

Announced Premises Inspection Report 21 June 2016



Kintullagh Care Home

Type of Service: Nursing Home

**Address: 36 Westbourne Avenue, Carniny Road,
Ballymena, BT43 5LW**

Tel No: 028 2565 4444

Inspector: Colin Muldoon

www.rgia.org.uk

1.0 Summary

An announced premises inspection of Kintullagh Care Home took place on 21 June 2016 from 10:30 to 15:00hrs.

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. However some 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
Total number of requirements and recommendations made at this inspection	0	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Jill O'Neill (Registered Manager) and Mr Neil Shields (Runwood Homes Regional Maintenance Co-ordinator), as part of the inspection process. The timescales for completion commence from the date of 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 last inspection.

2.0 Service Details

Registered organisation/registered provider: Runwood Homes Ltd	Registered manager: Jill O'Neill
Person in charge of the home at the time of inspection: Jill O'Neill	Date manager registered: 14 April 2016
Categories of care: NH-I, NH-PH, NH-LD, RC-I, RC-MP(E), RC-PH(E)	Number of registered places: 61

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 Ms Jill O'Neill (Registered Manager) and Mr Neil Shields (Runwood Homes Regional Maintenance Co-ordinator).

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, fire risk assessment.

4.0 The Inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 05 November 2015

The most recent inspection of the home was an unannounced care inspection on 05 November 2015. There were no requirements or recommendations arising from that inspection.

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

Last premises inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 27.-(2)(q) Stated: Second time	The electrical installation must be tested and inspected in accordance with BS7671-7 'Inspection and testing'. The responsible person must ensure that any necessary remedial work is carried out to restore the installation to a safe and satisfactory condition.	Met
	Action taken as confirmed during the inspection: An electrical condition report dated July 2013 confirms that the electrical installation was in satisfactory condition. Refer also to section 4.3 item and recommendation 1 in Quality Improvement Plan.	
Requirement 2 Ref: Regulation 27.-(2)(c) 27.-(2)(q) Stated: Second time	Valid Gas Safe certificates must be obtained which verify that all the gas appliances and pipework installations are in a safe and satisfactory condition.	Met
	Action taken as confirmed during the inspection: There were valid Gas Safe certificates for the gas installations. The certificate for the catering appliances had an "at risk" warning because of an unsatisfactory window fan. A permanent vent was subsequently installed.	
Requirement 3 Ref: Regulation 27.-(2)(q) Stated: Second time	The thermostatic mixing valves should be maintained in accordance with the manufacturer's instructions.	Partially Met
	Action taken as confirmed during the inspection: Documentation was presented relating to the maintenance and setting of the thermostatic mixing valves in May 2016. Refer also to section 4.3 item 2 and recommendation 2 in Quality Improvement Plan.	

<p>Requirement 4</p> <p>Ref: Regulation 27.-(2)(l)</p> <p>Stated: First time</p>	<p>The number of oxygen cylinders held in treatment rooms should be reviewed. Stored cylinders should be secured against toppling.</p> <p>Action taken as confirmed during the inspection: Stored cylinders observed on the day of inspection were secured.</p>	<p>Met</p>
<p>Requirement 5</p> <p>Ref: Regulation 27.-(4)(a)</p> <p>Stated: Second time</p>	<p>The issues in the fire risk assessment action plan which remain outstanding must be fully addressed.</p> <p>Action taken as confirmed during the inspection: The fire risk assessment was reviewed by an accredited risk assessor in September 2015. There were two significant findings both of which have been signed off by the manager as addressed.</p>	<p>Met</p>
<p>Requirement 6</p> <p>Ref: Regulation 27.-(4)(a)</p> <p>Stated: First time</p>	<p>The fire risk assessment must be reviewed by a competent, and preferably accredited, person. The action plan arising from the risk assessment must be fully addressed.</p> <p>Reference should be made to Northern Ireland Firecode document Health Technical Memorandum 84 – Fire risk assessment in residential care premises.</p> <p>Action taken as confirmed during the inspection: Refer to requirement 5 above.</p>	<p>Met</p>
<p>Requirement 7</p> <p>Ref: Regulation 27.-(4)(a)</p> <p>Stated: First time</p>	<p>The emergency plan must be reviewed by a competent person. The advice of the fire safety advisor should be sought and the procedures in the plan should be in line with current good practice and take account of the findings and recommendations arising from the Rosepark Inquiry.</p> <p>Staff must be trained in the implementation of the plan.</p> <p>Action taken as confirmed during the inspection: There is a procedure for the manager to review the fire plan, the last occasion being April 2016.</p>	<p>Met</p>

<p>Requirement 8</p> <p>Ref: Regulation 27.-(4)(e)</p> <p>Stated: First time</p>	<p>All staff must receive fire safety information, instruction and training which is specific to Kintullagh Care Home. The training should take place at least twice a year and be led by a competent person. The content of the training should be in line with HTM84 and the emergency plan.</p> <p>Action taken as confirmed during the inspection: There are arrangements for the accredited fire risk assessor to carry out fire safety training on a number of occasions each year and the manager confirmed that she manages staff attendance.</p> <p>There is a matrix record system for managing staff participation in practice fire drills.</p>	Met
<p>Requirement 9</p> <p>Ref: Regulation 27.-(4)(d)(v)</p> <p>Stated: First time</p>	<p>Robust arrangements should be in place to ensure that fire safety installations such as the alarm system are regularly tested and checked in accordance with good practice.</p> <p>Action taken as confirmed during the inspection: There were records relating to the weekly test of the fire alarm and emergency lighting installations.</p>	Met
<p>Requirement 10</p> <p>Ref: Regulation 27.-(4)(d)(iv) and (v)</p> <p>Stated: First time</p>	<p>It must be ensured that the fire detection and alarm system is maintained in accordance with BS5839-1:2002 'Fire detection and fire alarm systems for buildings'.</p> <p>Action taken as confirmed during the inspection: There were service sheets issued by a specialist contractor which confirm that maintenance of the fire alarm system is in accordance with BS5839.</p>	Met

<p>Requirement 11</p> <p>Ref: Regulation 27.-(4)(c)</p> <p>Stated: First time</p>	<p>The arrangement for securing the front door should be reviewed. Final exit doors should be quickly and easily openable without a key in the event of fire.</p> <p>The advice of the fire safety advisor should be sought.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The front door has an electronic lock and is no longer secured with a key lock.</p> <p>Refer also to section 4.3 item 3 and recommendation 3 in Quality Improvement Plan.</p>		
<p>Requirement 12</p> <p>Ref: Regulation 27.-(4)(d)(i)</p> <p>Stated: First time</p>	<p>All fire doors should be surveyed. The necessary adjustments and repairs must be carried out so that the doors operate correctly and close to provide an effective fire seal.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A random selection of fire doors were reviewed during the inspection. One door to the laundry was found to require slight adjustment to latch tight. The manager confirmed that this was rectified on the day of inspection.</p>		
<p>Requirement 13</p> <p>Ref: Regulation 27.-(4)(b)</p> <p>Stated: First time</p>	<p>The electrical plant room should be cleared of all combustible and flammable items.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Addressed.</p>		

Last premises inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 32 Stated: First time	The recommendations in the latest LOLER thorough examination report must be given consideration.	Met
	Action taken as confirmed during the inspection: There was a valid LOLER (Lifting Operations and Lifting Equipment Regulations (NI) 1999) report on a thorough examination of the lift carried out in March 2016. There were no defects immediately affecting safety but the report did identify some other defects for attention. Refer also to section 4.3 item 5 and recommendation 5 in Quality Improvement Plan.	
Recommendation 2 Ref: Standard 35 Stated: First time	The frequency of the checks on the issue of relevant Medical Device and Equipment Alerts should be increased to weekly.	Met
	Action taken as confirmed during the inspection: The manager confirmed this check is carried out weekly.	

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.

Many of the bedrooms have built in wardrobes. During the walk round it was observed that one room had a freestanding wardrobe which had not been re-secured to the wall following redecoration. Before the end of the inspection the manager confirmed that this had been rectified.

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. The electrical condition report confirms that the installation was in satisfactory condition. The report also has a note to advise that this conclusion is only valid with the completion of the inspection list from a named person who carried out all code 1 and 2 deviations noted on the condition report. Documentation relating to the completion of the code 1 and 2 issues was not presented on the day of inspection.
Refer to recommendation 1 in Quality Improvement Plan.
2. Although there was documentation confirming that the thermostatic mixing valves have been serviced it could not be confirmed that the scope of the work was in line with current good practice and included, for example, filter cleaning and fail safe testing.
Refer to recommendation 2 in Quality Improvement Plan.
3. The front door has an electronic lock. There did not appear to be an emergency override arrangement for use in the event of the lock failing when the door is needed for emergency egress.
Refer to recommendation 3 in Quality Improvement Plan.
4. There were no comments in the last service report on the fire detection and alarm system. However, the previous service report has a comment about the time devices are taking to operate.

The last service report for the emergency lighting states that a discharge test of 60 minutes was carried out. This should be considered in relation to current standards for this type of premises.

These issues should be discussed with the service contractor and, if appropriate, advice sought from the fire risk assessor.

Refer to recommendation 4 in Quality Improvement Plan.

5. The passenger lift and resident hoisting equipment have valid LOLER (Lifting Operations and Lifting Equipment Regulations (NI) 1999) thorough examination reports which confirm that the equipment was safe to use. The reports also make some recommendations and identify some defects which should be followed up.
Refer to recommendation 5 in Quality Improvement Plan.

Number of requirements	0	Number of recommendations:	5
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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.

Number of requirements	0	Number of recommendations:	0
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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.

Number of requirements	0	Number of recommendations:	0
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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.

Number of requirements	0	Number of recommendations:	0
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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 Ms Jill O'Neill (Registered Manager) and Mr Neil Shields (Runwood Homes Regional Maintenance Co-ordinator) 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 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 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 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</p> <p>Stated: First time</p> <p>To be completed by: 21 July 2016</p>	<p>In relation to the electrical condition report the documentation confirming that the code 1 and 2 issues have been addressed should be obtained, checked and held with the condition report.</p>
	<p>Response by registered provider detailing the actions taken: IN FUTURE DOCUMENTATION CONFIRMING THESE ISSUES HAVE BEEN ADDRESSED, WILL BE HELD IN THE HOME</p>
<p>Recommendation 2</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 21 July 2016</p>	<p>It should be confirmed that the thermostatic mixing valves are being serviced in line with the guidance document HSG274 Part 2.</p>
	<p>Response by registered provider detailing the actions taken: A MORE DETAILED SERVICE REPORT IS BEING CONSTRUCTED IN LINE WITH GUIDANCE HSG274 PART 2</p>
<p>Recommendation 3</p> <p>Ref: Standard 48</p> <p>Stated: First time</p> <p>To be completed by: 21 July 2016</p>	<p>The advice of the fire risk assessor should be sought and followed regarding the installation of an emergency override for the electronic lock at the front door.</p>
	<p>Response by registered provider detailing the actions taken: Home manager will arrange for the Fire Risk Assessor to advise on this issue as soon as possible</p>
<p>Recommendation 4</p> <p>Ref: Standard 48</p> <p>Stated: First time</p> <p>To be completed by: 21 July 2016</p>	<p>The condition of the fire detection and alarm devices and the duration of the emergency lighting system in relation to the setting should be reviewed, discussed with the service contractor and any necessary action taken. If necessary, the advice of the fire risk assessor should be sought and followed.</p>
	<p>Response by registered provider detailing the actions taken: Home manager will arrange for the Fire Risk Assessor to advise on this issue as soon as possible</p>
<p>Recommendation 5</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 21 July 2016</p>	<p>The recommendations and the defects noted in the reports on the last thorough examinations of the passenger lift and hoisting equipment should be followed up and actioned as necessary within appropriate timescales.</p>
	<p>Response by registered provider detailing the actions taken: Defects noted in last report were followed up, actioned and records kept</p>

Please ensure this document is completed in full and returned to Estates.Mailbox@rqia.org.uk from the authorised email address



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