

Announced Premises Inspection Report 23 June 2016



Anniscliff House

Type of Service: Residential
Address: 141 Moneysharvin Road, Maghera, BT46 5HZ
Tel No: 028 7964 2729
Inspector: R Sayers

1.0 Summary

An announced premises inspection of Annsicliff House took place on 23 June 2016 from 10.30 to 12.45hrs.

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. Some issues were however identified for attention by the registered provider. Refer to section 4.3.

Is care effective?

On the day of the inspection the premises supported the delivery of effective care. Refer to section 4.4.

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care. Refer to section 4.5.

Is the service well led?

On the day of the inspection the management of the premises was considered to be well led. Refer to section 4.6.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes Minimum Standards 2011:

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Bernadette McGillion, Registered Manager, 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.

1.2 Actions/enforcement taken following the most recent premises inspection

Other than those items detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service Details

Registered organisation/registered provider: Anniscliff	Registered manager: Bernadette McGilligan
Person in charge of the home at the time of inspection: Bernadette McGilligan	Date manager registered: 01 April 2016
Categories of care: RC-MP, RC-LD(E), RC-DE, RC-I, RC-MP(E)	Number of registered places: 17

3.0 Methods/processes

Prior to inspection the following records were analysed: Previous estates inspection report, statutory notifications over the past 12 months and the duty call log.

During the inspection the inspector met with: two residents; Mrs Bernadette McGilligan, Registered Manager, and kitchen staff.

The following records were examined during the inspection: Copies of building services certificates, building user log books relating to maintenance inspections of building engineering services, legionellae risk assessment, and fire risk assessment.

4.0 The Inspection

The most recent inspection of Anniscliff was an unannounced care inspection IN023083 dated 14 January 2016. The completed QIP was returned, and approved by the care inspector on 18 March 2016. This QIP will be validated by the care inspector at their next inspection.

4.2 Review of requirements and recommendations from the last premises inspection dated 28 July 2014

Last premises inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulations 14 (2)(a),(b)&(c) Stated: First time	Verify that the electrical installation BS7671 Periodic Inspection Report (reference 0703272) recommendations have been assessed and appropriate control measures implemented, compliant with the Electricity at Work Regulations.	Met
	Action taken as confirmed during the inspection: Periodic Inspection Report IPN2/0703272 completed 26-01-12, five year validity Works implemented.	
Requirement 2 Ref: Regulations 14 (2)(a),(b)&(c) Stated: First time	Complete a review of the legionella risk assessment and implement any report recommendations.	Met
	Action taken as confirmed during the inspection: Legionella risk assessment completed 29 May 2016. Control measures implemented.	
Requirement 3 Ref: Regulations 27.(4)(c),(d)(i)&(iii) Stated: First time	Install a self-closer device on Ground Floor visitor`s room door.	Met
	Action taken as confirmed during the inspection: Completed.	

Last premises inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 27.1 Stated: First time	Complete a decoration condition survey, complete repairs to external & internal decoration defects.	Met
	Action taken as confirmed during the inspection: Repairs implemented.	
Recommendation 2 Ref: Standard 28.1 Stated: First time	Verify that the passenger lift maintenance engineer considers and implements any corrective/improvement control measures listed in the Lifting Operations and Lifting Equipment Regulations thorough examination reports.	Met
	Action taken as confirmed during the inspection: LOLER certificate inspected.	
Recommendation 3 Ref: Standard 29.2 Stated: First time	Liaise with the fire risk assessor and consider implementing an improvement works programme to upgrade the bedroom and corridor fire doors to FD30S fire resistance specification.	Partially Met
	Action taken as confirmed during the inspection: Intumescent strips installed in cub-compartment fire doors, but no smoke brushes installed. Bedroom doors have self-closers installed, but no smoke seals.	

4.3 Is care safe?

A range of building services maintenance documents were presented for review during this estates inspection. This documentation included: risk assessments, inspection and test reports for various elements of the engineering services.

Documents relating to the safe operation of the premises, installations and engineering services were presented for review during this estates inspection.

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.

The standard used by the registered person to determine the 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, which was completed by a risk assessor holding professional body registration for fire risk assessors.

The fire risk assessment was completed on 28 June 2016, and submitted by e-mail by the registered manager after our planned inspection.

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

Areas for improvement

1. A fire safety improvement works programme has been commenced; all sub-compartment fire doors have been upgraded by the installation of intumescent strips at door edge perimeters. The doors have not yet been upgraded to prevent the passage of `cold` smoke. Bedroom doors have self-closing devices installed but have no `cold` smoke barrier installed.

Refer to Quality Improvement Plan Recommendation 1.

2. A legionella risk assessment was completed on 29 May 2016; legionella prevention control measures have been implemented. Some items have been listed on the report's significant findings and recommended works action plan.

Refer to Quality Improvement Plan Recommendation 2.

Number of requirements	0	Number of recommendations:	2
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4.4 Is care effective?

There are arrangements in place for routine premises management plus emergency breakdown repairs. Service users are involved, where appropriate in decisions around the redecoration and maintenance of the premises.

This supports the delivery of effective care.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

Service users are consulted about decisions around décor and the private accommodation where appropriate.

The service users consulted expressed satisfaction with the standard of the environment within the home.

This supports the delivery of compassionate care.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

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.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Bernadette McGillion, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the residential 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.

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 Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Residential Care Homes Minimum Standards 2011. 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 Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP 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 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 provider 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 provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 29.2</p> <p>Stated: Second time</p> <p>To be completed by: 29 September 2016</p>	<p>The registered provider should ensure that a fire safety improvement works programme is planned, and implemented to install smoke seals on bedroom and sub-compartment fire doors.</p>
	<p>Response by registered provider detailing the actions taken: Fire safety advisers have been out on 23rd July, and are now preparing a quote for smoke seals, we will then commence a programme of installation of seals to all doors, as soon as possible.</p>
<p>Recommendation 2</p> <p>Ref: Standard 27.8</p> <p>Stated: First time</p> <p>To be completed by: 29 September 2016</p>	<p>The registered provider should review the legionella risk assessment recommended works action plan and confirm that recommended control measures are implemented.</p>
	<p>Response by registered provider detailing the actions taken: The registered provider has reviewed the legionella risk assessment to read that recommended control measures are implemented.</p>

Please ensure this document is completed in full and returned to Estates.Mailbox@rqia.org.uk from the authorised email address



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