



The **Regulation** and
Quality Improvement
Authority

Inspector: **Gavin Doherty**
Inspection ID: **IN021559**

Lecale Lodge
RQIA ID: 1285
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Announced Estates Inspection
of
Lecale Lodge

1 May 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced estates inspection took place on 1 May 2015 from 10.00 to 12.00. 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	4	0

The details of the QIP within this report were discussed with the Ms Linda Graham, Registered Manager 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 (FSHC)	Registered Manager: Ms Linda Graham
Person in Charge of the Home at the Time of Inspection: Ms Linda Graham	Date Manager Registered: 29 January 2014
Categories of Care: NH-DE, RC-I, NH-TI, NH-PH(E), NH-PH, NH-I, NH-MP, NH-MP(E)	Number of Registered Places: 56
Number of Patients Accommodated on Day of Inspection: 56	Weekly Tariff at Time of Inspection: Not Confirmed

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 and Grounds

Standard 47: Safe and Healthy working Practices

Standard 48: Fire safety

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- Previous Estate's inspection report
- Statutory notifications over the past 12 months

During the inspection the inspector did not meet with any residents, care staff, visiting professionals or resident's representatives. The inspector was accompanied throughout the inspection by Mr Stevie McCormick, FSHC Estates.

The following records were examined during the inspection:

- Fire Risk assessment
- Fire Safety service records and in-house log books
- Control of Legionella Risk Assessment & associated records
- Mechanical & Electrical Certificates & associated records
- Service Certificates for the lifting equipment

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced medicines management inspection dated 9 February 2014. The completed QIP was returned and approved by the specialist inspector on 13 April 2014.

5.2 Review of Requirements and Recommendations from *the last* Estates Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27(2)	The existing flooring in newly created 1st Floor Treatment Room was in unacceptable condition and should be replaced with suitable, slip resistant impervious sheet flooring.	Met
	Action taken as confirmed during the inspection: Confirmed at the time of inspection.	
Requirement 2 Ref: Regulation 27(2)	Ensure that the external guttering is maintained and kept clear of all debris.	Met
	Action taken as confirmed during the inspection: Confirmed at the time of inspection.	
Requirement 3 Ref: Regulation 14(2)	Ensure that the external paths surrounding the building are maintained to provide a level and clean, slip resistant surface at all times.	Met
	Action taken as confirmed during the inspection: Confirmed at the time of inspection.	
Requirement 4 Ref: Regulation 27(4)	Provide confirmation that all remedial works required as a result of the most recent fire alarm & detection system inspections, have been completed.	Met
	Action taken as confirmed during the inspection: Confirmed at the time of inspection. Report dated 16 April 2015.	

Requirement 5 Ref: Regulation 27(4)	Ensure that all requirements included in the action plan flowing from the most recent fire risk assessment (18 May 2012) are completed and signed off without any further delay.	Met
	Action taken as confirmed during the inspection: Confirmed at the time of inspection. This risk assessment was reviewed on	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 32.5	Consideration should be given to lopping or removing the evergreen trees surrounding the home. These trees have not been managed and are now significantly reducing the amount of natural light entering many of the bedrooms.	Met
	Action taken as confirmed during the inspection: X Y and Z were not available and up to date at the time of inspection.	

5.3 Standard 44: Premises and Grounds 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.

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. One issue was however identified for attention during this Estates inspection. This is 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.

Areas for Improvement

The floor finish in the staff changing facilities was in very poor condition and should be replaced with a suitable slip resistant finish.

Number of Requirements	1	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.

Is Care Effective? (Quality of Management)

The nature and needs of the residents 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. One issue was however identified for attention during this Estates inspection. This is 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.

Areas for Improvement

The existing emergency standby electrical generator for the home is currently not in service. This generator should be brought back into service, or suitable and sufficient alternative arrangements should be put in place to ensure that the home can continue to operate in the event of a mains electricity failure.

Number of Requirements	1	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. One issue was however identified for attention during this Estates inspection. This is 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 residents, 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 effective care.

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. This supports the delivery of compassionate care. One issue was however identified for attention during this Estates inspection. This is detailed in the 'areas for improvement' section below.

Areas for Improvement

A fire blanket should be provided in the home's Designated Smoking Room.

Provide confirmation that the remedial works required as a result of the most recent inspection of the home's emergency lighting installation have been fully implemented.

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

No additional areas were examined during this inspection.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Linda Graham, Registered Manager 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.

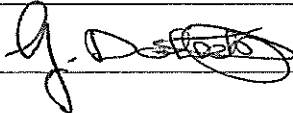
6.2 Recommendations

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 Manager/Registered Person

The QIP will 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 person/manager 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 person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan			
Statutory Requirements			
Requirement 1 Ref: Regulation 27(2) Stated: First time To be Completed by: 21 August 2015	The floor finish in the staff changing facilities was in very poor condition and should be replaced with a suitable slip resistant finish. Response by Registered Manager Detailing the Actions Taken: Quote obtained for staff room floor and waiting for date for replacement.		
Requirement 2 Ref: Regulation 27(2) Stated: First time To be Completed by: 24 July 2015	The home's emergency standby electrical generator should be brought back into service, or suitable and sufficient alternative arrangements should be put in place to ensure that the home can continue to operate in the event of a mains electricity failure. Response by Registered Manager Detailing the Actions Taken: Contractors have been contacted for advice on the necessary action to be taken so that the home can continue to operate in the event of a mains electricity failure.		
Requirement 3 Ref: Regulation 27(4) Stated: First time To be Completed by: 24 July 2015	A fire blanket should be provided in the home's Designated Smoking Room. Response by Registered Manager Detailing the Actions Taken: A fire blanket has been purchased and is in place.		
Requirement 4 Ref: Regulation 27(4) Stated: First time To be Completed by: 24 July 2015	Provide confirmation that the remedial works required as a result of the most recent inspection of the home's emergency lighting installation have been fully implemented. Response by Registered Manager Detailing the Actions Taken: Certificate received from Mitie - the contractor who carried out the most recent inspection of the home's emergency lighting and it states no remedial work required.		
Registered Manager Completing QIP	Linda Graham	Date Completed	3/07/15
Registered Person Approving QIP	Dr Claire Royston	Date Approved	15.07.15
RQIA Inspector Assessing Response		Date Approved	6.10.15.

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