

Unannounced Premises Variation Inspection Report 18 July 2018



Cove Manor Nursing Home (1419)

Type of service: Nursing Home
Address: 89 Mullanhoe Rd, Ardboe, BT71 5AU
Tel No: 028 86736349
Inspector: Raymond Sayers

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Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a nursing home providing care for 31 service users.

3.0 Service details

Organisation/Registered Provider: Cove Manor Care Home Ltd/Sean McCartney	Registered Manager: Madge Quinn
Person in charge at the time of inspection: Sean McCartney	Number of registered places: 31

4.0 Inspection summary

An unannounced inspection took place on 8 June 2018 from 13:40 to 15:50.

This inspection was underpinned by:

- The Nursing Homes Regulations (Northern Ireland) 2005
- Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)

The purpose of the inspection was to assess the accommodation relating to service application ref SA020446. The premises inspected consisted of a proposed new 14 bed residential home, with nine beds situated on the first floor and five beds located on the ground floor. The remaining seventeen beds situated on the first floor are to remain designated as nursing category, within the existing registered nursing home.

The variation application proposes to utilise the ground floor dining accommodation as shared between the nursing and proposed residential home.

Separate sittings will be scheduled for residential & nursing category service users.

The findings of this report will provide the provider with the necessary information to assist them to fulfil their responsibilities.

The following areas were examined during the inspection:

- Fire risk assessment & fire safety control records
- Legionella risk assessment & legionella prevention control records
- Building services maintenance verification certificates
- A sample of resident's private accommodation & communal day/dining accommodation
- Kitchen & laundry accommodation

The findings of this report will provide the provider with the necessary information to assist them to fulfil their responsibilities.

5.0 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	3

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with the registered person, Sean McCartney, as part of the inspection process. The timescales for completion commence from the date of inspection.

There was no enforcement action implemented as a result of the findings of this inspection.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

Fire Safety:

1. The BS5266 emergency lighting maintenance certificate dated 21 Feb 2018 listed a number of items requiring remedial works; these items were not validated as implemented. 09 August e-mail received from registered responsible person confirming that emergency lighting repair works have been completed.
2. The fire risk assessment report presented for review was not in a format including an evaluation & works action plan. It was not ascertained that the risk assessment was complete by an accredited risk assessor in compliance with RQIA recommendations ref 12/05/15 correspondence. [Fire risk assessor accreditation.pdf](#) Mr McCartney stated that the risk assessment would be reviewed.

Health & Safety:

3. The legionella risk assessment presented did not contain sufficient detail/information to provide a suitable and sufficient risk assessment process to be completed. Mr McCartney stated that a valid risk assessment would be completed. It is noted that legionella prevention control measures are implemented and should be noted on the risk assessment.
4. Gas Safety, Gas Safe Register (GSR) certificate records presented for review were for an inspection date 10 April 2017, and only verified the safety of the gas service pipework. : Gas Safe Register verification certificates dated 1 august 2018 submitted by e-mail & received 09/08/18.
5. Portable appliance test certificates were not presented for examination.
6. A valid space heating oil boiler maintenance certificate was not presented for review. : Engineer maintenance verification certificate dated 21 July 2018 received by e-mail 09/08/18.

Environment/facilities:

1. The required day space for the nursing home patients will be less than the recommended 2.5 sq. metres per patient ratio unless the room designation is modified to provide additional space. Mr McCartney stated that this issue will be addressed.

Areas for improvement

- Arrange for completion of a fire risk assessment by an accredited fire risk assessor.
- Arrange for completion of a legionella risk assessment and works action plan.
- Confirm that all electrical appliances are subjected to health & safety tests and monitoring.
- Modify the activity/sitting space designation to ensure the proposed nursing & residential homes comply with the required spatial requirements ratio.

	Regulations	Standards
Total number of areas for improvement		

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Sean McCartney, Registered Person, as part of the inspection process. The timescales commence from the date of inspection.

The applicant should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 application 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.

The registration application for a new residential home will be subject to evaluation and approval by the care inspector

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with:

- The Nursing Homes Regulations (Northern Ireland) 2005
- Department of Health, Social Services and Public Safety (DHSSPS) Nursing Homes Minimum Standards, April (2015)

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 48.1 Stated: First time To be completed by: 18 September 2018	<p>The registered person shall arrange for the completion, and implementation of a suitable and sufficient fire risk assessment, in compliance with RQIA guidelines.</p> <p>Fire risk assessor accreditation.pdf</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Fire risks are currently carried out by a competent and experienced person. We will review the possibility of having him accredited or use an outside source.</p>
Area for improvement 2 Ref: Standards 47.1& 47.2 Stated: First time To be completed by: 18 September 2018	<p>The registered person shall verify that all portable electrical appliances are subjected to routine periodic inspection and testing in accordance with HSE guidelines.</p> <p>Ref.6.5</p> <p>Response by registered person detailing the actions taken: completed</p>
Area for improvement 3 Ref: Standard 47.1 & 47.2 Stated: First time To be completed by: 18 September 2018	<p>The registered person shall verify the completion of a valid legionella risk assessment, and implementation of any recommended action plan items.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: ongoing</p>
Area for improvement 4 Ref: requirements for registration N17 Stated: First time To be completed by: prior to registration of RC home	<p>The registered person shall designate appropriate day/activity space within the building to comply with the minimum registration standards ratio 2.5 sq. metres per service user, for nursing & residential categories.</p> <p>Response by registered person detailing the actions taken: completed</p>

Please ensure this document is completed in full and returned via Web Portal



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