



The Regulation and
Quality Improvement
Authority

Inspector: Kieran Monaghan
Inspection ID: IN021651

The Court Care Home
RQIA ID: 1451
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Ballymoney
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Announced Estates Inspection

of

The Court Care Home

on

08 March 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced estates inspection took place on 08 March 2016 from 10:00am. to 3:00 pm. 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
Total number of requirements and recommendations made at this inspection	3	1

The details of the QIP within this report were discussed with Mr. John Coyle who was deputising for Ms. McIlwrath and Mr. Gerry Hegarty, Estates Manager with Four Seasons Health Care, 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 (NO 11) LIMITED / Dr. Maureen Claire Royston	Registered Manager: Ms. Louise McIlwrath
Person in Charge of the Home at the Time of Inspection: Mr. John Coyle	Date Manager Registered: 03 April 2013
Categories of Care: NH-DE, NH-I, NH-PH	Number of Registered Places: 45
Number of Patients Accommodated on Day of Inspection: 38	Weekly Tariff at Time of Inspection: £593.00

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 included the following:

Prior to the inspection the following records were analysed: The previous estates inspection report and the statutory notifications over the past 12 months

Discussions with Mr. John Coyle and Mr. Gerry Hegarty

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, etc.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection to this home was an unannounced primary care inspection on 17 February 2016. The report for this inspection is currently being prepared within RQIA.

5.2 Review of Requirements and Recommendations from the last Estates Inspection on 25 June 2013

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27(2)(d)	The external woodwork to the roof should be repainted.	Met
	Action taken as confirmed during the inspection: The external woodwork to the roof had been repainted.	
Requirement 2 Ref: Regulations 27(1) 27(2)(a)	The remaining issues from the dementia audit including the provision of the secure external space should be addressed.	Met
	Action taken as confirmed during the inspection: The previous dementia audit for the premises was not presented for review during this estates inspection. It was however confirmed in the completed Quality Improvement Plan for the last Estates inspection that the remaining issues from this dementia audit had been addressed. An enclosed garden had also been provided for the dementia unit. In addition, Mr. Coyle advised that a new dementia audit had recently been completed for the home. A copy of this audit report should be forwarded to RQIA. Subsequent to this estates inspection a copy of the most recent dementia audit report was forwarded to RQIA.	
Requirement 3 Ref: Regulation 27(2)(b)	The double glazed unit in bedroom 5 in the dementia unit should be replaced.	Met
	Action taken as confirmed during the inspection: This issue had been addressed.	

Previous Inspection Statutory Requirements	Validation of Compliance
<p>Requirement 4</p> <p>Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)</p>	<p>The remaining issues identified for attention in the report for the risk assessment for the prevention or control of legionella bacteria in the water systems that had been completed in March 2012 should be addressed and signed off by the Registered Manager.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The most recent legionella bacteria risk assessment was completed by a specialist company on 01 December 2014. The report for this risk assessment identified a range of issues for attention. Mr. Hegarty confirmed that the management issues had been addressed and a programme of work had been implemented to address the remedial works that were required to the water systems in the premises. Action to be taken in relation to the cold water storage tanks was included in the remedial recommendations set out in the risk assessment report. There are three cold water storage tanks in the premises and these were inspected on 24 June 2015. It was not clear from the documentation presented for review during this estates inspection what action was required in relation to these tanks. In addition, only some of the issues included in the action plan in the risk assessment report had been signed off.</p> <p>Subsequent to this estates inspection, RQIA received confirmation from the Estates Surveyor for Four Seasons Health Care that the issues identified for attention in the legionella risk assessment report had been addressed appropriately and that the cold water storage tanks were in a satisfactory condition. It was also confirmed that arrangements were in place to review and update the legionella risk assessment on or before the 17 October 2016.</p> <p style="text-align: center;">Met</p>

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 5 Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(c) 27(2)(q)	The position in relation to the completion of the issues identified for attention during the most recent inspections of the gas equipment should be clarified to RQIA.	Met
	Action taken as confirmed during the inspection: The documentation for the most recent gas safety inspections to the gas equipment was presented for review during this estates inspection. A recommendation to install a gas pressure proving system was made in relation to the gas equipment in the kitchen. Mr. Hegarty advised that this recommendation was being costed at present and it would be addressed to bring this home into line with all of the other Four Seasons Health Care homes.	
Requirement 6 Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(b)	The issues identified for attention in the report for the tree survey should be addressed.	Met
	Action taken as confirmed during the inspection: The trees along the boundary to the side of the home had been cut down and Mr. Hegarty confirmed that the issues identified for attention in the tree survey report had been addressed. Mr. Hegarty agreed to forward a copy of the tree survey to RQIA. Subsequent to this estates inspection, RQIA received a copy of this report from Mr. Hegarty.	
Requirement 7 Ref: Regulations 14(2)(a) 14(2)(c)	The night latch fastenings on the doors to the small lounge in the new dementia unit should be removed.	Met
	Action taken as confirmed during the inspection: The keeper for this latch had been removed so that this fastening could not be used.	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 8 Ref: Regulations 27(4)(a) 27(4)(b) 27(4)(c)	The report for the fire risk assessment should state that the risk assessment has been carried out using the standards contained in the most recent edition of Health Technical Memorandum 84. The remaining issue in the action plan for the fire risk assessment should also be resolved (upgrading the ground floor dining room exit arrangements).	Met
	Action taken as confirmed during the inspection: The fire risk assessments in Four Seasons Health Care homes are carried out using the most recent fire safety guidance. The most recent fire risk assessment was also carried out on 10 November 2015 in accordance with the guidance issued by RQIA in relation to the competency of fire risk assessors. An electro-magnetic hold open device linked to the fire detection and alarm system with a green break glass unit had been fitted at the ground floor dining room exit doors.	

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 clean and free from malodours. This supports the delivery of compassionate care.

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

Areas for Improvement

1. Overall the standard of décor in the home was reasonable. There were however some areas that required specific attention, such as the staff room. The premises would also benefit from a programme of refurbishment in the medium term. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.
2. One section of the carpet in the corridor at bedroom 10 on the first floor required attention due to two open joints. Mr. Hegarty advised that there were plans in hand to replace the corridor carpets with new vinyl flooring in the near future. In the interim, these two joints should be closely monitored to ensure that they do not become a tripping hazard.
3. It was noted that the seals to a number of the double glazed units (bedrooms 1, 18, 27 and 38) were defective. A survey of the windows throughout the premises should be completed and replacement double glazed units should be installed as required. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.
4. The following issues were noted during the inspection in relation to the general maintenance and upkeep of the premises:
 - The surface of the pressure relieving mattress in bedroom 33 was worn
 - The carpet at the entrance to bedroom 41 was worn
 - The ceiling tiles in the shower room opposite bedroom 11 were stained
 - The extract fan in toilet 1 on the ground floor was not working
 - The straps for the bath hoist in bathroom 1 were stained

These issues should be addressed. Reference should be made to requirement 1 in the attached Quality Improvement Plan.

5. The door to toilet 5 was fitted with a key pad fastening. The reason for this type of fastening should be clarified. Reference should be made to requirement 1 in the attached Quality Improvement Plan.

Number of Requirements	1	Number Recommendations:	1
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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.

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 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.

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)

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

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

Areas for Improvement

1. The most recent thorough examination of the passenger lift was completed on 06 November 2015. The report for this thorough examination presented for review confirmed that no defects were identified. An observation was however made in relation to supplementary testing of the lift. Mr. Hegarty confirmed that these tests were completed on 08 March 2016 by the lift service company. Mr. Hegarty agreed to forward confirmation in relation to this matter to RIQA.
2. The report for the most recent service of the standby electricity generator was presented for review during this estates inspection. This report identified a number of issues for attention. Mr. Hegarty confirmed that this generator was not currently operational and prices were being obtained for the completion of the necessary remedial works. In the meantime arrangements had been put in place for the provision of a temporary standby electricity generator at short notice if this is required. Mr. Hegarty confirmed that these arrangements were in line with the Four Season Health Care procedure for the other homes that are not equipped with permanent generators.

Areas for Improvement Continued

3. The thermostatic mixing valves were serviced on 12 August 2015. Mr. Hegarty advised that the issues identified for attention during this service had been addressed along with remedial work to the thermostatic mixing valve at bath 3 and he would forward confirmation regarding this to RQIA. Subsequent to this estates inspection RQIA received this confirmation.
4. The external paths to the rear of the home required attention in a number of areas. These paths should be made good to ensure that the surface levels are satisfactory, the weed growth should be removed and the paths should be pressure washed. The area at the oil storage tank and timber shed also required improvement. In addition remedial works were required in relation to the overflow pipe at the rear of the home. Reference should be made to requirement 2 in the attached Quality Improvement Plan.
5. Documentation in relation to the servicing and thorough examinations of the hoists and slings was presented for review during this estates inspection. It was not clear from this documentation if all of the lifting equipment was in a satisfactory condition. Mr. Coyle confirmed that as far as he could ascertain all of the lifting equipment in the home was in a satisfactory condition. A review should however be carried out to ensure that all of this equipment is in a satisfactory condition and that this is fully reflected in the support documentation for the servicing and the thorough examinations. Subsequent to this estates inspection RQIA received confirmation from the registered manager that the equipment (hoist and sling) which failed the thorough examination had been removed from use and removed from the register.

Number of Requirements	1	Number Recommendations:	0
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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.

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 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.

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

Areas for Improvement

1. The action plan in the fire risk assessment that was completed on 10 November 2015 included four issues for attention. Two of these issues had been addressed. The remaining two issues related to changes to the bin enclosure and the provision of fire protection measures in connection with a roof space walkway to improve access to the cold water storage tanks. At the time of this estates inspection the waste bins were all located within the enclosure. The roof space walkway issue should be addressed within the timescale recommended by the fire risk assessor.
2. Fire drills were carried out in October 2015, November 2015, December 2015 and January 2016. Fire training was also carried out on various dates. It was not clear however if all staff had completed fire safety training within the last six months. This should be confirmed to RQIA. Reference should be made to requirement 3 in the attached Quality Improvement Plan.
3. The following issues were identified for attention during the inspection:
 - The servicing of the fire extinguisher in the first floor treatment room appeared to be out of date
 - The stops to the corridor fire door at bedroom 25 appeared to be defective against the passage of smoke
 - The closing speed of the corridor door at bedroom 9 appeared excessive
 - The fire stopping to the wall in the boiler room appeared to be defective at high level around the cable for the fire detector
 - The emergency standby heaters in the lift plant room should be removed

These issues should be addressed. Reference should be made to requirement 3 in the attached Quality Improvement Plan.

Number of Requirements	1	Number Recommendations:	0
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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 Mr. John Coyle and Mr. Gerry Hegarty 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 persons 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 persons 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

13(7)
27(2)(c)
27(2)(b)

Stated: First time

To be Completed by:
08 April 2016

The following issues should be addressed in relation to the general maintenance and upkeep of the premises:

- The pressure relieving mattress in bedroom 3 should be replaced
- The carpet in bedroom 41 should be replaced
- The ceiling tiles in the shower room opposite bedroom 11 should be made good
- The extract fan in toilet 1 and the straps for the bath hoist in bathroom 1 on the ground floor should be replaced
- The reasons for the key pad fastening on the door to toilet 5 should be clarified

Response by Registered Manager Detailing the Actions Taken:

Pressure mattress in Room 3 has been replaced
Carpet in Room 41 has been replaced with Ultro flooring
Ceiling tiles have been made good where applicable
Extraction fan has been replaced bath straps have been renewed
Key pad removed from toilet 5

Requirement 2

Ref: Regulations

14(2)(a)
14(2)(c)
27(2)(b)

Stated: First time

To be Completed by:
06 May 2016

The external paths to the rear of the home should be made good to ensure that the surface levels are satisfactory, the weed growth should be removed and the paths should be pressure washed. The area at the oil storage tank and timber shed should be improved. Remedial works should also be carried out in relation to the overflow pipe at the rear of the home.

Response by Registered Manager Detailing the Actions Taken:

The external works are to be commenced this month. call out has been requested for the overflow pipe at the rear of the home. Waiting on date to be confirmed

Quality Improvement Plan

Statutory Requirements

Requirement 3

Ref: Regulations
27(4)(b)
27(4)(d)(iv)

Stated: First time

To be Completed by:
08 April 2016

The following issues should be addressed in relation to fire safety:

- The fire extinguisher in the first floor treatment room should be serviced
- The stops to the corridor fire door at bedroom 25 should be sealed to the door frame to prevent the passage of smoke
- The closing speed of the corridor door at bedroom 9 should be reduced
- The wall in the boiler room should be fire stopped at high level around the cable for the fire detector
- The emergency standby heaters in the lift plant room should be removed
- The current position in relation to fire safety training for all staff should be confirmed to RQIA.

Response by Registered Manager Detailing the Actions Taken:

Fire Extinguisher has been serviced
Corridor door at Room 25 addressed
Corridor door at Room 9 - works have been requested via HelpDesk awaiting confirmation of date
Wall has been fire stopped in boiler room
Emergency Heaters have been removed
Training statistics already confirmed back to the Inspector

Recommendations

Recommendation 1

Ref: Standard 48

Stated: First time

To be Completed by:
03 June 2016

The staff room should be refurbished. A survey of the windows throughout the premises should be completed and replacement double glazed units should be installed as required.

Response by Registered Manager Detailing the Actions Taken:

Staff room is having new units installed this week
Window survey is completed and is with the Estates Helpdesk. Awaiting date

Registered Manager Completing QIP	Louise McIlwrath	Date Completed	11.05.16
Registered Person Approving QIP	Dr Claire Royston	Date Approved	18.05.16
RQIA Inspector Assessing Response	K. Monaghan	Date Approved	*19/05/16

* Follow up or clarification required on some items.

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