



The Regulation and
Quality Improvement
Authority

Garvagh Care Home
RQIA ID: 1412
15 Kilrea Road
Garvagh
Coleraine
BT51 5LP

Inspector: Gavin Doherty
Inspection ID: IN021564

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**Announced Estates Inspection
of
Garvagh Care Home**

23 October 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 23 October 2015 from 10:45 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
Total number of requirements and recommendations made at this inspection	1	3

The details of the QIP within this report were discussed with the home manager, Mrs Anne O'Kane as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Four Seasons Health Care	Registered Manager: Mrs Anne O’Kane
Person in Charge of the Home at the Time of Inspection: Mrs Anne O’Kane	Date Manager Registered: 19 November 2014
Categories of Care: RC-I, NH-DE, NH-I, NH-PH, RC-DE, NH-LD	Number of Registered Places: 67
Number of Patients Accommodated on Day of Inspection: 53	Weekly Tariff at Time of Inspection: Not ascertained

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 Estate’s inspection report
- Statutory notifications received over the past 12 months.

During the inspection the inspector did not meet with any patients, visiting professionals or patient’s representatives.

The following records were examined during the inspection:

- Fire safety service records and in-house log books
- Fire Risk Assessment
- Electrical certificates & associated records.
- LOLER reports
- Legionella risk assessment and controls records

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 9 July 2015. The completed QIP was returned and approved by the specialist inspector 10 August 2015.

No requirements or recommendations resulted from this inspection.

5.2 Review of Requirements and Recommendations from *the last Estates Inspection*

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27 (2)	The following items must be repaired or replaced: <ul style="list-style-type: none"> • The bath panel in assisted bathroom 1 • The extractor fan in Sluice room 3 	Met
	Action taken as confirmed during the inspection: Inspector confirmed work was completed during inspection.	
Requirement 2 Ref: Regulation 27 (2)	Ensure suitable remedial action is taken to make good the defects, or, replace the floor finishes in the en-suite accommodation throughout the home.	Met
	Action taken as confirmed during the inspection: Inspector confirmed work was completed during inspection.	
Requirement 3 Ref: Regulation 27 (2)	Replace the thermostatic mixing valve at the hair dressing sink without any further delay.	Met
	Action taken as confirmed during the inspection: Inspector confirmed work was completed during inspection.	
Requirement 4 Ref: Regulation 27 (2)	Increase the lighting levels in the Residential EMI corridor to provide sufficient lighting in this area, in accordance with current best practice guidelines.	Met
	Action taken as confirmed during the inspection: Inspector confirmed work was completed during inspection.	

Requirement 5 Ref: Regulation 27 (2)	Provide confirmation that all remedial works required as a result of the most recent Fixed electrical wiring inspection have been completed and that the system is in satisfactory condition.	Met
	Action taken as confirmed during the inspection: Satisfactory completion certificate presented for inspection.	

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. This supports the delivery of compassionate care.

Areas for Improvement

No areas for improvement were identified as a result of this inspection. This is to be commended.

Number of Requirements	0	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. 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)

There are health & safety procedures and control measures in place which support 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

Ensure that the chemical treatment of the homes cold water storage tanks is undertaken in a timely manner. Mr Gerry Hegarty, Estates Manager confirmed at the time of the inspection that this process had been authorised. (Recommendation 1 in the attached QIP)

It is important that a monitoring regime is implemented throughout the home with regards to the provision of safe hot water to patients. Temperature monitoring is essential at showers and baths where total body immersion takes place. However, checks should also be implemented at all outlets where thermostatic mixing valves are installed to ensure their continued safe performance and protection for patients. (Recommendation 2 in the attached QIP)

The lighting levels in the nursing dementia unit appeared to be very low, especially in the corridor areas. Consideration should be given to increasing these lighting levels in accordance with current best practice guidance. (Recommendation 3 in the attached QIP)

Number of Requirements	0	Number Recommendations:	3
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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. One issue was however identified for attention during this Estates inspection. This is 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.

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

Ensure that the remedial works in relation to the home's emergency lighting installation are completed in a timely manner. Mr Gerry Hegarty, Estates Manager confirmed at the time of the inspection that these remedial works had been authorised. (Requirement 1 in the attached QIP)

Number of Requirements	1	Number Recommendations:	0
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5.6 Additional Areas Examined

No additional areas were examined as part of this inspection.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the home manager, Mrs Anne O'Kane 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: Regulation 27 (4) Stated: First time To be Completed by: 18 December 2015	Ensure that the remedial works in relation to the home's emergency lighting installation are completed in a timely manner. Response by Registered Manager Detailing the Actions Taken: This will be completed by the end of November .
Recommendations	
Recommendation 1 Ref: Standard 44 Stated: First time To be Completed by: 18 December 2015	Ensure that the chemical treatment of the homes cold water storage tanks is undertaken in a timely manner. Response by Registered Manager Detailing the Actions Taken: Will be completed in next 3 months.
Recommendation 2 Ref: Standard 44 Stated: First time To be Completed by: 18 December 2015	Implement a monitoring regime throughout the home with regards to the provision of safe hot water to patients. Temperature monitoring is essential at showers and baths were total body immersion takes place. However, checks should also be implemented at all outlets were thermostatic mixing valves are installed to ensure their continued safe performance and protection for patients. Response by Registered Manager Detailing the Actions Taken: FSHC checks are in place .One shower did fail safe and risk assessment in place . This is expected to be rectified in the next 2 weeks.
Recommendation 3 Ref: Standard 44 Stated: First time To be Completed by: 15 January 2016	The lighting levels in the nursing dementia unit appeared to be very low, especially in the corridor areas. Consideration should be given to increasing these lighting levels in accordance with current best practice guidance. Response by Registered Manager Detailing the Actions Taken: This has been addressed brighter blubs now in place .

Registered Manager Completing QIP	Anne O Kane	Date Completed	20/11/15
Registered Person Approving QIP	Dr Claire Royston	Date Approved	09.12.15
RQIA Inspector Assessing Response	Gavin Doherty	Date Approved	7/1/2016

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