

Announced Premises Inspection Report 09 August 2016



Glenkeen House

Type of service: Nursing Home

Address: 100 Glenkeen Church Road, Randalstown, BT41 3JX

Tel No: 028 9447 9794

Inspector: Gavin Doherty

1.0 Summary

An announced premises inspection of Glenkeen House took place on 09 August 2016 from 10:15 to 12:30.

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

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. However one issue was 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.

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care.

Is the service well led?

On the day of the inspection the management of the premises was considered to be well led.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

| | Requirements | Recommendations |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 0 | 1 |

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Jacqueline Elizabeth McShane, Registered Manager and Mr Stephen Montgomery, Director, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent premises inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the last premises inspection.

2.0 Service details

| | |
|--|--|
| Registered organisation/registered person: Hutchinson Homes Ltd/Ms Naomi Carey, Mrs Janet Montgomery | Registered manager: Mrs Jacqueline Elizabeth McShane |
| Person in charge of the home at the time of inspection: Mrs Jacqueline Elizabeth McShane | Date manager registered: 01 April 2005 |
| Categories of care: NH-I, NH-PH, RC-I, RC-MP(E), RC-PH(E) | Number of registered places: 40 |

3.0 Methods/processes

Prior to inspection the following records were analysed: Previous premises inspection report, statutory notifications over the past 12 months, duty call log.

During the inspection the inspector met with Mrs Jacqueline Elizabeth McShane, Registered Manager and Mr Stephen Montgomery, Director.

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.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 07 June 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the specialist inspector on 21 July 2016. This QIP will be validated by the specialist inspector at the next care inspection.

4.2 Review of requirements and recommendations from the last premises inspection dated 29 October 2013

| Last premises inspection statutory requirements | | Validation of compliance |
|---|---|--------------------------|
| Requirement 1 Ref: Regulation 27 (2)(d) Stated: First time | Make good or replace the tiling in Shower Room 49. | Met |
| | Action taken as confirmed during the inspection: Inspector confirmed that the ground floor shower room had been refurbished to a high standard at the time of inspection. The refurbishment of the first floor shower room had commenced and will be completed by 2 September 2016. | |
| Requirement 2 Ref: Regulation 27 (4)(b) Stated: First time | Ensure that all door closers fitted to corridor compartment fire doors have a certified spring strength rated at 'EN3' or greater and replace if necessary. | Met |
| | Action taken as confirmed during the inspection: Inspector confirmed that suitable door closers had been installed at the time of inspection. | |
| Last premises inspection recommendations | | Validation of compliance |
| Recommendation 1 Ref: Standard 32.8 Stated: First time | Review the current Legionella risk assessment with input from a building services engineer, and taking account of the latest guidance available from the Health and Safety Executive. | Met |
| | Action taken as confirmed during the inspection: A new legionella risk assessment had been undertaken on 20 March 2016. Suitable control measures have been implemented and are being maintained. | |
| Recommendation 2 Ref: Standard 32.8 Stated: First time | It is recommended that the existing window restrictors are fixed by means of suitable tamper proof fixings. | Met |
| | Action taken as confirmed during the inspection: The inspector confirmed that this work had been completed at the time of inspection. | |

4.3 Is care safe?

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments.

Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this premises 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 overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment which was carried out 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. Seldom used outlets throughout the home are currently flushed through on a weekly basis. It is recommended in accordance with the most recent guidance contained within HSG274 Part2: The control of legionella bacteria in hot and cold water systems, that the frequency of flushing is increased to twice weekly.
<http://www.hse.gov.uk/pubns/priced/hsg274part2.pdf>
(Refer to recommendation 1 in the Quality Improvement Plan)
2. The inspection of the premises fixed electrical installation is scheduled to start on 12 September 2016. It is essential that any remedial works identified as a result of this inspection are completed in a timely manner.

| | | | |
|-------------------------------|----------|-----------------------------------|----------|
| Number of requirements | 0 | Number of recommendations: | 1 |
|-------------------------------|----------|-----------------------------------|----------|

4.4 Is care effective?

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the premises.

This supports the delivery of effective care.

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|-------------------------------|----------|-----------------------------------|----------|
| Number of requirements | 0 | Number of recommendations: | 0 |
|-------------------------------|----------|-----------------------------------|----------|

4.5 Is care compassionate?

The areas of the premises reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit. Service users are consulted about decisions around décor and the private accommodation where appropriate.

This supports the delivery of compassionate care.

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|-------------------------------|----------|-----------------------------------|----------|
| Number of requirements | 0 | Number of recommendations: | 0 |
|-------------------------------|----------|-----------------------------------|----------|

4.6 Is the service well led?

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

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 and has been adequately supported and resourced by the registered responsible person.

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

This supports a well led service.

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|-------------------------------|----------|-----------------------------------|----------|
| Number of requirements | 0 | Number of recommendations: | 0 |
|-------------------------------|----------|-----------------------------------|----------|

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Jacqueline Elizabeth McShane, Registered Manager and Mr Stephen Montgomery, Director, 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 nursing home. 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 Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. 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 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 | |
|--|--|
| <p>Recommendation 1</p> <p>Ref: Standard 44.8</p> <p>Stated: First time</p> <p>To be completed by: 16 September 2016</p> | <p>It is recommended in accordance with the most recent guidance contained within HSG274 Part 2: The control of legionella bacteria in hot and cold water systems, that the frequency of flushing all seldom used outlets is increased to twice weekly.</p> <p>http://www.hse.gov.uk/pubns/priced/hsg274part2.pdf</p> <p>Response by registered provider detailing the actions taken: The flushing of all seldom used outlets has now been increased to twice a week instead of one and record is maintained</p> |

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