

# Announced Premises Inspection Report 27 March 2017



## Craigdun Care Home

Type of Service: Nursing Home  
Address: 30 Dunminning Road, Cullybackey, BT42 1PE  
Tel No: 028 2588 0202  
Inspector: Gavin Doherty

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced premises inspection of Craigdun took place on 27 March 2017 from 10:30 to 13:00.

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 two issues were 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
<b>Total number of requirements and recommendations made at this inspection</b>	1	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Susan Morgan, Responsible Person 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 previous QIP there were no further actions required to be taken following the most recent premises inspection.

## 2.0 Service Details

<b>Registered organisation/registered provider:</b> Sped Trading Ltd/Mrs Susan Morgan	<b>Registered manager:</b> Mrs Margaret Helen Jess (Registration Pending)
<b>Person in charge of the home at the time of inspection:</b> Mrs Susan Morgan	<b>Date manager registered:</b> Registration Pending
<b>Categories of care:</b> NH-DE, NH-MP, NH-PH, NH-PH(E), NH-I, NH-TI, RC-I, RC-PH, RC-PH(E)	<b>Number of registered places:</b> 33

## 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 Mr Dessie Morgan, Proprietor of the premises and Mrs Susan Morgan, Responsible Person for the premises.

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 14/3/2017

The most recent inspection of the nursing home was an unannounced medicines management inspection. The completed QIP will be approved by the specialist inspector upon its return. This QIP will also be validated by the specialist inspector at their next inspection.

#### 4.2 Review of requirements and recommendations from the last premises inspection dated 07 February 2014

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 27 (2)(b),(d) <b>Stated:</b> First time	It was observed that the redecoration of Bedrooms 25-35 had begun. However, suitable resources should be given to this item to allow for the work to be completed without further delay. A time specific program for this work should be prepared and forwarded to RQIA for approval. (Refer to 9.1.2 in the Report)	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed that a program for the redecoration of bedrooms was available and up to date at the time of inspection.	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 27 (2)(p),(q) <b>Stated:</b> First time	Ensure that adequate Mechanical Ventilation is provided within the enclosed treatment room to ensure that the room temperature is maintained at an appropriate level (<24 <sup>0</sup> c) at all times. (Refer to 9.1.3 in the Report)	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed at the time of inspection.	
<b>Requirement 3</b>  <b>Ref:</b> Regulation 27 (2)(a) 14 (2)(a),(c) <b>Stated:</b> First time	The current Laundry facility is very poorly proportioned leading to concerns regarding infection control issues and the health, safety and welfare of staff operating in this area. Careful consideration should be given to the relocation of this facility. A 'Variation' should be submitted to RQIA for approval prior to the commencement of any planned works. (Refer to 9.1.4 in the Report)	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> This facility is currently being planned with the architect for the home and a variation will subsequently be submitted to RQIA for approval. Refer to Requirement 1 in the attached QIP.	

<p><b>Requirement 4</b></p> <p>Ref: Regulation 27 (2)(b) Stated: First time</p>	<p>Repair or replace the damaged cupboards and drawers in treatment room. (Refer to 9.2.2 in the Report)</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b> Inspector confirmed at the time of inspection.</p>		
<p><b>Requirement 5</b></p> <p>Ref: Regulation 27 (2)(b) Stated: First time</p>	<p>Undertake a detailed survey of the bedroom furniture throughout the home. Prepare a time specific program for the repair or replacement of all furniture found to be in an unacceptable condition and forward to RQIA for approval. (Refer to 9.2.3 in the Report)</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b> Inspector confirmed at the time of inspection.</p>		
<p><b>Requirement 6</b></p> <p>Ref: Regulation 27 (2)(q) Stated: First time</p>	<p>Inspect the hot water services for the building and ensure that suitable action is taken to resolve the lack of hot water in specific areas. (Refer to 9.2.4 in the Report)</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b> Inspector confirmed at the time of inspection.</p>		
<p><b>Requirement 7</b></p> <p>Ref: Regulation 27 (2)(a) 14 (2)(a),(c) Stated: First time</p>	<p>Ensure that the home's statement of purpose is suitably amended to reflect the current limitations in the floor area of Bedrooms 8-11 on the first floor, and, the subsequent restrictions therefore required in the admission of patients to bedrooms in that area. (Refer to 9.2.5 in the Report)</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b> These rooms are not currently being used as bedroom accommodation.</p>		
<p><b>Requirement 8</b></p> <p>Ref: Regulation 27 (2)(d) Stated: First time</p>	<p>The wall finishes in the Sluice room should be made good and redecorated. (Refer to 9.2.6 in the Report)</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b> Inspector confirmed at the time of inspection.</p>		

<p><b>Requirement 9</b></p> <p><b>Ref:</b> Regulation 27 (2)(a) <b>Stated:</b> First time</p>	<p>Undertake a detailed survey of the ironmongery and door furniture throughout the home. A time specific program for the repair or replacement of this furniture should be forwarded to RQIA for approval. (Refer to 9.2.7 in the Report)</p>	<p style="text-align: center;"><b>Met</b></p>	
<p><b>Action taken as confirmed during the inspection:</b> Inspector confirmed that suitable replacement ironmongery had been fitted at the time of inspection.</p>	<p style="text-align: center;"><b>Met</b></p>		
<p><b>Requirement 10</b></p> <p><b>Ref:</b> Regulation 14 (2)(a)(c) <b>Stated:</b> First time</p>		<p>Upgrade the lift provision within the home, or, ensure that the home's statement of purpose is suitably amended to reflect the current limitations in access to the first floor. These amendments should clearly define the restrictions required in the admission of patients to bedrooms on the first floor. (Refer to 9.3.2 in the Report)</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b> Inspector confirmed that suitable measures were in place at the time of inspection.</p>	<p><b>Requirement 11</b></p> <p><b>Ref:</b> Regulation 27 (4)(a) <b>Stated:</b> First time</p>	<p>Ensure that the significant findings contained within the current Fire risk assessment are fully implemented and signed-off when completed. (Refer to 9.1.5 in the Report)</p>	
<p><b>Action taken as confirmed during the inspection:</b> Inspector confirmed at the time of inspection.</p>	<p><b>Requirement 12</b></p> <p><b>Ref:</b> Regulation 27 (4)(b) <b>Stated:</b> First time</p>	<p>The fire risk assessor for the home should be consulted regarding the need to fit a door closer to the electrical switch room in the kitchen corridor and the provision of a 30 minute fire resisting enclosure to the consumer unit located in the Calorifier/Linen store. (Refer to 9.1.6 in the Report)</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b> Inspector confirmed at the time of inspection.</p>			

<b>Requirement 13</b>  <b>Ref:</b> Regulation 27 (4)(d)(iii) <b>Stated:</b> First time	Ensure that the minimum staffing levels required by Health Technical Memorandum 84 'Fire risk assessment in residential care premises' are maintained for the 8 bedded fire compartment, or that suitable steps are introduced to reduce the size of this bedroom compartment. (Refer to 9.4.2 in the Report)	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed 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. As stated at the previous estates inspection on 7 February 2014, the current Laundry facility is very poorly proportioned leading to concerns regarding infection control issues and the health, safety and welfare of staff operating in this area. The home is now under new ownership and this area along with several other areas of the home are currently being assessed by an architect and proposals are being developed to improve this facility. It is important that these proposals are approved by RQIA prior to the commencement of any physical alterations to the premises, and that they are completed in a timely manner. (Refer to Requirement 1 in the attached Quality Improvement Plan).
2. A risk assessment for the control of legionella bacteria in the premises hot and cold water systems was undertaken on 20 January 2017. The associated written scheme and action plan is currently being implemented within the premises.



Suitable control measures are also currently in place and are being maintained. These include a temperature monitoring regime, the regular flushing of seldom used outlets and the regular disinfection and descaling of shower heads throughout the premises. It is recommended that reference should be made to the relevant guidance available from the Health & Safety Executive with regards to these control measures to ensure that current best practice is implemented within the home (HSG 274 part 2 'The control of legionella bacteria in hot and cold water systems').

<http://www.hse.gov.uk/pubns/priced/hsg274part2.pdf>

(Refer to recommendation 1 in the attached Quality Improvement Plan).

<b>Number of requirements</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>1</b>
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#### 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 and no areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 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 and no areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 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 and no areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations</b>	<b>0</b>
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with **Mrs Susan Morgan, Responsible Person** 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, 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 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 stated. The registered provider should confirm that these actions have been completed and return completed QIP to web portal for review 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.

<b>Quality Improvement Plan</b>	
<b>Statutory requirements</b>	
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 27 (2)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 19 June 2017</p>	<p>The registered provider must ensure the proposals to the home's Laundry, and other alterations, currently being developed are approved by RQIA prior to the commencement of any physical alterations to the premises, and that they are completed in a timely manner.</p>
	<p><b>Response by registered provider detailing the actions taken:</b> Substantial improvements plans are currently underway including the laundry. As an interim measure to aid circulation space a smaller dimension washing machine has been installed.</p>
<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 44.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate &amp; ongoing</p>	<p>The registered provider should ensure that current best practice is implemented within the home, with reference to the relevant guidance available from the Health &amp; Safety Executive regarding the control of legionella bacteria (HSG 274 part 2 'The control of legionella bacteria in hot and cold water systems'). <a href="http://www.hse.gov.uk/pubns/priced/hsg274part2.pdf">http://www.hse.gov.uk/pubns/priced/hsg274part2.pdf</a></p>
	<p><b>Response by registered provider detailing the actions taken:</b> A current Legionella risk assessment carried out in January 2017 was presented to the inspector and weekly/monthly checks are carried out by our maintenance team. We will review with regard to HSG 274 part 2.</p>



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