

Announced Premises Inspection Report 02 June 2016



RATHMENA

Type of Service: Nursing
Address: 26 Rathmena Gardens, Ballyclare, BT39 7HU
Tel No: 028 9332 2980
Inspector: Colin Muldoon

1.0 Summary

An announced premises inspection of Rathmena Nursing Home took place on 02 June 2016 from 10:30 to 14:30hrs.

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. However one issue was identified for attention by the registered person. Refer to section 4.3

Is care effective?

On the day of the inspection the premises supported the delivery of effective care.

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	0

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Wendy McMaster (Registered Manager) and Mr Gerry Hegarty (FSHC Estates Manager), as part of the inspection process. The timescales for completion commence from the date of 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 last inspection.

2.0 Service Details

Registered organisation/registered person: Four Seasons Healthcare	Registered manager: Wendy McMaster
Person in charge of the home at the time of inspection: Wendy McMaster	Date manager registered: 03 April 2013
Categories of care: NH-PH, NH-PH(E), RC-I, NH-LD, NH-LD(E), NH-I	Number of registered places: 29

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 Mrs Wendy McMaster (Registered Manager) and Mr Gerry Hegarty (FSHC Estates Manager).

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.

4.0 The Inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 14/12/2015

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the specialist inspector on 14 January 2016. This QIP will be validated by the specialist inspector at their next

4.2 Review of requirements and recommendations from the last premises inspection dated 21/05/2013

Last premises inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulations 14(2)(c) 27(2)(q) Stated: First time	<p>Ensure the existing LPG bulk storage tank is suitably protected from impact by motor vehicles using the adjacent car parking spaces.</p> <p>Action taken as confirmed during the inspection: Bollards have been installed to prevent impact damage to the LPG tank.</p>	Met
Requirement 2 Ref: Regulation 27(4)(b) Stated: Second time	<p>Ensure that the 30 minute fire resisting integrity of the ceiling is maintained where the new corridor light fittings have been installed.</p> <p>Action taken as confirmed during the inspection: Addressed.</p>	Met
Requirement 3 Ref: Regulations 27(2)(q) 14(2)(a)(c) Stated: First time	<p>Ensure that the significant findings contained within the most recent fire risk assessment are fully implemented and signed-off accordingly.</p> <p>Action taken as confirmed during the inspection: Addressed.</p>	Met
Requirement 4 Ref: Regulation 27(4)(d)(i)(ii) Stated: First time	<p>Ensure that the outstanding remedial works to the fire alarm and detection and emergency lighting installations are completed without further delay.</p> <p>Action taken as confirmed during the inspection: Addressed. The report on the last service of the fire alarm installation records that the system was left fault free.</p>	Met

Last premises inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 32.8 Stated: First time	It is recommended that the current documented weekly flushing of seldom used outlets is increased to twice weekly, in accordance with current best practice guidance (HTM 04-01 'The control of Legionella, hygiene, 'safe' hot water, cold water and drinking water systems'.	Met
	Action taken as confirmed during the inspection: Addressed.	

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

- Review of documentation showed that while the specialist servicing and maintenance was in place, some regular in-house ongoing checks and monitoring of water and fire installations had not been actioned in accordance with the relevant schedule. Examples include actions and monitoring measures relating to the control of legionella and the function testing of the emergency lights. This was discussed with the manager and the estates manager who informed the inspector that these discrepancies had been picked up during a FSHC internal audit and that arrangements were in hand to address the matter as quickly as possible.
Refer to requirement 1 in Quality Improvement Plan.

2. The reports on the last LOLER (Lifting Operations and Lifting Equipment Regulations (NI) 1999) thorough examinations notes that some hoist slings were not presented for examination. The next thorough examination of lifting equipment is imminent and the manager confirmed she would ensure that all equipment was made available to the examiner.
3. There is a procedure to check safe water temperatures. The records on the most recent check show that at a small number of outlets the water temperature was slightly high. The manager confirmed that arrangements had been made to address this.
4. On the day of inspection the temperature of the treatment room was close to the maximum recommended for the storage of medicines. This was discussed and the manager confirmed that the temperature would be closely monitored.

Number of requirements	1	Number of recommendations:	0
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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.

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.

Number of requirements	0	Number of recommendations:	0
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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.

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 Mrs Wendy McMaster (Registered Manager) and Mr Gerry Hegarty (FSHC Estates 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 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 service. 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 person 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.team@rqia.org.uk for review 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: Regulations
14.-(2)(a) and (c)
27.-(4)(d)(v)

Stated: First time

To be completed by:
02 July 2016

Robust arrangements should be put in place which will ensure that all function tests, checks and monitoring of premises related installations are carried out in accordance with the relevant code of practice and records maintained accordingly.

Response by registered person detailing the actions taken:

The recruitment of a maintenance person has now ensured that the arrangements for all function tests, cheks and monitoring of the premises installations have now been put in place and records are being maintained accordingly. The home manager will check and sign these monthly



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