date manager registered: 7 November 2007
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	Number of registered places: 37

4.0 Inspection summary

An announced inspection took place on 28 November 2017, from 12.00 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 any areas for improvement identified during and since the last premises inspection, and to determine if the service was well led, delivering safe, effective and compassionate care.

Planned maintenance inspections and preventative works are completed in accordance with good practice.

Areas requiring improvement were identified and are listed in the report.

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	4

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Shily Paul (Manager) and Mr Gerry Hegarty (Four Seasons Health Care Maintenance Manager), as part of the inspection process. The timescales for completion commence from the date of inspection.

There was no enforcement action implemented as a result of the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection

The most recent inspection conducted in the home was an unannounced care inspection completed on 29 August 2017. Other than those items detailed in the QIP no further actions required to be taken.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- previous RQIA premises inspection reports
- 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:

- building and engineering services maintenance certificates, building user inspection/test log books,
- legionellae risk assessment,
- fire risk assessment.

During the inspection we met Mrs Shilly Paul (Manager), Mr Gerry Hegarty (Four seasons Maintenance Manager) plus laundry & kitchen staff.

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

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 29 August 2017

The most recent inspection of the service was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector on 24 October 2017.

This QIP will be validated by the care inspector at the next care inspection.

6.2 Review of areas for improvement from the last premises inspection dated 22 September 2015

Areas for improvement from the last premises inspection		
Action required to ensure compliance with The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Nursing Homes Regulations (Northern Ireland) 2005.		Validation of compliance
Requirement 1 Ref: Regulations 13(7) 27(2)(c) 27(2)(d) Stated: First time To be Completed by: Ongoing	<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>Action taken as confirmed during the inspection: Refurbishment works completed</p>	Met
Requirement 2 Ref: Regulation 27(2)(c) Stated: First time To be Completed by: 18 December 2015	<p>The bath in bathroom 144 should be replaced.</p> <p>Action taken as confirmed during the inspection: Replacement works completed</p>	
Requirement 3 Ref: Regulation 27(2)(b) Stated: First time To be Completed by: 20 November 2015	<p>The roof gutters should be cleared and flushed clean.</p> <p>Action taken as confirmed during the inspection: Works implemented</p>	Met
Requirement 4 Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(c) Stated: First time	<p>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</p>	

<p>To be Completed by: 22 October 2015</p>	<p>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.</p>	
	<p>Action taken as confirmed during the inspection: Repair works implemented</p>	
<p>Requirement 5</p> <p>Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(c) 27(2)(q)</p> <p>Stated: First time</p> <p>To be Completed by: 18 December 2015</p>	<p>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.</p>	Met
	<p>Action taken as confirmed during the inspection: Remedial works implemented</p>	
<p>Requirement 6</p> <p>Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(c)</p> <p>Stated: First time</p> <p>To be Completed by: 22 October 2015</p>	<p>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.</p>	Met
	<p>Action taken as confirmed during the inspection: Remedial works completed.</p>	
<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>	Met
	<p>Action taken as confirmed during the inspection: Repair/improvement works implemented</p>	

Requirement 8 Ref: Regulations 27(4)(b) 27(4)(d)(iv) Stated: First time To be Completed by: 22 October 2015	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.	Met
	Action taken as confirmed during the inspection: Repair works implemented	
Requirement 9 Ref: Regulation 27(4)(e) Stated: First time To be Completed by: Ongoing	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.	Met
	Action taken as confirmed during the inspection: Training programme implemented.	

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 were presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the building engineering services, and associated risk assessments.

Documentation related 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, and include: 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

Planned maintenance works, and monitoring inspections were conducted on the premises.

Areas for improvement

1. The Health Technical Memorandum 84 fire risk assessment evaluated the fire risk as moderate. The fire risk assessment action plan remedial repair works have been listed as implemented, however the risk assessment document presented for examination had not been reviewed to reduce the risk evaluation to `tolerable`.

	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 premises maintenance management, as well as emergency repair works action. Service users are involved in decisions around the maintenance of the establishment where appropriate.

This supports the delivery of effective care.

Areas of good practice

Planned maintenance control inspections are conducted periodically for building services and equipment.

Areas for improvement

1. Carpet floor coverings are displaying signs of wear & tear deterioration; home management state that floor finishes have been included on a proposed refurbishment works programme,
2. Bedroom vanity units are currently listed as part of a replacement programme; some units have been replaced, the remainder are to be replaced as per current funding plan.

	Regulations	Standards
Total number of areas for improvement	0	2

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, and 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

There is a planned interior redecoration programme currently under way.

Areas for improvement

1. Several day/activity rooms are utilised as stores, and not for recreation activities. An audit should be completed to ensure that patient`s day/activity space is appropriate for the number and category of patients resident in the home.

	Regulations	Standards
Total number of areas for improvement	0	1

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 authorised persons.

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

The registered person has addressed previous RQIA inspection QIP items, and other relevant issues relating to the premises. Adequate support and resources have been 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 issues are managed in a planned and appropriate controls monitoring implemented.

Areas for improvement

There were no issues requiring improvement were 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 Mrs Shilly Paul, Manager, and Mr Gerry Hegarty, Four Seasons Maintenance 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 48 Stated: First time To be completed by: 29 January 2018	The registered person shall review and validate the HTM84 fire risk assessment upon implementation/completion of the fire risk assessment action plan recommendations, in accordance with the report action plan time-frame. Upon implementation of the fire risk assessment action plan, the fire risk assessor should confirm that the assessed risk in the home is at least `tolerable`. Ref : 6.4.1
	Response by registered person detailing the actions taken: The works on the FRA have now been completed, the FRA reviewed by the Property Manager and Home Manager and the risk is now "tolerable".

<p>Area for improvement 2</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 26 March 2018</p>	<p>The registered person shall arrange for the completion of a condition survey of all internal surface finishes, and implement a refurbishment works programme.</p> <p>Ref : 6.5.1</p> <p>Response by registered person detailing the actions taken: After discussing with the senior management a refurbishment plan has been put in place, which includes the floor works. These works will be scheduled throughout 2018 with a priority schedule.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 26 March 2018</p>	<p>The registered person shall continue to progress the bedroom vanity-unit replacement programme.</p> <p>Ref: Ref: 6.5.2</p> <p>Response by registered person detailing the actions taken: After the discussion with senior management and estate manager, a programme in place to replace the vanity units. These works will be scheduled throughout 2018 with a priority schedule. After the discussion with senior management and estate manager, a programme in place to replace the vanity units.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 26 November 2018</p>	<p>The registered person shall complete an audit of day/activity accommodation available in the care home, and ensure compliance with the Care Standards recommendations.</p> <p>Ref: 6.6.1</p> <p>Response by registered person detailing the actions taken: Home's Storage facility had been reviewed, a programme in place to replace a bath room to storage so that the day/activity accommodation will be available to use. Home's Storage facility had been reviewed, a programme in place to replace a bath room to storage so that the day/activity accommodation will be available to use. This programme is scheduled with refurbishment plan for 2018. Also has a plan for refurbishing activity store room, which then will be available for resident's use.</p>

****Please ensure the completed QIP is returned to RQIA via Web Portal****



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care