

Announced Premises Inspection Report 15 March 2017



Burleigh Hill House

Type of Service: Nursing Home
Address: 79 North Road, Carrickfergus, BT38 7QZ
Tel No: 0289336 5652
Inspector: Gavin Doherty

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Burleigh Hill House took place on 15 March 2017 from 10:20 to 12:50.

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 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 some issues were 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.

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	1	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr JP Watson, 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

Registered organisation/registered provider: MD Healthcare Ltd	Registered manager: Mrs Emeliza Insauriga
Person in charge of the home at the time of inspection: Mr JP Watson	Date manager registered: 28 October 2016
Categories of care: RC-A, NH-I, NH-PH, RC-I, NH-LD, RC-MP(E), RC-PH(E)	Number of registered places: 56

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 JP Watson, Registered Provider 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 24 April 2016

The most recent inspection of the nursing home was an announced finance inspection. The completed QIP for this inspection will be validated by the specialist inspector at their next inspection.

4.2 Review of requirements and recommendations from the last premises inspection dated 8 October 2013

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 27 (2)(d)</p> <p>Stated: First time</p>	<p>A program with clearly identified timescales, for the phased replacement of the bedroom furniture throughout the home should be prepared and submitted to RQIA for approval. (Refer to 9.2.2 in the Report)</p> <hr/> <p>Action taken as confirmed during the inspection: Inspector confirmed that extensive refurbishment and redecoration had been undertaken at the home at the time of inspection.</p>	Met
<p>Requirement 2</p> <p>Ref: Standard 32.2</p> <p>Stated: First time</p>	<p>Suitable mechanical ventilation in the Ground floor Treatment room should be considered to assist in maintaining an acceptable ambient temperature in this room. (Refer to 9.2.3 in the Report)</p> <hr/> <p>Action taken as confirmed during the inspection: An air conditioning unit had been installed in this room.</p>	Met
<p>Requirement 3</p> <p>Ref: 27 (2)(q)(t)</p> <p>Stated: First time</p>	<p>Provide confirmation to RQIA, that a suitable risk assessment in relation to 'The control of Legionella bacteria in the Home's water systems' is carried out, and that the significant findings and control measures identified are fully implemented throughout the facility. (Refer to 9.1.2 in the Report)</p> <hr/> <p>Action taken as confirmed during the inspection: Inspector confirmed that a current risk assessment was available and up to date at the time of inspection.</p>	Met

<p>Requirement 4</p> <p>Ref: Regulation 27 (2)(q)</p> <p>Stated: First time</p>	<p>Ensure that the Home's passenger lift is subject to suitable, regular 'thorough examination', in accordance with the 'Lifting Operations Lifting Equipment Regulations' as issued by the Health and Safety Executive Northern Ireland. (Refer to 9.3.2 in the Report)</p>	Met
<p>Action taken as confirmed during the inspection: Inspector confirmed that the latest examination reports were available and up to date at the time of inspection.</p>		
<p>Requirement 5</p> <p>Ref: Regulation 27 (2)(q)</p> <p>Stated: First time</p>	<p>Ensure that all Gas powered appliances, associated pipework and any bulk storage tanks supplying the home are subject to an annual Gas safety inspection completed by a 'Gas Safe' registered engineer. (Refer to 9.3.3 in the Report)</p>	Met
<p>Action taken as confirmed during the inspection: Inspector confirmed that the latest Gas Safe reports were available and up to date at the time of inspection.</p>		
<p>Requirement 6</p> <p>Ref: Regulation 27 (4) (a)</p> <p>Stated: First time</p>	<p>Confirm to RQIA, that the recently updated Fire risk assessment is in place within the home and that any significant findings highlighted in this report are to be implemented and signed-off within the stipulated timescales. (Refer to 9.4.2 in the Report)</p>	Met
<p>Action taken as confirmed during the inspection: Inspector confirmed that the latest fire risk assessment was available and up to date at the time of inspection.</p>		
<p>Requirement 7</p> <p>Ref: Regulation 27 (4)(d)(v)</p> <p>Stated: First time</p>	<p>Ensure that suitable monthly function checks are implemented for the Home's Emergency Lighting installation in accordance with BS5266-8 'Emergency Escape Lighting Systems'. (Refer to 9.4.3 in the Report)</p>	Met
<p>Action taken as confirmed during the inspection: Inspector confirmed at the time of inspection.</p>		

Requirement 8 Ref: Regulation 27 (4) (e)(e) Stated: First time	Ensure that all staff receive suitable fire safety training in accordance with Northern Ireland Health Technical Memorandum 84 'Fire risk assessment in residential care premises' at the start of their employment and twice yearly thereafter. (Refer to 9.4.3 in the Report)	Met
	Action taken as confirmed during the inspection: 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. A Legionella risk assessment for the premises was completed on 30 November 2016 and was being actively implemented by the home. Many control measures are 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. However, there were no processes in place at the time of the inspection for the servicing of the thermostatic mixing valves installed throughout the home. Reference should be made to the relevant guidance available from the Health & Safety Executive with regards to this matter (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).

2. The most recent fire drill in the home was undertaken on 8 February 2017 with details of the date, time and staff attending recorded in the premises fire folder. It is recommended that these details are expanded to include details of any key findings and learning outcomes as a result of any given fire drill.
(Refer to recommendation 2 in the attached Quality Improvement Plan).

3. The hoists and slings within the home are currently on a 6 monthly service contract with 'Care Serv' and service certificates detailed that the most recent service was undertaken on 1 September 2016. However, it was not clear if these service inspections also include for a 'thorough examination' as required by the 'Lifting Operations, Lifting Equipment Regulations' (LOLER). The registered manager must ensure that such 'thorough examination' is being undertaken and maintain records in accordance with schedule 1 of the above regulations, which are available within the home for inspection.
<http://www.hse.gov.uk/work-equipment-machinery/loler.htm>
(Refer to Requirement 1 in the attached Quality Improvement Plan).

Number of requirements	1	Number of recommendations:	2
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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.

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. 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. The smell of cigarette smoke was detected in the bedroom corridor adjacent to the designated smoking room. This issue should be closely monitored by the home and suitable steps implemented to manage and prevent such odours entering this bedroom corridor. (Refer to recommendation 3 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 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.

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 **Mr JP Watson, 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 Estates.Mailbox@rqia.org.uk 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	
Statutory requirements	
Requirement 1 Ref: Regulation 27(2) Stated: First time To be completed by: 10 May 2017	<p>The registered manager must ensure that ‘thorough examination’ of all hoists and slings is being undertaken, and records maintained in accordance with schedule 1 of the LOLER regulations. http://www.hse.gov.uk/work-equipment-machinery/loler.htm</p> <p>Response by registered provider detailing the actions taken: Thorough examination of all hoists and slings is being done, LOLER report are up to date and kept in the file.</p>
Recommendations	
Recommendation 1 Ref: Standard 44.8 Stated: First time To be completed by: immediate and ongoing	<p>The registered provider should ensure that a suitable program is in place for the regular servicing of the thermostatic mixing valves installed throughout the home, in accordance with current best practice guidance. http://www.hse.gov.uk/pubns/priced/hsg274part2.pdf</p> <p>Response by registered provider detailing the actions taken: A regular servicing of all thermostatic mixing valves throughout the home is in place and records are kept in the book.</p>
Recommendation 2 Ref: Standard 48.8 Stated: First time To be completed by: immediate and ongoing	<p>The registered provider should ensure that the details recorded following a fire drill are expanded to include details of any key findings and learning outcomes observed.</p> <p>Response by registered provider detailing the actions taken: The fire drill records are now updated to include key findings and any learning outcomes observed during the drill</p>
Recommendation 3 Ref: Standard 44.1 Stated: First time To be completed by: immediate and ongoing	<p>The registered provider should ensure that the smell of cigarette smoke which was detected in the bedroom corridor adjacent to the designated smoking room is closely monitored and that suitable steps are implemented to manage and prevent such odours.</p> <p>Response by registered provider detailing the actions taken: A much bigger volume of exhaust fan is now installed, smell of cigarette smoke is being monitored closely and no smell of smoke detected in the bedroom corridor</p>



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