

**Announced Estates Inspection  
of  
The Glebe Care Centre  
29 September 2015**

## 1. Summary of Inspection

An announced Estates inspection took place on 29 September 2015 from 10.30 to 15.00. Overall on the day of the inspection the premises supported the delivery of safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Care Standards for Nursing Homes 2015.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	2	2

The details of the QIP within this report were discussed with the Mrs Geraldine Boyce (Manager) and Mrs Nuala Green (Care Circle Director) as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Larchwood Care Homes(NI) Ltd Mr Ciaran Sheehan	<b>Registered Manager:</b> Mrs Geraldine Boyce
<b>Person in Charge of the Home at the Time of Inspection:</b> Mrs Geraldine Boyce	<b>Date Manager Registered:</b> 28 June 2012
<b>Categories of Care:</b> RC-I, RC-MP(E), RC-PH(E), NH-I, NH-PH	<b>Number of Registered Places:</b> 38
<b>Number of Patients Accommodated on Day of Inspection:</b> 33	<b>Weekly Tariff at Time of Inspection:</b> RC £470 - £500 NH £593 - £623

### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

**Standard 44: Premises**

**Standard 47: Safe and Healthy working Practices**

**Standard 48: Fire safety**

### 4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed: Previous estates inspection report, statutory notifications over the past 12 months and the last care inspection report.

During the inspection the inspector met with Mrs Geraldine Boyce (Manager) and Mrs Nuala Green (Care Circle Director).

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.

### 5. The Inspection

#### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 14 April 2015. The completed QIP was returned, assessed and approved by the care inspector.

#### 5.2 Review of Requirements and Recommendations from the last Estates Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 27.-(2)(c)	Arrangements should be made for the lift to be thoroughly examined in accordance with the Lifting Operations and Lifting Equipment Regulations (NI) 1999.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was a valid LOLER thorough examination report for the lift.	

<b>Requirement 2</b>  <b>Ref:</b> Regulation 27.-(2)(q)	<p>It should be confirmed that the report on the electrical installation verifies that the installation is in satisfactory condition and that any remedial work identified has been attended to.</p> <p><b>Action taken as confirmed during the inspection:</b> There was valid test and inspection documentation which confirmed that the electrical installation was in satisfactory condition.</p>	<b>Met</b>
<b>Requirement 3</b>  <b>Ref:</b> Regulation 27.-(2)(q)	<p>Clarification should be sought regarding the non-confirmation of gas tightness for the cooker. It should also be confirmed that the Gas Safe certificates cover all of the gas pipework installations as well as the appliances.</p> <p><b>Action taken as confirmed during the inspection:</b> There were valid Gas Safe certificates which confirmed that the gas appliances and pipework installation were safe.</p>	
<b>Requirement 4</b>  <b>Ref:</b> Regulation 27.-(2)(b)	<p>Plans should be made to refurbish the first floor treatment room.</p> <p><b>Action taken as confirmed during the inspection:</b> Complete.</p>	<b>Met</b>
<b>Requirement 5</b>  <b>Ref:</b> Regulation 27.-(2)(b)	<p>A survey of the building should be carried out and a scheme of repairs implemented.</p> <p><b>Action taken as confirmed during the inspection:</b> There is an ongoing program of improvement and redecoration. Work completed includes upgrade of external painted surfaces such as the fascia, redecoration of the first floor rooms, new flooring and improved lighting in living rooms.</p>	

<b>Requirement 6</b>  <b>Ref:</b> Regulation 27.-(2)(a)	<p>The laundry arrangements must be reviewed and plans made to carry out an upgrade which would bring the laundry service in line with current good practice.</p> <p><b>Action taken as confirmed during the inspection:</b> The laundry and dryer have been refurbished. The space is still limited and it is recommended that the adequacy of the laundry be kept under review.</p>	<b>Met</b>
<b>Requirement 8</b>  <b>Ref:</b> Regulation 27.-(4)(a)	<p>The responsible person must ensure that the issues in the fire risk assessment action plan which remain outstanding are fully addressed.</p> <p><b>Action taken as confirmed during the inspection:</b> A fire risk assessment was carried out in April 2015. The assessor considered the overall fire safety risk to be moderate. The action plan arising from the assessment identified a number of issues requiring attention. The inspector was provided with a marked up copy of the action plan which confirmed that all issues had been addressed. This was endorsed in a letter from the fire risk assessor who confirmed that as a result of the action plan being completed the fire risk had been revised to tolerable.</p>	<b>Met</b>
<b>Requirement 9</b>  <b>Ref:</b> Regulation 27.-(4)(a)	<p>The responsible person must arrange for the fire risk assessor to review the fire risk. Reference should be made to NI HTM84.</p> <p><b>Action taken as confirmed during the inspection:</b> Addressed.</p>	<b>Met</b>

<b>Requirement 10</b>  <b>Ref:</b> Regulation 27.-(4)(e) 27.-(4)(f)	The responsible person must make arrangements which will ensure that all staff participate in fire safety training and drills in accordance with NIHTM84.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There were records of fire training and numerous drills having taken place over the last 12 months. Mrs Green confirmed to the inspector that three training dates in October had been arranged to bring fire training fully up to date.	
<b>Previous Inspection Recommendations</b>		<b>Validation of Compliance</b>
<b>Recommendation 7</b>  <b>Ref:</b> Standard 32	It is recommended that consideration be given to replacing the floor in bathroom 16.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Addressed	

### 5.3 Standard 44: Premises

#### Is Care Safe? (Quality of Life)

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this Estates inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. This supports the delivery of safe care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

#### Is Care Effective? (Quality of Management)

A range of accommodation, facilities and support services is provided in the premises. This supports the delivery of effective care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

#### Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. This supports the delivery of compassionate care.

## Areas for Improvement

The report on the last service of the thermostatic mixing valves notes that the fail safe operation of one shower could not be tested.

The Gas Safe report for the pipework installation recommended that action be taken to protect the underground pipe. Mrs Green confirmed to the inspector that this work had been arranged for week commencing 05 October 2015.

It is recommended that the suitability of the laundry arrangements is kept under review.

<b>Number of Requirements</b>	<b>1</b>	<b>Number Recommendations:</b>	<b>1</b>
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## 5.4 Standard 47: Safe and Healthy Working Practices

### Is Care Safe? (Quality of Life)

A range of documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this Estates inspection. This supports the delivery of safe care.

### Is Care Effective? (Quality of Management)

The nature and needs of the patients are considered as part of the risk assessment processes and this is reflected in the management of the home. This supports the delivery of effective care.

### Is Care Compassionate? (Quality of Care)

There are health and safety procedures and control measures in place which support the delivery of compassionate care.

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

## Areas for Improvement

There are arrangements in place towards the control of legionella which includes the weekly flushing of infrequently used outlets. In line with current good practice it is recommended that the frequency of flushing be increased to twice weekly.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>1</b>
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## 5.5 Standard 48: Fire Safety

### Is Care Safe? (Quality of Life)

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. This supports the delivery of safe care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

### **Is Care Effective? (Quality of Management)**

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 patients, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment. This supports the delivery of effective care.

### **Is Care Compassionate? (Quality of Care)**

The standard used by the registered persons to determine the extent of fire safety protection measures that are appropriate for the premises recognises the need to maintain a homely, non-institutionalised environment. This supports the delivery of compassionate care.

### **Areas for Improvement**

The outcome of recent servicing of the fire detection and alarm system was unclear from the service reports. Mrs Green undertook to clarify this and subsequently provided verification from the service contractor that the installation was in satisfactory condition.

The procedure for carrying out the weekly function testing of manual call points and the servicing of the fire detection and alarm system was also discussed.

<b>Number of Requirements</b>	<b>1</b>	<b>Number Recommendations:</b>	<b>0</b>
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## **5.6 Additional Areas Examined**

Not applicable.

## **6. Quality Improvement Plan**

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Geraldine Boyce (Manager) and Mrs Nuala Green (Care Circle Director) as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

## **6.1 Statutory Requirements**



This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Nursing Homes Regulations (Northern Ireland) 2005.

## 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

## 6.3 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 person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [estates.mailbox@rqia.org.uk](mailto: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 weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Statutory Requirements	
<b>Requirement 1</b>  <b>Ref:</b> Regulation 14.-(2)(a) and (c)  <b>Stated:</b> First time  <b>To be Completed by:</b> 19 October 2015	<p>The report on the last service of the thermostatic mixing valves should be revisited and the necessary arrangements made to facilitate the fail safe testing of all the valves which should be brought up to date.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b>            The report of the last service was revisited and all the fail safe testing of the valves was carried out on the 4/11/15. Installation of isolation valves to upstairs shower was also carried out on the same date. GB</p> <p>This was actioned immediately, isolating valves were installed in the shower for testing purposes. The shower is now in full working order. NG</p>
<b>Requirement 2</b>  <b>Ref:</b> Regulation 27.-(4)(d)(iv) and (v)  <b>Stated:</b> First time  <b>To be Completed by:</b> Ongoing	<p>The arrangements for both function testing and servicing the fire detection and alarm system should be kept under review to ensure that they are carried out in accordance with BS5839. Servicing is currently carried out at six monthly intervals. It is recommended that consideration be given to increasing the frequency of servicing to quarterly.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b>            The arrangements for testing the fire alarms will continue to be carried out six monthly in line with current regulations. This will be kept under review. GB</p> <p>Following consultation with our Fire Risk Assessor, we have decided to keep our servicing intervals at 6 monthly. This decision is based on the robust system of testing we have in place and the guidance laid out in BS 5839 :2013. In association with our Fire Risk Assessor, we will of course keep this under review and should there be any change in Guidance Documents or on the advice of our Fire Risk Assessor we will revisit the servicing frequency in the future and make any required changes. N.G.</p>
Recommendations	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 44  <b>Stated:</b> First time  <b>To be Completed by:</b> Ongoing	<p>The suitability of the laundry arrangements should be kept under review.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b>            The laundry arrangements will continue to be kept under constant review to ensure an adequate service. GB</p> <p>London Regional Properties, the property owners are reviewing the laundry arrangements. NG</p>
<b>Recommendation 2</b>  <b>Ref:</b> Standard 47  <b>Stated:</b> First time  <b>To be Completed by:</b> Ongoing	<p>In relation to the control of legionella the flushing of infrequently used outlets should be increased to twice weekly.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b>            All outlets are now being tested twice weekly by the Maintenance team in the Home GB</p> <p>This was put into practice the day following the inspection and records are being maintained twice weekly. NG</p>

<b>Registered Manager Completing QIP</b>	Geraldine Boyce	<b>Date Completed</b>	6/10/15
<b>Registered Person Approving QIP</b>	Nuala Green	<b>Date Approved</b>	11.11.2015
<b>RQIA Inspector Assessing Response</b>	C Muldoon	<b>Date Approved</b>	24/11/2015

*\*Please ensure the QIP is completed in full and returned to [estates.mailbox@rqia.org.uk](mailto:estates.mailbox@rqia.org.uk) from the authorised email address\**