



The **Regulation** and
Quality Improvement
Authority

Inspector: Colin Muldoon
Inspection ID: IN021477

The Martin Residential Trust
RQIA ID: 1380
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**Announced Estates Inspection
of
The Martin Residential Trust**

16 June 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 16 June 2015 from 10.30 to 16.30. 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	6	1

The details of the QIP within this report were discussed with Mr Nigel McFarland (General Manager) as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: The Martin Residential Trust	Registered Manager: Mrs Penny McCanny
Person in Charge of the Home at the Time of Inspection: Mrs Penny McCanny	Date Manager Registered:
Categories of Care: NH-LD, NH-LD(E)	Number of Registered Places: 19
Number of Patients Accommodated on Day of Inspection: 19	Weekly Tariff at Time of Inspection: £920.00 - £1205

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 include the following:

Prior to inspection the following records were analysed: Previous estates inspection report, and previous care inspection report.

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, legionella risk assessment, fire risk assessment.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an announced care inspection dated 22 September 2014. There was one recommendation arising from that inspection.

5.2 Review of Requirements and Recommendations from the last Estates Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 14.-(2)(c) 13.-(7)	<p>The legionella risk assessment must be reviewed. The outcome of the review should be a suitable and adequate scheme for the control of legionella bacteria in all water systems including the therapy pool. The registered persons must ensure that the scheme is fully implemented.</p> <p>The scheme of control must be in line with HSE document L8 - <i>The control of legionella bacteria in water systems</i> and Health Technical Memorandum 04-01: <i>The control of Legionella, hygiene, "safe" hot water, cold water and drinking water systems</i>. Reference should be made to the action plan from the original risk assessment and the guidance available from the HSE on the management of therapy pools.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Addressed. There is a legionella risk assessment which was last reviewed by a specialist contractor in December 2014. There are procedures in place towards the control of legionella. The therapy pool is currently not being used and has been decommissioned.</p>	
Requirement 2 Ref: Regulation 14.-(2)(c)	<p>The blended temperature of patient accessible hot water should be checked at least every six months. It is recommended that the checks are carried out monthly.</p> <p>The mixing devices must be maintained in accordance with the manufacturer's instructions. Reference should be made to Health Technical Memorandum 04-01: <i>The control of Legionella, hygiene, "safe" hot water, cold water and drinking water systems</i>.</p>	Partially Met
	<p>Action taken as confirmed during the inspection:</p> <p>There is a procedure for checking the temperature of both blended and unblended water temperatures. There are no arrangements for maintaining the thermostatic mixing valves.</p>	

Requirement 3 Ref: Regulation 14.-(2)(c)	The method of checking the temperature of hot water at sentinel outlets should be amended to ensure that unblended temperatures are monitored.	Not Met
	Action taken as confirmed during the inspection: The sentinel temperatures being checked appear to be of blended water.	
Requirement 4 Ref: Regulations 27.-(4)(e) 27.-(4)(f)	The registered persons must ensure that all staff participate in fire training and drills. The content and frequency of training and drills must be in accordance with NIHTM84. All attendances should be recorded and issues identified during drills must be addressed.	Partially Met
	Action taken as confirmed during the inspection: Although fire safety training is being carried out the training matrix indicates that for some staff it requires to be updated.	
Requirement 5 Ref: Regulation 27.-(4)(c)	Arrangements should be made to periodically test the operation of the recessed emergency release levers in the final exit doors. It is recommended that these fittings are upgraded to an up-to-date type of easy opening device. Consideration should be given to the safety and security of patients.	Met
	Action taken as confirmed during the inspection: Addressed. There is a procedure in place to check that final exit door release devices work correctly.	

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

If the therapy pool is re-commissioned the legionella risk assessment should be reviewed using the latest approved code of practice and associated technical guidance relating to such installations.

To help ensure both the delivery of safe hot water and the control of legionella the thermostatic mixing valves should be maintained, cleaned (filters, etc) and failsafe tested in accordance with the manufacturer's instructions.

In relation to the monitoring of legionella controls the method of checking sentinel outlet temperatures should be reviewed to ensure that unblended water temperatures are taken.

The electrical installation was tested and inspected in 2013. It was considered to be in unsatisfactory condition and some defects were identified. It could not be confirmed that the installation has been restored to a satisfactory condition.

The report on the November LOLER (Lifting Operations and Lifting Equipment Regulations (NI) 1999) thorough examination of the hoists did not identify any defects affecting continued safe usage but did identify some other defects.

Number of Requirements	5	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 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.

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

No issues identified during this inspection

Number of Requirements	0	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. 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. 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

The arrangements for fire safety training should be reviewed. It should be ensured that all staff attend at least twice a year. Fire safety training is led by in house staff and the review should consider appropriate training for the trainer.

The fire risk assessment was carried out by a specialist contractor in 2011. The contractor considered the overall fire risk to be tolerable. The Northern Ireland Fire and Rescue Service carried out an audit in 2013 and considered the premises to be broadly compliant. Since 2011 the fire risk assessment has been reviewed annually by the general manager. RQIA recommend that the annual review of the fire risk assessment is carried out by an accredited fire risk assessor.

Number of Requirements	1	Number Recommendations:	1
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5.6 Additional Areas Examined

Not applicable.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Nigel McFarland (General 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 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 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: Regulations 13.-(7) 14.-(2)(c) Stated: First time To be Completed by: Ongoing	<p>If the therapy pool is re-commissioned the risk from legionella should be reviewed using the latest approved code of practice and associated technical guidance covering such installations. Reference should be made to the HSE documents <i>Legionnaire's disease- the control of legionella bacteria in water systems</i> with particular reference to the technical guidance HSG274 Parts 2 and 3.</p> <p>Response by Registered Manager Detailing the Actions Taken: The therapy pool remains out of commission. If a decision is taken to re-commission it then the action detailed above will be undertaken prior to use.</p>
Requirement 2 Ref: Regulations 13.-(7) 14.-(2)(c) Stated: Second time To be Completed by: 16 July 2015	<p>To help ensure both the delivery of safe hot water and the control of legionella the thermostatic mixing valves should be maintained, cleaned and failsafe tested in accordance with the manufacturer's instructions. .</p> <p>Response by Registered Manager Detailing the Actions Taken: The maintenance plan is being developed and will be in place within 1 month.</p>
Requirement 3 Ref: Regulation 13.-(7) 14.-(2)(c) Stated: Second time To be Completed by: 16 July 2015	<p>In relation to the monitoring of legionella controls the method of checking sentinel outlet water temperatures should be reviewed to ensure that unblended water temperatures are taken. The unblended hot water temperature at sentinel outlets should be at least 55⁰c. Reference should be made to HSE document <i>Legionnaire's disease- the control of legionella bacteria in water systems</i> with particular reference to the technical guidance HSG274 Part 2.</p> <p>Response by Registered Manager Detailing the Actions Taken: New equipment has been ordered that will allow testing of pipes at sentinel outlets before the point at which the water is blended. On receipt of the equipment the temperatures will be taken and recorded and further testing will form part of the routine safety checks and water system maintenance programme.</p>
Requirement 4 Ref: Regulation 27.-(2)(q)	<p>A competent person should verify that the electrical installation has been restored to a satisfactory condition.</p>

Stated: First time To be Completed by: 16 July 2015	Response by Registered Manager Detailing the Actions Taken: A competent electrical contractor is scheduled to carry out an inspection on the 11 th of August. He will then undertake any work identified in his inspection.
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Requirement 5 Ref: Regulation 27.-(2)(c) Stated: First time To be Completed by: 16 July 2015	It should be confirmed that the report on the latest LOLER thorough examination of the hoists and slings verifies that all defects have been satisfactorily addressed. Response by Registered Manager Detailing the Actions Taken: All defects have been addressed satisfactorily by the maintenance worker and the general manager. This has been detailed in maintenance record and on the inspection reports.
Requirement 6 Ref: Regulation 27.-(2)(c) Stated: First time To be Completed by: 16 July 2015	Fire safety training should be reviewed. It should be ensured that all staff attend at least twice a year. The review should include consideration of the training requirements of the trainer. It should be ensured that the fire safety training is in line with Firecode document NIHTM84. Response by Registered Manager Detailing the Actions Taken: Since the day of inspection training has been completed and all staff have now received training within the last 6 months. The next training sessions are scheduled for November 2015. All training is in line with NIHTM 84. The trainer has completed an on-line Train the Trainer course and holds a Level 3 Award in Assessing Competence in the Workplace. Training is delivered using DVD and group teaching sessions.

Recommendations	
Recommendation 1 Ref: Standard 48 Stated: First time To be Completed by: By anniversary of current fire risk assessment	The person carrying out the next review of the fire risk assessment should hold professional body registration or third party certification for fire risk assessment and be registered accordingly with the relevant body. Reference should be made to correspondence issued by RQIA to all registered homes on 02 April 2015 and the guidance contained in: http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf Response by Registered Manager Detailing the Actions Taken: We are in the process of identifying a competent specialist fire risk assessor who has professional registration or certification in line with the recommendations and advice provided in the Fire Risk Assessment Competency Council's document 'A Guide to choosing a competent fire risk assessor' published 09/10/14

Registered Manager Completing QIP	PENNY MCCANNY	Date Completed	3/8/15
Registered Person Approving QIP	JAMES MARTIN	Date Approved	3/8/15
RQIA Inspector Assessing Response	Colin Muldoon	Date Approved	25/09/2015

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