



The Regulation and
Quality Improvement
Authority

Announced Premises Inspection Report 07 December 2016



Glencarron

Type of Service: Nursing Home
Address: 8 Creamery Road, Crossmaglen, BT35 9AD
Tel No: 028 3086 8366
Inspector: Raymond Sayers

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Glencarron Nursing Home took place on 07 December 2016 from 10:15 to 14:00 hours.

The inspection sought to assess progress with any issues raised during and since the last premises inspection, and to determine if the nursing home service was well led, delivering safe, effective and compassionate care and.

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. Several issues were however identified, and requiring attention by the registered provider. Refer to section 4.3.

Is care effective?

On the day of the inspection the premises supported the delivery of effective care. Refer to section 4.4.

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care. Refer to section 4.5.

Is the service well led?

On the day of the inspection the management of the premises was considered to be well led. Refer to section 4.6.

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	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Shane Liddy, Mr Garvan Liddy, and Mrs Brenda McGill, as part of the inspection process. The timescales for completion commence from the date of inspection.

There was no enforcement action implemented as a result of the findings of this inspection.

1.2 Actions/enforcement taken following the most recent premises inspection

Other than those issues detailed in the previous QIP there were no further actions required to be taken following the most recent premises inspection on 07 December 2016.

2.0 Service Details

Registered organisation/registered provider: Glencarron Homes Ltd/Mr Brendan Liddy & Mrs Bridget Liddy	Registered manager: Ms Oonagh Grant
Persons in charge of the home at the time of inspection: Mr Shane Liddy, Mr Garvan Liddy & Mrs Brenda McGill	Date manager registered: 21/12/2011
Categories of care: NH-DE, NH-PH, NH-PH(E), NH-I	Number of registered places: 44

3.0 Methods/processes

Prior to inspection the following records were analysed: Previous premises inspection report, statutory notifications over the past 12 months and duty call log.

During the inspection the inspector met with two residents, kitchen and domestics staff.

The following records were examined during the inspection: copies of building services maintenance certificates, building user log books relating to the maintenance and inspection of the building and engineering services, legionellae risk assessment, and fire risk assessment.

4.0 The Inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 03 November 2016

The most recent inspection of the nursing home was an unannounced finance inspection, IN027208, dated 03 November 2016. The completed QIP has been forwarded to the registered manager, the QIP response has not yet been returned to the Finance inspector for approval. This QIP will be validated by the Finance inspector at the next Finance inspection

4.2 Review of requirements and recommendations from the last premises inspection dated 17 September 2013

Last premises inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulations 27.(4)(c) & (d)(i) Stated: First time	Complete a condition survey of all fire doors, implement corrective and improvement works to ensure that the facility is compliant with Northern Ireland Health Technical Memorandum 84 (NIHTM84) Action taken as confirmed during the inspection: Repairs implemented.	Met
Last premises inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 32.1 Stated: First time	Complete a decoration condition survey and implement repair works to where required Action taken as confirmed during the inspection: Redecoration works have been completed.	Met
Recommendation 2 Ref: Standard 32.1 Stated: First time	Oxygen cylinders must be securely fixed to structural walls or floors. Action taken as confirmed during the inspection: Oxygen cylinders secured to structural walls/floors.	Met

4.3 Is care safe?

A range of documents related to the maintenance and inspection 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 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, and are detailed in the 'areas for improvement' section below.

Areas for improvement

1. The fire risk assessment was not completed within the previous twelve month period. Refer to Quality Improvement Plan Recommendation 1.
2. Sluice rooms containing bed pan washers were not protected by the installation of automatic smoke/fire detection sensors. Refer to Quality Improvement Plan Recommendation 2.

Number of requirements	0	Number of recommendations:	2
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4.4 Is care effective?

There are arrangements in place for routine premises management and emergency breakdown/repair maintenance. Service users are involved where appropriate in decisions around redecoration 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 accommodation reviewed during this premises inspection was well maintained, comfortable, clean, well ventilated, with adequate lighting levels.

Service users are consulted regarding decisions around decoration in private accommodation.

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 documents are retained, and accessible to authorised persons.

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. Adequate support and resources have been provided by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators.

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 Mr Shane Liddy, Mr Garvan Liddy, and Mrs Brenda McGill as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 nursing home. 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 provider 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 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

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 48.1</p> <p>Stated: First time</p> <p>To be completed by: 15 February 2017</p>	<p>The registered provider should ensure that an annual fire risk assessment review is completed by an accredited assessor in compliance with Regulation and Quality Improvement Authority (RQIA) correspondence dated 02 April 2015.</p> <p>Response by registered provider detailing the actions taken: An Annual Independent Review of our Fire Risk Assessment will now be undertaken by an accredited assessor.</p>
<p>Recommendation 2</p> <p>Ref: Standard 48.1</p> <p>Stated: First time</p> <p>To be completed by: 15 February 2017</p>	<p>The registered provider should install automatic fire detection sensors linked to the B5839 fire detection and alarm system in the sluice rooms containing bed-pan washers. Suitable temporary fire safety controls should be implemented until BS5839 linked sensor alarms are installed.</p> <p>Response by registered provider detailing the actions taken: Temporary measures are now in place, The company whom service our fire system have visited site, costed works and will begin install of units when they have stock to hand.</p>

**Please ensure this document is completed in full and returned to estates.team@rqia.org.uk*



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