



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No:	IN017963
Establishment ID No:	1382
Name of Establishment:	Kingscourt
Date of Inspection:	17 February 2015
Inspector's Name:	Mr Gavin Doherty

1.0 GENERAL INFORMATION

Name of Home:	Kingscourt
Address:	928 Antrim Road Templepatrick BT39 0AT
Telephone Number:	028 9443 2046
Registered Organisation/Provider:	Mr Eoghain King Manor Healthcare Ltd.
Registered Manager:	Mr Brian Campbell
Person in Charge of the Home at the time of Inspection:	Mr Brian Campbell
Other person(s) consulted during inspection:	Mr Eoghain King, Responsible Person Mr Dessie Keown, Home Maintenance Person.
Type of establishment:	Nursing Home
Number of Registered Places:	19 NH-LD, NH-LD(E)
Date and time of inspection:	17 February 2015 from 10:30am – 12:30pm
Date of previous inspection:	15 March 2012
Name of Inspector:	Mr Gavin Doherty

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes.

This is a report of an announced inspection to assess the quality of the premises and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. The report details the extent to which the standards measured during inspection were met.

3.0 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the premises and grounds were safe, well maintained and remain suitable for their stated purpose in compliance with legislative requirements and current minimum standards. This was achieved through a process of evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards.

The aims of the inspection were to examine the estates related policies, practices and monitoring arrangements for the provision of Nursing Homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- Nursing Homes Minimum Standards (DHSSPS, 2008)

Other published standards which guide best practice may also be referenced during the Inspection process.

4.0 METHODS/PROCESS

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

- Discussion with the person in charge
- Examination of records
- Inspection of the home internally and externally. Patients' private bedrooms were only inspected when unoccupied and permission was granted.
- Evaluation and feedback.

Any other information received by RQIA about this registered provider has also been considered by the inspector in preparing for this inspection.

5.0 CONSULTATION PROCESS

During the course of the inspection, the inspector spoke to Mr Brian Campbell, Registered Manager and Mr Eoghain King, Responsible Person for the home.

6.0 INSPECTION FOCUS

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Nursing Homes Minimum Standards and to assess progress with the issues raised during and since the previous inspection:

Standards inspected:

- Standard 32 - Premises and grounds
- Standard 35 - Safe and healthy working practices
- Standard 36 - Fire Safety

7.0 PROFILE OF SERVICE

Kingscourt Private Nursing Home is located in a residential area in the village of Templepatrick. It is convenient to local shops and public transport. The two-storey building was originally a private house which has been extended and modified to meet the requirements of a registered nursing home. There are 17 single rooms and one double room. There is car parking to the front and side of the home and gardens with a paved patio area. The home is registered to accommodate 19 persons with a learning disability over and under the age of 65 years

8.0 SUMMARY

Following the Estates inspection of Kingscourt on 17 February 2015, improvements are required to comply with the Nursing Homes Regulations (Northern Ireland) 2005 and the criterion outlined in the following standards:

- Standard 32 - Premises and grounds
- Standard 35 - Safe and healthy working practices
- Standard 36 - Fire Safety

This resulted in seven requirements and two recommendations. These are outlined below and in the Quality Improvement Plan appended to this report. The Estates inspector would like to acknowledge the assistance and hospitality of Mr Brian Campbell, Mr Eoghain King and the home's staff throughout the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from previous inspection

The issues raised in the report of the previous estates inspection on 15 March 2012 have been addressed.

No	Regulation Ref.	Requirement	Action taken - as confirmed during this inspection	Inspector's Comments
1	Regulation 14(2)(a)(c)	Ensure that all control measures flowing from the recently completed risk assessment with regards to the 'control of legionella bacteria in the water systems' (8/3/2012) are fully implemented and maintained. Suitable records should be maintained in the home and be available for inspection.	Control measures in place. Confirmed during visit.	Requirement fulfilled.
2	Regulation 14(2)(a)(c)	Carry out a survey of all of the home's windows and ensure that suitable window restrictors which 'control openings to no more than 100mm and cannot be overridden by residents' are fitted to all windows. Bedrooms 10,11,13 and 14 where noted as not being suitably restricted during the inspection.	Windows now suitably restricted as evidenced during inspection.	Requirement fulfilled.
4	Regulation 27(4)(a)	Ensure that the report for the recently completed fire risk assessment review is received and that any requirements flowing from this review are implemented within the stated timescales.	Fire Safety Solutions now undertake an annual review of the fire risk assessment. The most recent was completed on 29 November 2014.	Requirement fulfilled.

No	Standard Ref.	Recommendation	Action taken - as confirmed during this inspection	Inspector's Comments
3	Standard 35.1	It is recommended that a regular check of the patient call system is put in place with suitable records being held in the home and be available for inspection.	In-house checks evidenced during inspection.	Requirement fulfilled.

9.2 Standard 32 - Premises and grounds - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

- 9.2.1 There was good evidence of maintenance activities within the home, and the home appeared clean and very well kept. Maintenance procedures for the building and engineering services are in place and appear to comply with this standard. At the time of the inspection a major redecoration scheme throughout the home was coming to completion. This commitment to improving the quality of the premises is to be commended. Several issues however were identified for attention by the registered manager. These are detailed below and in the section of the attached Quality Improvement Plan titled **Standard 32, 'Premises and grounds'**.
- 9.2.2 The units and flooring in the home's cleaners store were in an unacceptable condition and should be replaced in a timely manner.
(Item 1 in the attached Quality Improvement Plan)
- 9.2.3 The tiling in the first floor bathroom was 'boast' in many areas and should be replaced. Suitable mechanical ventilation should be provided in this room.
(Item 2 in the attached Quality Improvement Plan)
- 9.2.4 There was evidence of damp in the staff changing area from the shower. The source of the damp should be identified and made good without further delay.
(Item 3 in the attached Quality Improvement Plan)
- 9.2.5 Provide confirmation that the Home's heating system has been suitably serviced within the last 12 month period.
(Item 4 in the attached Quality Improvement Plan)
- 9.2.6 Provide confirmation that suitable remedial actions have been taken to ensure that the generator is fully operational.
(Item 5 in the attached Quality Improvement Plan)
- 9.2.7 The items currently stored in the activity room of the home should be removed to enable this room to be suitably used by the residents.
(Item 6 in the attached Quality Improvement Plan)
- 9.2.8 A crack was observed in the plaster lathe ceiling in Bedroom 14. It is important that this crack is closely monitored to ensure that this ceiling does not become unstable.
(Item 7 in the attached Quality Improvement Plan)

9.3 Standard 35 - Safe and healthy working practices - *The home is maintained in a safe manner*

- 9.3.1 By in large, safe and healthy working practices appear evident in the home in accordance with this standard. The fixed electrical installation was inspected on 9

June 2011 and was assessed to be in a 'satisfactory' condition. Portable appliance testing was undertaken on 26 January 2015 and no failures were identified. The top score of '5' was awarded by the local council during their most recent inspection by their Environmental Health Department. The patient lifting equipment and passenger lifts in the home are subject to regular maintenance and suitable 'Thorough Examination'. The risk assessment in relation to the control of legionella bacteria in the home's hot and cold water systems was reviewed on 17 April 2014. Suitable control measures continue to be maintained in relation to this assessment. However, one issue was identified for attention by the registered manager. This is detailed below and in the section of the attached Quality Improvement Plan titled **Standard 35, 'Safe and healthy working practices'**.

9.3.2 Provide confirmation that all necessary statutory approvals were obtained in relation to the newly installed lift within the home.
(Item 8 in the attached Quality Improvement Plan)

9.4 Standard 36: Fire safety - *Fire safety precautions are in place that reduce the risk of fire and protect patients, staff and visitors in the event of fire.*

9.4.1 Fire safety procedures in the home are, in the main, generally in line with this standard. A fire risk assessment was undertaken by an accredited Fire Risk Assessor on 29 November 2014 and the significant issues recorded had been assessed and are currently being implemented by the registered manager. Records inspected during the inspection demonstrated good attention to fire safety matters. The fire alarm and detection system, emergency lighting installation and portable fire-fighting equipment are suitably maintained in accordance with current best practice. The in-house checks of these systems are also maintained and records were available for inspection. Fire safety training was provided to staff on 1 October 2014 and further training is programmed to take place on the 27 February 2015. An evacuation exercise was carried out on 21 December 2014. One issue was however identified for attention by the registered manager. This is detailed below and in the section of the attached Quality Improvement Plan titled **Standard 36, 'Fire safety'**.

9.4.2 Several fire doors were wedged open at the time of the inspection. This practice is unacceptable. If there is a clearly identified need for any fire door to be held open, then a suitable hold open device, suitably linked to the fire detection and alarm system should be installed.
(Item 9 in the attached Quality Improvement Plan)

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement plan appended to this report were discussed with Mr Brian Campbell as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the nursing home to improve the quality of life experienced by patients.

The registered provider is required to record comments on the Quality Improvement Plan.

11.0 ENQUIRIES

Enquiries relating to this report should be addressed to:

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



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

- for -

Announced Estates Inspection

- of -

Kingscourt

- on -

17 February 2015

QIP Position Based on Comments from Registered Persons		QIP Closed		Estates Officer	Date
		Yes	No		
A.	All items confirmed as addressed.				
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.	✓		<i>[Signature]</i>	2/10/15
C.	Clarification or follow up required on some items.				

NOTES:

The details of the quality improvement plan were discussed with Mr Brian Campbell as part of the inspection process.

The timescales commence from the date of inspection.


Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the Nursing home to improve the quality of life experienced by patients.

The registered provider is required to record comments on the Quality Improvement Plan.

The quality improvement plan is to be signed below by the registered provider and registered manager and returned to:

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Eoghain King

Standard 32 – Premises and grounds.

The following requirements and recommendations should be noted for action in relation to Standard 32 – Premises and grounds

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
1	27 (2)(b)(d)	The units and flooring in the home's cleaners store were in an unacceptable condition and should be replaced. (9.2.2 in the report)	12 Weeks	Cleaners store undergoing refurbishment, this will be completed by end of Augt 2015
2	27 (2)(b)(d)	Replace or make good the tiling in the first floor bathroom. Suitable mechanical ventilation should be provided in this room. (9.2.3 in the report)	12 Weeks	The bathroom is being re-tiled, in addition new ventilation is being installed. Planned to be completed by mid August 2015
3	27 (2)(b)(d)	The source of the damp in the staff changing area should be identified and made good without further delay. (9.2.4 in the report)	12 Weeks	The damp area has been identified and made good.
4	27 (2)(q)	Provide confirmation that the Home's heating system has been suitably serviced within the last 12 month period. (9.2.5 in the report)	12 Weeks	The home heating system will be serviced by end of July. Confirmation shall be forwarded to RQIA when completed
5	27 (2)(q)	Provide confirmation that suitable remedial actions have been taken to ensure that the generator is fully operational. (9.2.6 in the report)	12 Weeks	The generator is currently being serviced. The company carrying out the service is waiting on a part for the core element. To be completed by the end of July. Confirmation will be forwarded to RQIA when completed.

Standard 32 – Premises and grounds.

The following requirements and recommendations should be noted for action in relation to Standard 32 – Premises and grounds

Item	Standard Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
6	Standard 32.1	The items currently stored in the activity room of the home should be removed to enable this room to be suitably used by the residents. (9.2.7 in the report)	Ongoing	Stored items have been removed.
7	Standard 32.8	A crack was observed in the plaster lathe ceiling in Bedroom 14. It is important that this crack is closely monitored to ensure that this ceiling does not become unstable. (9.2.8 in the report)	Immediate and ongoing	Crack is being monitored and shall be made good.

Standard 35 – Safe and healthy working practices.

The following requirements and recommendations should be noted for action in relation to Standard 35 – Safe and healthy working practices

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
8	14 (2)(a)(c)	Provide confirmation that all necessary statutory approvals were obtained in relation to the newly installed lift within the home. (9.3.2 in the report)	8 Weeks	Confirmation from local council building control dept was obtained. Confirmation of same was forwarded to RQIA on 3/7/15

Standard 36 – Fire safety.

The following requirements and recommendations should be noted for action in relation to Standard 36 – Fire safety

Item	Regulation Reference	Requirement	Timescale	Details Of Action Taken By Registered Person (S)
9	Regulation 27 (4)(b)	Several fire doors were wedged open at the time of the inspection. This practice is unacceptable. If there is a clearly identified need for any fire door to be held open, then a suitable hold open device, suitably linked to the fire detection and alarm system should be installed. (Refer to 9.4.2 in the report)	8 Weeks	Staff have been reminded that fire doors are to remain shut at all times when not being used.