

Announced Premises Inspection Report 19 July 2016



The Model Care Home

Type of Service: Nursing Home
Address: 1 Portrush Road, Ballymoney, BT53 6BX
Tel No: 028 2766 4502
Inspector: Kieran Monaghan

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of The Model Care Home took place on 19 July 2016 from 10:20 to 13:00 hours.

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. However one issue was identified for attention by the registered provider. Refer to section 4.4

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care. However one issue was identified for attention by the registered provider. Refer to section 4.5

Is the service well led?

On the day of the inspection the management of the premises was considered to be well led. However one issue was identified for attention by the registered provider. Refer to section 4.6

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	4	8

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Louise McIlwrath, Registered Manager of The Court Care Home who was deputising for Mrs Maggie Jess, Registered Manager, 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 on 30 October 2013

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: Four Seasons (No 11) Limited/Dr Maureen Claire Royston	Registered manager: Mrs Maggie Jess
Person in charge of the home at the time of inspection: Mrs Louise McIlwrath, Registered Manager of The Court Care Home	Date manager registered: Registration Pending
Categories of care: NH-LD(E), NH-I, RC-I, RC-PH	Number of registered places: 36

3.0 Methods/processes

Prior to this premises inspection, the following records were reviewed:

- The previous premises inspection report
- The statutory notifications over the past 12 months
- The duty call log

During this premises inspection discussions took place with the following people:

- Mrs Louise McIlwrath, Registered Manager of The Court Care Home
- Mr Ivor Cunningham, Maintenance

During this premises inspection, the following records were reviewed:

- A range of service records and in-house records relating to the maintenance and upkeep of the premises
- The fire risk assessment report

4.0 The Inspection

4.1 Review of requirements and recommendations from the most recent inspection on 23 November 2015

The most recent inspection of this home was an unannounced medicines management inspection IN022570 on 23 November 2015. The completed QIP for this inspection was returned to RQIA on 05 January 2016 and approved by the pharmacy inspector on 06 January 2016. This QIP will be validated by the specialist inspector at their next inspection.

4.2 Review of requirements and recommendations from the last premises inspection on 30 October 2013

Last premises inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulations 27(2)(b) 27(2)(d) Stated: First time	Bedrooms 11 and 12 should be redecorated at high level. The wall surface in the front hall in the original section of the premises should also be made good and repainted.	Met
	Action taken as confirmed during the inspection: These areas had been redecorated.	
Requirement 2 Ref: Regulation 27(2)(b) Stated: First time	The floor covering in bathroom 2 on the first floor should be replaced.	Met
	Action taken as confirmed during the inspection: A new floor covering had been fitted in this bathroom.	
Requirement 3 Ref: Regulation 14(2)(a) 14(2)(c) 27(2)(b) Stated: First time	The hard surfaces around the home should be cleaned. Completion of this cleaning should be confirmed to RQIA.	Met
	Action taken as confirmed during the inspection: The completed Quality Improvement Plan returned to RQIA for the previous premises inspection confirmed that the hard surfaces around the home were cleaned and that this work was completed on 09 January 2014. The hard surfaces, particularly the path and patio area to the rear of the premises required to be cleaned again. Refer also to section 4.3.1 in this report.	

Last premises inspection statutory requirements		Validation of compliance
Requirement 4 Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(c) 27(2)(q) Stated: First time	The issue identified for attention in the report for thorough examination of the passenger lift that was completed on 31 August 2013 should be addressed. In addition the new hoist should be provided (on order).	Met
	Action taken as confirmed during the inspection: The completed Quality Improvement Plan returned to RQIA for the previous premises inspection confirmed that these issues were addressed.	
Requirement 5 Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q) Stated: First time	The issues identified for attention in the reports for the legionella risk assessment and the most recent inspection of the water storage tanks should be addressed and signed off by the Registered Manager.	Not Met
	Action taken as confirmed during the inspection: No information was presented for review in relation to this issue during this premises inspection. The current position in relation to legionella risk assessment issues and the inspection of the water storage tanks should be clarified. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.	
Requirement 6 Ref: Regulations 27(4)(b) 27(4)(c) 27(4)(d)(i) Stated: Second time	Completion of the installation of the hold open device to the door of the Nurse Station on the ground floor should be confirmed to RQIA.	Met
	Action taken as confirmed during the inspection: A hold open device had been fitted to this door.	

Last premises inspection statutory requirements		Validation of compliance
Requirement 7 Ref: Regulations 27(4)(b) 27(4)(d)(iv) Stated: First time	Completion of the works to address the issues that were identified for attention by the most recent inspections and tests to the fire detection and alarm system and the emergency lights should be confirmed to RQIA.	Partially Met
	Action taken as confirmed during the inspection: The most recent inspection and service of the fire detection and alarm system was completed on 08 March 2016. The report for this work confirmed that this system was operating satisfactorily. The emergency lights are checked monthly by Mr Cunningham. The report for the most recent inspection and test to the emergency lights was not however presented for review during this premises inspection. The date and outcome of the most recent inspection and test to the emergency lights should be confirmed to RQIA. Subsequent to this premises inspection Mr Hegarty, Estates Manager with Four Seasons Health Care confirmed to RQIA that the emergency lights would be inspected and tested on 27 July 2016 and any remedial works required would be completed on the same day. Completion of this should be confirmed to RQIA. Reference should be made to recommendation 2 in the attached Quality Improvement Plan.	
Requirement 8 Ref: Regulations 27(4)(b) 27(4)(c) 27(4)(d)(i) Stated: First time	The mattress for the bed in bedroom 12 on the first floor should be replaced. In addition the small switchgear cupboard in the ground floor corridor at the staff toilet should be upgraded to half hour fire and smoke standard. A new lock should be fitted to this cupboard as part of the upgrading works.	Not Met
	Action taken as confirmed during the inspection: The mattress in bedroom 12 was not an ignition source 0 & 5 fire retardant standard mattress. This mattress should be replaced. Refer to requirement 1 in the attached Quality Improvement Plan.	

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 in line with the guidance on fire risk assessments issued by RQIA.

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 path and patio area to the rear of the home should be pressure washed. These areas should also be checked for uneven areas and remedial works should be carried out as required re same. In addition the shrubs along this path should be cut back. Reference should be made to requirement 2 in the attached Quality Improvement Plan.
2. The results for the recent cold water temperature monitoring indicated that the temperature exceeded 20°C. To mitigate this temperature rise daily flushing was being carried out to reduce the temperature to below 20°C. The underlying cause of this temperature rise should be investigated and resolved. Reference should be made to recommendation 3 in the attached Quality Improvement Plan.
3. The report for the most recent service of the thermostatic mixing valves indicated that the thermostatic at shower 2 had not been tested. This shower should be tested. Subsequent to this premises inspection Mr Hegarty, Estates Manager with Four Seasons Health Care confirmed to RQIA that this thermostatic mixing valve would be tested to following day (20 July 2016).
4. The most recent thorough examination of the passenger lift was carried out on 06 May 2016. The report for this thorough examination indicated that there was an issue to be resolved in relation to the hydraulic ram seals. Subsequent to this premises inspection Mr Hegarty, Estates Manager with Four Seasons Health Care confirmed to RQIA that this issue was being followed up.

Areas for improvement Continued

5. The most recent gas safety inspection to the kitchen equipment was carried out on 22 February 2016. The report for this inspection confirmed that the equipment was safe to use but one recommendation was also included. It is recommended that this issue is addressed. The next annual gas safety inspection for the laundry equipment should also be carried out. Reference should be made to recommendation 4 in the attached Quality Improvement Plan.
6. The most recent thorough examinations of the patient lifting equipment were carried out on 05 July 2016. The reports for these thorough examinations identified a number of issues for attention. Subsequent to this premises inspection Mr Hegarty, Estates Manager with Four Seasons Health Care confirmed to RQIA that a quote had been obtained and these works would go ahead.
7. The fire risk assessment was reviewed and updated on 10 November 2015. The issue in relation to the storage of the bins had still to be addressed. Subsequent to this premises inspection, RQIA received confirmation from Mr Hegarty, Estates Manager with Four Seasons Health Care that this issue would be addressed before the end of week ending 22 July 2016.
8. The service details for the first aid fire-fighting equipment were not clear from the information presented during this premises inspection. The service details for this equipment should be checked and confirmed to RQIA. Subsequent to this premises inspection Mr Hegarty, Estates Manager with Four Seasons Health Care confirmed to RQIA that the fire aid fire-fighting equipment would be serviced in the end of week ending 27 July 2016. Completion of this work should be confirmed to RQIA. Reference should be made to requirement 3 in the attached Quality Improvement Plan.
9. The door to the hot water cylinder store on the first floor is fitted with two air transfer vents. These vents are fitted with intumescent insets. This would not however prevent the passage of ambient temperature smoke. The need to ensure that the door to this cylinder store provides full fire and smoke protection in line with the guidance contained in Northern Ireland Health Technical Memorandum 84 should be reviewed with the fire risk assessor. The outcome of this review should be confirmed to RQIA. Reference should be made to recommendation 5 in the attached Quality Improvement Plan.
10. The percentage for the e-learning fire safety training was confirmed as 82%. The details in relation to the practical fire safety training were not presented for review. There should be a continued focus on the e-learning to ensure that this is up to date for all staff. The details in relation to the practical fire safety training should also be confirmed to RQIA. Reference should be made to requirement 4 in the attached Quality Improvement Plan.
11. The door to the administration office on the ground floor should not be wedged open. If it is required to have this door held open an appropriate hold open device should be installed. Subsequent to this premises inspection RQIA received confirmation that a hold open device would be ordered for this door the following week.

Number of requirements	3	Number of recommendations:	3
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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.

One issue was however identified for attention during this premises inspection. This issue is detailed in the 'areas for improvement' section below.

Areas for improvement

1. Toilet 2 on the ground floor was being used for the storage of wheelchairs. This toilet should not be used for the storage of wheelchairs. Alternatively if there are a sufficient number of other toilets in the premises in line with current standards, proposals to convert this toilet to a permanent store could be submitted to RQIA for consideration. Reference should be made to recommendation 6 in the attached Quality Improvement Plan.

Number of requirements	0	Number of recommendations:	1
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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.

One issue was however identified for attention during this premises inspection. This issue is detailed in the 'areas for improvement' section below.

Areas for Improvement

1. Redecoration had been carried out to some areas of the premises such as the ground floor day/dining room. This work however needs to continue, particularly in the corridor areas. The standard of décor in the premise should be reviewed and a programme of redecoration should be drawn up. Details for this programme of redecoration work should be forwarded to RQIA. Reference should be made to recommendation 7 in the attached Quality Improvement Plan.

Number of requirements	0	Number of recommendations:	1
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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 manager has generally 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. Reference should however be made to section 4.6.1 in the areas for improvement noted below.

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

This supports a well led service.

One issue was however identified for attention during this premises inspection. This is detailed in the 'areas for improvement' section below.

Areas for improvement

1. Three issues from the Quality Improvement Plan for the last premises inspection on 30 October 2013 had either not been addressed or had only been partially addressed. The arrangements for ensuring that all of the issues included in Quality Improvement Plans for RQIA reports are fully addressed within the timescales should be reviewed and improved as required. Reference should be made to recommendation 8 in the attached Quality Improvement Plan.

Number of requirements	0	Number of recommendations:	1
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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 Louise McIlwrath, Registered Manager of The Court Care Home, as part of the inspection process. The timescales commence from the date of inspection.

The registered persons 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 persons 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 in respect of The Court Care Home. 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 persons meet the legislative requirements based on The 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 persons may enhance service, quality and delivery.

5.3 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 responsible person should confirm that these actions have been completed and return 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 persons 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 persons with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulations 27(4)(b) 27(4)(c) 27(4)(d)(i) Stated: Second time To be completed by: 16 September 2016	<p>The mattress in bedroom 12 should be replaced with an ignition source 0 & 5 fire retardant standard mattress. A check should also be carried out to ensure that all other mattresses meet the ignition source 0 & 5 fire retardant standard.</p> <p>Response by registered provider detailing the actions taken: Mattress in bedroom 12 has been replaced. Audit of all mattresses within the home will be completed to ensure they meet the above standard.</p>
Requirement 2 Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(b) Stated: First time To be completed by: 16 September 2016	<p>The path and patio area to the rear of the home should be pressure washed. These areas should also be checked for uneven areas and remedial works should be carried out as required re same. In addition the shrubs along this path should be cut back.</p> <p>Response by registered provider detailing the actions taken: Path and patio at rear of building has been cleaned and repointed. All shrubs along pathway have been trimmed.</p>
Requirement 3 Ref: Regulations 27(4)(b) 27(4)(d)(iv) Stated: First time To be completed by: 16 September 2016	<p>The service details for the first aid fire-fighting equipment should be checked and confirmed to RQIA.</p> <p>Response by registered provider detailing the actions taken: All fire fighting equipment has been serviced by nominated contractor and certificate received and in place,</p>
Requirement 4 Ref: Regulation 27(4)(e) Stated: First time To be completed by: 16 September 2016	<p>There should be a continued focus on the e-learning to ensure that this is up to date for all staff. The details in relation to the practical fire safety training should also be confirmed to RQIA.</p> <p>Response by registered provider detailing the actions taken: H/M is currently focusing on e-learning to ensure all staff meet target. Practical training, fire drills are performed twice a month. All staff sign to evidence attendance. A matrix has been implemented to reflect attendance.</p>

Quality Improvement Plan

Recommendations

Recommendation 1 Ref: Standard 47 Stated: Second time To be completed by: 16 September 2016	<p>The current position in relation to legionella risk assessment issues and the inspection of the water storage tanks should be clarified.</p> <p>Response by registered provider detailing the actions taken: Chlorination certificate is in place, 24 January 2016. Calorifier cleaning and system disinfection was carried out 11th February 2016. Review of Legionella risk assessment is due October 2016.</p>
Recommendation 2 Ref: Standard 48 Stated: Second time To be completed by: 16 September 2016	<p>The date and outcome of the most recent inspection and test to the emergency lights should be confirmed to RQIA.</p> <p>Response by registered provider detailing the actions taken: Emergency lighting tested 28th July 2016. Remedial work partially addressed. The remaining remedial work is scheduled to be completed on 13th September 2016.</p>
Recommendation 3 Ref: Standard 47 Stated: First time To be completed by: 16 September 2016 & Ongoing	<p>The underlying cause of the enhanced cold water temperatures should be investigated and resolved. The cold water temperature should be maintained below 20°C in line with the current guidelines for the prevention or control of legionella bacteria in water systems.</p> <p>Response by registered provider detailing the actions taken: Daily flushing of cold water system will continue to maintain temperature below 20 degrees. Investigation into cause to be discussed with estates team.</p>
Recommendation 4 Ref: Standard 47 Stated: First time To be completed by: 16 September 2016	<p>It is recommended that the issue identified for attention in the report for the gas safety inspection that was carried out on 22 February 2016 should be addressed. The next annual gas safety inspection for the laundry equipment should also be carried out.</p> <p>Response by registered provider detailing the actions taken: Gas safety inspection of laundry equipment was carried out on 18th August 2016. Installation of new gas proving and interlock panel has been approved, awaiting confirmation date from nominated contractor for work to be carried out.</p>

Quality Improvement Plan

Recommendations	
Recommendation 5 Ref: Standard 47 Stated: First time To be completed by: 16 September 2016	<p>The need to ensure that the door to the cylinder store provides full fire and smoke protection in line with the guidance contained in Northern Ireland Health Technical Memorandum 84 should be reviewed with the fire risk assessor. The outcome of this review should be confirmed to RQIA.</p> <p>Response by registered provider detailing the actions taken: The store is fitted with a smoke detector. In the event of a slow smouldering fire it will be picked up and managed by staff via the fire panel. In the event of a larger fire the intumescent function will activate at at 72 degrees C and seal the door.</p>
Recommendation 6 Ref: Standard 47 Stated: First time To be completed by: Ongoing	<p>Toilet 2 on the ground floor should not be used for the storage of wheelchairs. Alternatively if there is a sufficient number of other toilets in the premises in line with current standards, proposals to convert this toilet to a permanent store could be submitted to RQIA for consideration.</p> <p>Response by registered provider detailing the actions taken: Wheelchairs have been removed and storage areas will be reviewed within the home.</p>
Recommendation 7 Ref: Standard 44 Stated: First time To be completed by: 16 September 2016	<p>The standard of décor in the premise should be reviewed and a programme of redecoration should be drawn up. Details for this programme of redecoration work should be forwarded to RQIA.</p> <p>Response by registered provider detailing the actions taken: A quote has been requested for redecoration of all corridors within the home and is provisionally planned for early November. 10 bedrooms on the 1st floor have been fitted with new soft furnishings and redecoration of these bedrooms has commenced.</p>
Recommendation 8 Ref: Standard 35 Stated: First time To be completed by: 16 September 2016	<p>The arrangements for ensuring that all of the issues included in Quality Improvement Plans for RQIA reports are fully addressed within the timescales should be reviewed and improved as required.</p> <p>Response by registered provider detailing the actions taken: A review of all RQIA Quality Improvement Plans will be included in the Home Managers monthly audits.</p>

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