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Announced Estates Inspection of Moneymore

04 August 2015

The Regulation and Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79
Tel: 028 8224 5828 Fax: 028 8225 2544 Web: www.rqia.org.uk

1. Summary of Inspection

An announced estates inspection took place on 04 August 2015 from 10.15hrs to 14.45 hrs. 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 items 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
Total number of requirements and recommendations made at this inspection	1	3

The details of the QIP within this report were discussed with the Mr Gerry Hegarty (Four Seasons Health Care, Maintenance Manager) & Mrs Fionnuala Kidd (Home Manager) as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Four Seasons Health Care/ Ms Maureen Claire Royston	Registered Manager: Mrs Fionnuala Kidd
Person in Charge of the Home at the Time of Inspection: Mrs Fionnuala Kidd	Date Manager Registered: 17 July 2013
Categories of Care: RC-I, RC-PH(E), RC-MP(E), NH-I, NH-PH	Number of Registered Places: 41
Number of Patients Accommodated on Day of Inspection: 32	Weekly Tariff at Time of Inspection: Trust rates

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 month period.

During the inspection the inspector met with Mrs Fionnuala Kidd (Manager) & Mr Gerry Hegarty (Four Seasons Health Care Maintenance Manager).

The following records were examined during the inspection: Copies of service/inspection records, building user log books relating to the maintenance of the building engineering services, legionellae risk and fire risk assessments.

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 07 July 2015. The completed QIP has not yet been returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Estates Inspection, completed on 10 July 2012.

Previous Inspection Statutory Requirements		Validation of Compliance	
Requirement 1 Ref: Regulation 27.(2)(b)	Complete a condition audit of all exterior decorated timberwork and include redecoration in a planned maintenance works schedule.	Met	
	Action taken as confirmed during the inspection: Redecoration works completed.		

Requirement 2 Ref: Regulation 27.(2)(b)	Install protective surface finish to assisted shower-room 2 tiled wall. Action taken as confirmed during the inspection: Protective sheeting installed.	Met
Requirement 3 Ref: Regulation 27.(2)(b)	Replace deteriorated kitchen floor finish adjacent door-way and sink unit. Action taken as confirmed during the inspection: Floor finish repaired.	Met
Requirement 4 Ref: Regulation 27.(2)(b)	Repair defective skirting tiles and grout joints in Assisted Shower 3. Action taken as confirmed during the inspection: Tiles repaired.	Met
Requirement 5 Ref: Regulation 27.(2)(b)	Remove broken roof tile from rear elevation roof valley and replace broken tile. Action taken as confirmed during the inspection: Tile repaired.	Met
Requirement 6 Ref: Regulation 27.(4)(d)	Implement fire detection & alarm and emergency lighting maintenance engineer 23/04/2012 report recommended corrective/improvement works in accordance with BS5839 and BS5266 respectively. Action taken as confirmed during the inspection: Corrective works implemented.	Met
Requirement 7 Ref: Regulation 27.(4)(a)	Commission a fire risk assessment report for the facility and verify compliance with HTM84 Action taken as confirmed during the inspection: Implemented	Met

5.3 Standard 44: Premises Is Care Safe? (Quality of Life)

Documents related to the maintenance of the premises were presented for review during this Estates inspection. This documentation included inspection/test reports for building engineering services and associated risk assessments. This supports the delivery of safe care.

[A number of issues were identified for attention during this Estates inspection, and are detailed in the 'areas for improvement' section below.]

Is Care Effective? (Quality of Management)

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

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

Is Care Compassionate? (Quality of Care)

The accommodation reviewed during this Estates inspection was maintained in a good state of repair, well decorated, clean and free from malodours. This supports the delivery of compassionate care.

[There were no issues identified for attention during this Estates inspection.]

Areas for Improvement

A number of bedrooms decorated wall surfaces had sustained minor deterioration due to impact with wheelchairs, beds etc,

Reference Quality Improvement Plan, Recommendation 1

Day-room 1 wall surfaces had sustained impact damage. Reference Quality Improvement Plan, Recommendation 1

Bathroom floor covering was losing adhesion with floor screed adjacent bath. Mr Hegarty stated that this was to be replaced in planned refurbishment works.

The Hair Salon worktop edging strip was losing adhesion with hard-board substrate. Mr Hegarty stated that this would be repaired in planned refurbishment works.

Shower-room 2 WC pedestal/floor joint sealant has deteriorated; Door architrave had sustained impact damage from collisions with wheelchairs.

Reference Quality Improvement Plan, Recommendation 1

Shower-room 4 WC pedestal/floor joint sealant has deteriorated. WC grab rail wall plate and fixing bolts had corroded. WC cistern is discoloured and faded. Reference Quality Improvement Plan, Recommendation 1

Shower-room 3 WC cistern is discoloured and faded.

Mr Hegarty stated that this was to be replaced in planned refurbishment works.

Number of Requirements	0	Number Recommendations:	1
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5.4 Standard 47: Safe and Healthy Working Practices

Is Care Safe? (Quality of Life)

Documents related to the safe operation of the premises, installations and engineering services were presented for review during this Estates inspection. This supports the delivery of safe care.

[There were no issues identified for attention during this Estates inspection.]

Is Care Effective? (Quality of Management)

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

[There were no issues identified for attention during this Estates inspection.]

Is Care Compassionate? (Quality of Care)

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

[There were no issues identified for attention during this Estates inspection.]

Areas for Improvement

N/A

Number of Requirements	0	Number Recommendations:	0

5.5 Standard 48: Fire Safety

Is Care Safe? (Quality of Life)

A range of fire protection measures are in place for the premises, including: a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape. The establishment fire risk assessment was completed by an assessor presently enrolled on a training programme to achieve accredited status as recommended by RQIA fire safety guidance communication 2 April 2015 Ref, "Competence of persons carrying out fire risk assessments in regulated residential care and nursing homes" This supports the delivery of safe care.

[Issues were identified for attention during this Estates inspection, and are detailed in the 'areas for improvement' section below.]

Is Care Effective? (Quality of Management)

The standard used to determine the 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. The fire risk assessment has been conducted by an accredited fire risk assessor, in compliance with RQIA recommended fire safety guidelines. This supports the delivery of effective care.

[Issues were identified for attention during this Estates inspection, and are detailed in the 'areas for improvement' section below.]

Is Care Compassionate? (Quality of Care)

The standard used to determine the extent of fire safety protection required recognises the need to maintain a homely, non-institutionalised environment. This supports the delivery of compassionate care.

[There were no issues identified for attention during this Estates inspection.]

Areas for Improvement

A water fire extinguisher is available in the smoker room, but there is no fire blanket. Reference Quality Improvement Plan, Recommendation 2.

The BS5266 emergency lighting 3Hr test completed on 15 July 2015 indicated a number of emergency light units failed, and are in need of corrective action. Reference Quality Improvement Plan, Requirement 1.

Number of Requirements	1	Number of	2
		Recommendations:	

5.6 Additional Areas Examined

N/A

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Gerry Hegarty (Four Seasons Maintenance Manager) and Mrs Fionnuala Kidd, Manager 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 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				
Requirement 1 Ref: Regulations 27.(4)(c),(d)(iii) &(iv)	Submit verification that emergency lighting repair works have been implemented in accordance with BS5266 15 July 2015 test report recommendations.			
Stated: First time To be Completed by: 29 September 2015	Response by Registered Manager Detailing the Actions Taken: Mitie have confirmed today that the emergency light works will be carried out and a programme of works will be drawn up ovet the next 2 weeks			
Recommendations				
Recommendation 1 Ref: Standard 44.1	Complete a decoration survey of all interior surfaces, door architraves, skirtings & frames; implement redecoration works where surfaces are damaged/deteriorated. Replace silicone joint sealant at WC			
Stated: First time	pedestal/floor covering junctions.			
To be Completed by: 27 October 2015	Response by Registered Manager Detailing the Actions Taken: There is an ongoing redecoration programme. All doors, and architrave have been fitted with protection. Silicone has been applied to joints at WC pedestals and floor coverings			
Recommendation 2	Provide a fire blanket for smoker room facility.			
Ref: Standard 48.1	Response by Registered Manager Detailing the Actions Taken:			
Stated: First time	Fire blanket in place in the smoking room. completed 14.09.15			
To be Completed by: 20 October 2015				
Recommendation 3	Ensure that the assessor conducting the fire risk assessment is accredited for completing fire risk assessments in regulated residential			
Ref: Standard 48.1	care premises. Refer to RQIA fire safety guidance communication "Competence of persons carrying out fire risk assessments in regulated			
Stated: First time	residential care establishments", dated 2 April 2015.			
To be Completed by: 04 August 2016	Response by Registered Manager Detailing the Actions Taken: The person conducting the fire risk assessment is accredited to a suitable standard			

Registered Manager Completing QIP	Fionnuala Kidd	Date Completed	21.09.2015
Registered Person Approving QIP	Dr Claire Royston	Date Approved	22.09.15
RQIA Inspector Assessing Response	Raymond Sayers	Date Approved	21.10.15

^{*}Please ensure the QIP is completed in full and returned to estates.mailbox@rqia.org.uk from the authorised email address*