

# **Announced Premises Inspection Report 29 September 2016**



## **Westlands Residential Care Home**

**Type of service: Residential Care**  
**Address: 2 Westland Road, Cookstown, BT80 8BX**  
**Tel No: 028 8672 3922**  
**Inspector: R.Sayers**

## 1.0 Summary

An unannounced inspection of Westlands Care Home took place on 29 September 2016 from 13:00 to 15:40hrs.

The inspection sought to assess progress with any issues raised during and since the last premises inspection, and to determine if the care home was well led, delivering safe, effective and compassionate care.

### 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	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Sean McCartan, Manager, and Mr Joe Cafolla (Southern HSC Trust Estates Officer) 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.

## 1.2 Actions/enforcement taken following the most recent premises inspection

Other than those items detailed in the QIP there were no further actions required to be taken following the most recent inspection on 29 September 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Northern Health and Social Care Trust	<b>Registered manager:</b> Sean McCartan
<b>Person in charge of the home at the time of inspection:</b> Sean McCartan	<b>Date manager registered:</b> 01 April 2005
<b>Categories of care:</b> RC-I	<b>Number of registered places:</b> 29

## 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 concerns call log.

During the inspection the inspector met with two residents, kitchen staff, Mr McCartan, hHme Manager, and Mr Joe Cafolla, Southern HSC Trust Maintenance Officer.

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

### 4.1 Review of requirements and recommendations from the most recent inspection dated 31 May 2016

The most recent inspection of the home was an unannounced care inspection, IN025557. The completed QIP was returned, and approved by the care inspector on 05 October 2016. This QIP will be validated by the care inspector at the next care inspection.

## 4.2 Review of requirements and recommendations from the last premises inspection dated 23 January 2013

Details of the last premises inspection report completed by Mr Martin Leahy on 23 January 2013.

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 27(2)(d)  <b>Stated:</b> First time	Implement remedial works recommended in "Report on internal wall and floor finishes" dated November 2010.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Recommended works implemented.	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 27(2)(b)  <b>Stated:</b> First time	Clean up oil spill and investigate ways of preventing re-occurrence.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Spillage cleaned and driver procedures to be implemented.	
<b>Requirement 3</b>  <b>Ref:</b> Regulation 27(2)(d)  <b>Stated:</b> First time	Replace stained and/or worn floor coverings in toilet areas.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Works implemented.	
<b>Requirement 4</b>  <b>Ref:</b> Regulation 27(2)(c)  <b>Stated:</b> First time	Ensure that portable electrical appliances are subject to regular testing, as recommended in the HSE guidance document HSG 107, Maintaining Portable and Transportable Electrical Equipment. Forward a current PAT certificate to the RQIA estates inspector.	<b>Met</b>
	<b>Action taken as confirmed during the inspection.</b> Portable Appliance Testing implemented.	
<b>Requirement 5</b>  <b>Ref:</b> Regulation 14(2)(c)  <b>Stated:</b> First time	Survey the premises and put in place a programme to install, where necessary, thermostatic mixing valves as close to the water outlets as possible in accordance with Guidance Document L8, The Control of Legionella Bacteria in Water Systems and with HTM 04-01 The Control of Legionella, Hygiene, Safe Hot Water, Cold Water and Drinking Water Systems.	<b>Met</b>

	<b>Action taken as confirmed during the inspection:</b> Assessments completed & measures assessed as effective.	
<b>Requirement 6</b>  <b>Ref:</b> Regulation 27(4)(c)  <b>Stated:</b> First time	Ensure that items stored on the ground floor exit route are removed or, alternatively, create an additional store to provide a clear exit route, in accordance with NIHTM 84, Fire Risk Assessment in Residential Care Premises.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Action implemented.	

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 27.8  <b>Stated:</b> First time	The Provider should consider the installation of additional socket outlets, where required, to remove trailing leads.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Works implemented.	

#### 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.

This supports the delivery of safe care.

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

### Areas for improvement

1. A BS5839 maintenance certificate dated 18 June 2016 was submitted for review; there's no evidence to verify the system was maintained by a competent engineer at intervals compliant with BS5839.  
Refer to Quality Improvement Plan recommendation 1.
2. The treatment room floor covering was in poor physical condition.  
Refer to Quality Improvement Plan recommendation 2.
3. Sluice room wall finish is in poor physical condition.  
Refer to Quality Improvement Plan recommendation 3.
4. A number of bedrooms have sustained minor wear & tear/decorative defects.  
Refer to Quality Improvement Plan recommendation 3.
5. The passenger lift Lifting Operations and Lifting Equipment Regulations thorough examination was completed on 26 August 2016 listed some code B recommendations for implementation; there was no evidence to confirm that the works were implemented.  
Refer to Quality Improvement Plan recommendation 4.
6. Legionella risk assessment code 1 and 2 recommended action plan works items have been implemented; code 3 and 4 works items are currently progressing.  
Refer to Quality Improvement Plan recommendation 5.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>5</b>
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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.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.5 Is care compassionate?

Service users are consulted about decisions around decoration, and maintenance of the private accommodation, where appropriate.

This supports the delivery of compassionate care.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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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. Adequate support and resources have been provided by the registered responsible person.

There are relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Sean McCartan (Manager), and Mr Joe Cafolla (Southern HSC Trust Maintenance Officer), 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 service. 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Minimum Standards for Dental Care and Treatment. They promote current good practice and if adopted by the registered provider/manager 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 and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [Estates.Mailbox@rqia.org.uk](mailto:Estates.Mailbox@rqia.org.uk) for assessment 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	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 29.2  <b>Stated:</b> First time  <b>To be completed by:</b> <b>08 December 2016</b>	The registered provider should confirm that the fire detection and alarm system is maintained at intervals in accordance with the recommendations in B5839.
	<b>Response by registered provider detailing the actions taken:</b> Fire alarm system is on a Trustwide maintenance contract with Building Protection Systems to be inspected 4 times per annum. Last inspected 22/12/16 attached.
<b>Recommendation 2</b>  <b>Ref:</b> Standard 27.1  <b>Stated:</b> First time  <b>To be completed by:</b> <b>23 February 2017</b>	The registered provider should review the redecoration schedule and implement redecoration in accommodation utilised by the residents.
	<b>Response by registered provider detailing the actions taken:</b> Minor works request to be submitted by Head of Unit. This has been done.
<b>Recommendation 3</b>  <b>Ref:</b> Standard 27.1  <b>Stated:</b> First time  <b>To be completed by:</b> <b>27 March 2017</b>	The registered provider should replace the floor covering in the Treatment room
	<b>Response by registered provider detailing the actions taken:</b> Minor works request to be submitted by Head of Unit. This has been done
<b>Recommendation 4</b>  <b>Ref:</b> Standard 28.1  <b>Stated:</b> First time  <b>To be completed by:</b> <b>27 March 2017</b>	The registered provider should ensure that the LOLER thorough examination report recommendations are assessed, prioritised and inserted on a works action plan for implementation.
	<b>Response by registered provider detailing the actions taken:</b> Thorough examination report has been assessed and with lift maintenance contractor for remedial works to be addressed.
<b>Recommendation 5</b>  <b>Ref:</b> Standard 28.1  <b>Stated:</b> First time  <b>To be completed by:</b> <b>27 March 2017</b>	The registered provider should ensure that the legionella risk assessment action plan recommendations implemented in an effective manner.
	<b>Response by registered provider detailing the actions taken:</b> Recommendations from LRA have been extracted and developed into a prioritised action plan. Actions will be monitored by the Trust water Safety Manager.

***\*Please ensure this document is completed in full and returned to [Estates.Mailbox@rqia.org.uk](mailto:Estates.Mailbox@rqia.org.uk) from the authorised email address\****



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