

**Announced Estates Inspection  
of  
Queenscourt**

**12 November 2015**

## 1. Summary of Inspection

An announced estates inspection took place on 12 November 2015 from 10:30 to 13.00. 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
<b>Total number of requirements and recommendations made at this inspection</b>	1	0

The details of the QIP within this report were discussed with Mr Des Keown, maintenance officer, Manor Healthcare as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Manor Healthcare Ltd.	<b>Registered Manager:</b> Mrs Geraldine Borelan
<b>Person in Charge of the Home at the Time of Inspection:</b> Mrs Libby Carson	<b>Date Manager Registered:</b> 1 April 2005
<b>Categories of Care:</b> NH-LD, NH-LD(E)	<b>Number of Registered Places:</b> 43
<b>Number of Patients Accommodated on Day of Inspection:</b> 43	<b>Weekly Tariff at Time of Inspection:</b> £599 -£933

### **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, statutory notifications over the past 12 months.

During the inspection the inspector met with Mr Des Keown, maintenance officer, Manor Healthcare.

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, legionellae risk assessment, and fire risk assessment.

### **5. The Inspection**

#### **5.1 Review of Requirements and Recommendations from Previous Inspection**

The previous inspection of the home was an unannounced care inspection dated 8 September 2015. The completed QIP was returned and approved by the specialist inspector on 4 November 2015.

## 5.2 Review of Requirements and Recommendations from *the last* Estates Inspection undertaken on 6 November 2012

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 27	Provide confirmation that a current 'Thorough Examination' for the Home's passenger lift (in accordance with the requirements of the 'Lifting Operations, Lifting Equipment Regulations') is in place, and that any requirements or recommendations made, have been suitably implemented and signed-off.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Confirmed during inspection.	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 27	Repair the damaged laminate edge to the work surface in the laundry and suitably seal the shelving in accordance with current infection control best practice.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Confirmed during inspection.	
<b>Requirement 3</b>  <b>Ref:</b> Regulation 14	Ensure that the action plan associated with the current Legionella risk assessment is fully implemented and signed-off.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> A new risk assessment was undertaken on 29 June 2015. This identifies further remedial works and control measures in accordance with the latest guidance issued by the Health and Safety Executive NI. Refer to report and requirement 1 in the attached quality improvement plan.	

<b>Requirement 4</b>  <b>Ref:</b> Regulation 27	Ensure that the local exhaust ventilation system in the main Kitchen undergoes suitable thorough examination and testing, in accordance with the 'Control of Substances Hazardous to Health Regulations (COSHH) 2002', Regulation 9 'Maintenance, examination and testing of control measures'.  <b>Action taken as confirmed during the inspection:</b> Confirmed during inspection.	<b>Met</b>
Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 35	Ensure that all Compact fluorescent lamps used throughout the home achieve full luminance without any time delay.  <b>Action taken as confirmed during the inspection:</b> Confirmed during inspection.	<b>Met</b>
<b>Recommendation 2</b>  <b>Ref:</b> Standard 35	Service the thermostatic mixing valves in accordance with the manufacturer's recommendations.  <b>Action taken as confirmed during the inspection:</b> Confirmed during inspection	<b>Met</b>
<b>Recommendation 3</b>  <b>Ref:</b> Standard 35	Replace the existing taps in the clinical room with suitable elbow action taps in accordance with current infection control best practice.  <b>Action taken as confirmed during the inspection:</b> Confirmed during inspection.	<b>Met</b>

### 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.

#### 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.

#### Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. A program of painting and redecoration throughout the premises had been recently completed. This supports the delivery of compassionate care.

#### Areas for Improvement

No areas for improvement were identified as a result of this estates inspection.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
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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 & safety procedures and control measures in place which support 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 risk assessment with regards to the control of legionella bacteria in the premises hot and cold water systems, was undertaken on 29 June 2105. Comprehensive control measures have also been implemented and continue to be maintained within the home. However, it is important that the requirements and recommendations recorded in this risk assessment are fully implemented within the timescales stipulated in the risk assessment.

The Health and Safety Executive have recently issued significant new guidance for providers in relation to this area, a downloadable copy of which may be obtained at the following link: <http://www.hse.gov.uk/pubns/priced/hsg274part2.pdf>

This provides detailed guidance on the necessary control measures required for the premises hot and cold water systems and should be read in conjunction with the current legionella risk assessment. (Requirement 1 in the attached Quality Improvement Plan)

<b>Number of Requirements</b>	<b>1</b>	<b>Number Recommendations:</b>	<b>0</b>
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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.

### 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 which was undertaken by a suitably accredited fire risk assessor. 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.

## Areas for Improvement

No areas for improvement were identified as a result of this estates inspection.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
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## 5.6 Additional Areas Examined

No additional areas were examined during this estates inspection.

## 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Des Keown, maintenance officer, Manor Healthcare 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](mailto: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			
<b>Statutory Requirements</b>			
<b>Requirement 1</b>  <b>Ref:</b> Regulation 14 (2)  <b>Stated:</b> First time  <b>To be Completed by:</b> <b>Stipulated Timescales</b>	<p>Ensure that the requirements and recommendations recorded in the risk assessment regarding the 'control of legionella bacteria in the premises hot and cold water systems' are fully implemented within the timescale stipulated in the assessment.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b>  The requirements and recommendations recorded in the risk assessment regarding the 'control of legionella bacteria in the premises hot and cold water systems' shall be reviewed and fully implemented within the timescale stipulated in the assessment.</p>		
<b>Registered Manager Completing QIP</b>	Valerie Reynolds	<b>Date Completed</b>	11.12.2015
<b>Registered Person Approving QIP</b>	Eoghain King	<b>Date Approved</b>	11.12.2015
<b>RQIA Inspector Assessing Response</b>	Gavin Doherty	<b>Date Approved</b>	7/1/2016

*\*Please ensure the QIP is completed in full and returned to [estates.mailbox@rqia.org.uk](mailto:estates.mailbox@rqia.org.uk) from the authorised email address\**