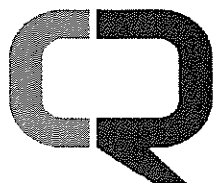


uploaded 7/12/14?



The Regulation and
Quality Improvement
Authority

Ashgrove Care Home
RQIA ID: 1462
55 Belfast Road
Newry
BT34 1QA

Inspector: Kieran Monaghan
Inspection ID: IN021635

Tel: 028 30 26 91 10
Email: ashgrove.m@fshc.co.uk

Announced Estates Inspection

of

Ashgrove Care Home, Newry

on

14 May 2015

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 14 May 2015 from 10:30am. to 12:40pm. 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 April 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	4	1

The details of the QIP within this report were discussed with the Mrs. Bijini John, Registered Manager, Mr. Gerry Hegarty, Four Seasons Health Care Estates Manager and Mr. Michael Grant who deals with the maintenance issues in connection with the premises, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Responsible Individual: Dr. Maureen Claire Royston, FOUR SEASONS HEALTH CARE LIMITED	Registered Manager: Mrs. Bijini John
Person in Charge of the Home at the Time of Inspection: Mrs. Bijini John, Registered Manager	Date Manager Registered: 27 January 2014
Categories of Care: NH-I, NH-PH, NH-PH(E)	Number of Registered Places: 52
Number of Patients Accommodated on Day of Inspection: 50	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 an overview of the recent notified incidents was carried out. The issues included in the Quality Improvement Plan for the previous Estates inspection that was carried out on 24 August 2012 were also reviewed during this Estates inspection.

During the inspection, the inspector did not meet with patients, care staff, support staff, visiting professionals or patient's visitors/representatives.

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 of the home was an unannounced primary follow up care inspection on 24 March 2015. The completed QIP was returned to RQIA on 06 May 2015 and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Estates Inspection on 24 August 2012

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulations 27(2)(p) 27(2)(q)	The report for the most recent inspection of the mechanical ventilation installations in the home should be available in the home.	Met
	Action taken as confirmed during this inspection: Mr. Hegarty confirmed that the mechanical ventilation installations in the home consisted of individual extract fans and these had been checked and were working satisfactorily.	
Requirement 2 Ref: Regulation 27(2)(d)	The corridor carpets in the Carlingford Suite should be replaced as per the planned refurbishment of this section of the premises.	Met
	Action taken as confirmed during this inspection: New floor coverings had been fitted in the corridors of the Carlingford Suite.	
Requirement 3 Ref: Regulation 27(2)(b)	The shrubs along the external paths from each of the final exit doors should be cut back as required.	Met
	Action taken as confirmed during this inspection: The shrubs along the external paths had been cut back.	
Requirement 4 Ref: Regulations 13(7) 27(2)(b) 27(2)(d)	The worktop at the sink unit in the staff room should be replaced and the tiled splash back should also be made good.	Met
	Action taken as confirmed during this inspection: This issue had been addressed.	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 5 Ref: Regulations 14(2)(a) 14(2)(c)	<p>All window openings should be controlled to a safe point of opening with a maximum clear opening of 100mm. The method of controlling the window openings throughout the home should be reviewed and improved as required. The restrictors should be fitted with tamper proof screws and they should not be easy to disconnect without the use of a key or a specialist tool. Particular attention should be given to the window openings in bedroom 14 in the Clanrye Suite.</p>	Met
	<p>Action taken as confirmed during this inspection: Sample checks to the windows indicated that the openings were controlled.</p>	
Requirement 6 Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)	<p>The action plan in the risk assessment for the control of legionella should be signed off.</p>	Met
	<p>Action taken as confirmed during this inspection: The most recent risk assessment for the prevention or control of legionella bacteria in the water systems was completed on 24 October 2014. Arrangements were in hand to address the issues that had been identified for attention in the report for this risk assessment. Completion of these issues should be confirmed to RQIA. Reference should be made to requirement 1 in the attached Quality Improvement Plan.</p>	
Requirement 7 Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(b)	<p>The tiling along the roof valleys should be checked and refixed in position as required.</p>	Partially Met
	<p>Action taken as confirmed during this inspection: Mr. Hegarty confirmed that remedial works had been carried out to the roof and further works were planned in relation to providing a new roof covering for the conservatory. There was still some debris and loose roof tiles on the valleys. Further remedial works to resolve these issues should be completed. Reference should be made to requirement 2 in the attached Quality Improvement Plan.</p>	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 8 Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(b)	The paving in the Carlingford courtyard should be made good (some uneven flags).	Met
	Action taken as confirmed during this inspection: The paving in all courtyards had been repointed. These courtyards were clean and offered very attractive outdoor spaces for the patients. This is to be commended.	
Requirement 9 Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(b)	Further remedial works should be carried out to the corridor floor at toilet 20 in the Clanrye Suite to ensure that the surface is level. The corridor floor at bedrooms 36 and 37 should also be made good (vinyl not fully bonded to sub floor surface).	Partially Met
	Action taken as confirmed during this inspection: Further remedial works had not been carried out to the corridor floor at toilet 20 in the Clanrye Suite. Mrs. John however confirmed that this issue was not presenting as a hazard to the patients and there had been no incidents relating to this area of flooring. This will be kept under review.	
Requirement 10 Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)	The water outlets that are not in frequent use should be flushed at least twice each week.	Met
	Action taken as confirmed during this inspection: Records to support the twice weekly flushing of the water outlets that are not in frequent use were presented for review during this Estates inspection.	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 11 Ref: Regulations 13(7) 27(2)(p) 27(2)(q)	The six extract fans identified for attention during the most recent in-house check should be replaced. The redundant flexible waste outlet at the back of the washing machines in the laundry should be properly sealed. The defective floor joint in the kitchen should be resealed.	Met
	Action taken as confirmed during this inspection: These issues had been addressed. In addition the kitchen had been refurbished and this work included a complete new floor covering. This is to be commended.	
Requirement 12 Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)	The plumbing system should be cleaned and disinfected as per the recent report from the Legionella control specialist. The issues identified for attention in the report for the legionella risk assessment should also be addressed. Water samples should be tested for legionella bacteria in accordance with the guidance contained in the APPROVED CODE OF PRACTICE AND GUIDANCE L8 Legionnaires disease the control of legionella bacteria in water systems available from the Health and Safety Executive.	Partially Met
	Action taken as confirmed during this inspection: Refer to previous Requirement 6. Mr. Hegarty agreed to forward details in relation to the current position for cleaning the water storage tanks and the testing of water samples. Reference should be made to requirement 1 in the attached Quality Improvement Plan.	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 14 Ref: Regulation 27(4)(e)	Fire safety training should be provided to all staff twice each year. This should be in accordance with the guidance contained in Health Technical Memorandum 84 and it should include practical training in the use of first aid fire fighting equipment. Video- and computer-based training should only be used to enhance the training delivered by a Fire Safety Adviser, and should not be used in isolation.	Partially Met
	Action taken as confirmed during this inspection: A fire drill was completed on 12 May 2015. Mrs. John also confirmed that a programme of practical fire safety training was due to start in the current month (May 2015). Completion of this training for all staff should be confirmed to RQIA. Reference should be made to requirement 3 in the attached Quality Improvement Plan.	
Requirement 15 Ref: Regulations 27(4)(b) 27(4)(d)(iv)	The issues identified for attention in the reports for the most recent inspections and tests to the fire alarm installation and the emergency lights should be addressed.	Met
	Action taken as confirmed during this inspection: These issues had been addressed. The report for the most recent inspection and test to the emergency lights was presented for review during this Estates inspection. This report identified eleven emergency lights that required attention. These lights should be made good. Reference should be made to item 3 in the Areas for Improvement section below.	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 16 Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)	A fire detector should be installed in the treatment room at toilet 29. The benefits of providing a fire blanket in the smoking lounge should also be considered. The self-closing device for the door to the female staff changing room should be reinstated.	Met
	Action taken as confirmed during this inspection: A fire detector had been installed in the treatment room at toilet 29 and a fire blanket had been provided in the smoking room. The self-closing device for the door to the female staff changing room had been reinstated. Mrs. John also confirmed that all patients are supervised when smoking.	

Previous Recommendations		Validation of Compliance
Recommendation 13 Ref: Standard 35.1	It is recommended that the gas interlock to the ventilation installation in the kitchen should be installed.	Met
	Action taken as confirmed during this inspection: The gas interlock system had been installed.	
Recommendation 17 Ref: Standard 36. 2	It is recommended that the list for the emergency lights should be reviewed and updated as required to ensure that all of the emergency lights are included.	Met
	Action taken as confirmed during this inspection: The emergency lights had been numbered and listed on a schedule.	

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.

One issue was identified for attention during this Estates inspection. This is 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.

Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. Extensive redecoration and floor covering replacement works had recently been completed and the premises were in very good order throughout. This supports the delivery of compassionate care.

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

Areas for Improvement

1. The hinges on the gate at the rear of the premises required attention. Some of the paving to the perimeter paths also required attention to ensure that there were no trip hazards. Subsequent to this Estates inspection RQIA received confirmation from Mrs. John that these issues had been addressed.
2. The woodwork to the roof (fascias etc...) required attention. A programme of repainting should be implemented to address this issue. Reference should be made to requirement 4 in the attached Quality Improvement Plan.

Number of Requirements	1	Number Recommendations:	0
-------------------------------	----------	--------------------------------	----------

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.

One issue was identified for attention during this Estates inspection. This is 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.

Areas for Improvement

1. It is good to report that the electrical equipment was inspected and tested on 08 May 2015. The fixed wiring installation was also inspected and tested on 16 November 2014 with a satisfactory outcome. The report for this inspection and test identified a number of code C3 issues for attention although these were noted as not requiring any further investigation. One of these issues related to the provision of residual current devices for the general purpose power outlets. It is recommended that a risk assessment should be carried out in relation to the need to provide residual current device protection for the general purpose power outlets that would be accessible to patients. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.

Number of Requirements	0	Number Recommendations:	1
-------------------------------	----------	--------------------------------	----------

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. In addition the bedroom doors were self-closing in accordance with the recent directive from the Northern Ireland Fire and Rescue Service. This is a very valuable enhancement to the physical fire protection measures. This supports the delivery of safe care.

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

Is Care Effective? (Quality of Management)

The standard used by the registered persons 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

1. The fire alarm is tested each week. The fire detection and alarm system was also inspected and serviced on 20 April 2015. The report for this work was presented for review during this Estates inspection. This report identified the need to replace the batteries for the control and indicating panel. Subsequent to this Estates inspection RQIA received confirmation from Mr. Hegarty that these batteries had been replaced.

Number of Requirements	0	Number Recommendations:	0
-------------------------------	----------	--------------------------------	----------

5.6 Additional Areas Examined

No additional areas were examined during this Estates inspection.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs. Bijini John, Registered Manager, Mr. Gerry Hegarty, Four Seasons Health Care Estates Manager and Mr. Michael Grant who deals with the maintenance issues in connection with the premises 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 April 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 Manager/Registered Person

The QIP should be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered responsible person should review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP should be returned to estates.mailbox@rqia.org.uk for assessment 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) 14(2)(a) 14(2)(c) 27(2)(q)	<p>Completion of the issues identified for attention in the report for the most recent risk assessment for the prevention or control of legionella bacteria in the water systems that was completed on 24 October 2014 should be confirmed to RQIA. The details in relation to the current position for cleaning the water storage tanks and the testing of water samples should also be confirmed to RQIA.</p>
Stated: First Time To be Completed by: 14 July 2015	<p>Response by Registered Manager Detailing the Actions Taken: Risk assessment has been completed and the next review is on the October 2016 .</p>
Requirement 2 Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(b)	<p>Further remedial works to the roof valleys should be completed.</p>
Stated: Second Time To be Completed by: 14 August 2015	<p>Response by Registered Manager Detailing the Actions Taken: All remedial works to the roof valley's have now been completed .</p>
Requirement 3 Ref: Regulation 27(4)(d)(iv) 27(4)(e)	<p>Completion of the current programme of practical fire safety training for all staff should be confirmed to RQIA. Completion of the current remedial works to the emergency lights (11No. fittings) should also be confirmed to RQIA.</p>
Stated: Second Time To be Completed by: 14 July 2015	<p>Response by Registered Manager Detailing the Actions Taken: All staff have attend their practical fire training and drills as per company's policy and this is ongoing</p>

Quality Improvement Plan			
Statutory Requirements			
Requirement 4 Ref: Regulation 27(2)(d) Stated: First Time To be Completed by: 14 August 2015	A programme of repainting for the external woodwork to the roof should be implemented. Response by Registered Manager Detailing the Actions Taken: Quote currently being obtained .		
Recommendations			
Recommendation 1 Ref: Standard 47.1 Stated: First Time To be Completed by: Ongoing	It is recommended that a risk assessment should be carried out in relation to the need to provide residual current device protection for the general purpose power outlets that would be accessible to patients. Response by Registered Manager Detailing the Actions Taken: Risk assessment in place for RCD protection .		
Registered Manager Completing QIP	Bijini John	Date Completed	14.07.15
Registered Person Approving QIP	Dr Claire Royston	Date Approved	15.07.15
RQIA Inspector Assessing Response	<i>A. Murayhan</i>	Date Approved	*19/11/15

* Clarification or follow up request on some items

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