



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No:	IN021016
Establishment ID No:	1472
Name of Establishment:	Sandringham
Date of Inspection:	5 March 2015
Inspector's Name:	Raymond Sayers

1.0 GENERAL INFORMATION

Name of Home:	Sandringham
Address:	24 Sandringham Court Gilford Road Portadown BT63 5BW
Telephone Number:	028 3839 4194
Registered Organisation/Provider:	Four Seasons Health Care/Mr. James McCall
Registered Manager:	Mr. Adrian Moriarty and Ms. Niamph Murray
Person in Charge of the Home at the time of Inspection:	Mr. Adrian Moriarty
Other person(s) consulted during inspection:	Mr. Gerry Hegarty (Four Seasons Health Care Maintenance Manager) and Mr. Bernard Leavy (Maintenance Operative/Janitor)
Type of establishment:	Nursing Home
Number of Registered Places:	63
Date and time of inspection:	5 March 2015 from 10.00am – 1.00pm
Date of previous estates inspection:	01 August 2013
Name of Inspector:	Raymond Sayers

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes.

This is a report of an announced inspection to assess the quality of the premises and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. The report details the extent to which the standards measured during inspection were met.

3.0 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the premises and grounds were safe, well maintained and remain suitable for their stated purpose in compliance with legislative requirements and current minimum standards. This was achieved through a process of evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards.

The aims of the inspection were to examine the estates related policies, practices and monitoring arrangements for the provision of Nursing Homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003;
- The Nursing Homes Regulations (Northern Ireland) 2005;
- Nursing Homes Minimum Standards (DHSSPS, 2008).

Other published standards which guide best practice may also be referenced during the Inspection process.

4.0 METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with the person in charge;
- Examination of records;
- Inspection of the home internally and externally. Patients' private bedrooms were only inspected when unoccupied and permission was granted;
- Evaluation and feedback.

Any other information received by RQIA about this registered establishment has also been considered by the Inspector in preparing for this inspection.

5.0 CONSULTATION PROCESS

During the course of the inspection, the Inspector spoke to Mr. Adrian Moriarty, Mr. Gerry Hegarty and Mr. Bernard Leavy.

6.0 INSPECTION FOCUS

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Nursing Homes Minimum Standards and to assess progress with the issues raised during and since the previous inspection:

Standards inspected:

- Standard 32 - Premises and grounds;
- Standard 35 - Safe and healthy working practices;
- Standard 36 - Fire Safety.

7.0 PROFILE OF SERVICE

Sandringham Care Home is situated on the outskirts of Portadown. The nursing home is owned and operated by Four Seasons Healthcare and the current registered managers are Mr. Adrian Moriarty and Ms. Niamh Murray.

Accommodation for patients is provided on the ground floor and comprises 63 single bedrooms, six sitting rooms and four dining rooms. There is a kitchen, laundry, toilet/washing facilities, staff accommodation and offices. There are also two rooms on the first floor which are used for training purposes.

The home is registered to provide care for a maximum of 63 persons under the following categories of care:

Nursing care

- I - old age not falling into any other category
- PH - physical disability other than sensory impairment under 65
- DE- dementia care to a maximum of 32 patients accommodated within the dementia unit

8.0 SUMMARY

Following the Estates Inspection of Sandringham on 5 March 2015, improvements are required to comply with the Nursing Homes Regulations (Northern Ireland) 2005 and the criteria outlined in the following standard:

- Standard 35 - Safe and healthy working practices.

The inspection resulted in two requirements and one recommendation, listed in the Quality Improvement Plan appended to this report.

The facility is well decorated and the building services are maintained to a good standard. Verification certificates are required to confirm compliance with health and safety risk control measures.

The Estates Inspector would like to acknowledge the assistance of Mr. Heagarty, Mr. Moriarty and Mr. Leavy during the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from previous inspection

The issues raised in the report of the previous estates inspection on 14 October 2010 have been addressed.

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
1	Regulations 14(2)(a),(b)(c)	Complete a health and safety risk assessment relating to the operation of the kitchen gas appliances, compliant with 20/11/12 gas safe engineer report recommendations.	Works implemented; 30 October 2014 Gas Safe certificate examined.	Compliant
2	Regulations 27(4)(c),(d)(iii)	Examine BS5839 fire detection & alarm maintenance engineer inspection reports, undertake a risk assessment and implement a prioritized improvement works action plan.	Remedial works implemented; 10 December 2014 maintenance engineer report examined.	Compliant
3	Regulations 27.(4)(c), (d)(iii)	Examine BS5266 emergency lighting maintenance engineer inspection reports, undertake a risk assessment and	Controls implemented; 2 October 2014 BS5266 certificate examined.	Compliant

		implement a prioritized improvement works action plan		
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No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Comments
4	Standard 32.8	Complete a condition survey of the roof covering and implement repair works.	Remedial works action implemented.	Compliant
5	Standard 34.8	Complete a condition survey of all bedroom vanity units; implement a repair/replacement works programme.	Remedial works implemented.	Compliant
6	Standard 35.1	Implement legionella risk assessment recommended improvement works.	Improvement works implemented; 23 April 2014 legionella risk assessment report examined.	Compliant

9.2 Standard 32 - Premises and grounds - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

- 9.2.1 There was evidence of maintenance activity and procedures; several items however were noted as requiring attention by the registered person, subsequent verification was received to confirm the remedial works were implemented. There are no requirements/recommendations listed for attention with regard to this standard.
- 9.2.2 Kitchen window sill tile grout has become stained and stainless steel wall panel fixing has broken; 11 March e-mail confirmed remedial works had been completed.
- 9.2.3 Dementia Unit dining room wall surface had received some impact damage; Mr. Hegarty stated that redecoration works are planned for completion within twelve weeks.
- 9.2.4 Corridor ceiling artex finish adjacent sluice room had sustained water damage; 11 March e-mail confirmed remedial works had been completed.
- 9.2.5 Laundry room Belfast sink/wall junction and the adjacent worktop/wall junction sealant was degraded. The maintenance operative stated he would apply new sealant to all degraded construction joints.

9.3 Standard 35 - Safe and healthy working practices - *The home is maintained in a safe manner*

- 9.3.1 Safe and healthy working practices are evident in the home; however some corrective works are required in compliance with this standard. The issues listed as requiring corrective/improvement works attention by the registered person in relation to this standard are:
- 9.3.2 BS7671 Periodic Inspection Report IPR2/0280638 dated 9 January 2012 was listed as having a three year validity; 11 March e-mail confirmed that a BS7671 Periodic Inspection has been arranged.
(Reference: Quality Improvement Plan Item 1)
- 9.3.3 The Portable Appliance Test dates for the electrical appliances was listed as 28 February 2014; the manager stated that a test date had been scheduled.
(Reference: Quality Improvement Plan Item 2)
- 9.3.4 The legionella risk assessment was listed as requiring a review on 23 April 2015. The legionella control monitoring checks completed by the maintenance operative/janitor indicated that water temperatures recorded at sentinel taps were not within the recommended legionella risk assessment temperature ranges.
(Reference: Quality Improvement Plan Item 3)

9.4 Standard 36: Fire safety - *Fire safety precautions are in place that reduce the risk of fire and protect patients, staff and visitors in the event of fire.*

- 9.4.1 Fire Safety procedures implemented in the home are compliant with this standard. Records inspected demonstrate good attention to fire safety matters. The fire safety risk assessment review was completed by an accredited risk assessor on 21 May 2014; the action plan recommended works are verified as complete.

There are no recommendations or requirements listed for action regarding to this standard.

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement plan appended to this report were discussed with Mr. Moriarty during the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the quality improvement plan.

11.0 Enquiries

Enquiries relating to this report should be addressed to:

**Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT**

Quality Improvement Plan

Announced Estates Inspection

Sandringham Nursing Home, RQIA ID: 1472

5 March 2015

QIP Position Based on Comments from Registered Persons (for RQIA use only)			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.					
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.	x	x		R Sayers	24/04/2015
C.	Clarification or follow up required on some items.					

Announced Estates Inspection to Sandringham Nursing Home on 5 March 2015

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NOTES:

The details of the quality improvement plan were discussed with Mr. Adrian Moriarty and Mr. Gerry Hegarty during the inspection process.

The timescales commence from the date of inspection.

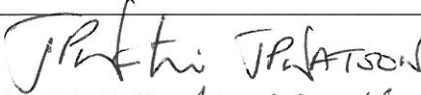
Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by patients.

The registered provider is required to record comments on the quality improvement plan.

The quality improvement plan is to be completed by the registered provider and registered manager and returned to estates@rqia.org.uk.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Niamh Murray
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	 Jim McCall MANAGING DIRECTOR 28/4/15

Announced Estates Inspection to Sandringham Nursing Home on 5 March 2015

Assurance, Challenge and Improvement in Health and Social Care

Standard 32 - Premises and grounds

The following requirements and recommendations should be noted for action in relation to Standard 32 - Premises and grounds

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
		N/A		
Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
		N/A		
Item	Standard Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
		N/A		

Announced Estates Inspection to Sandringham Nursing Home on 5 March 2015

Assurance, Challenge and Improvement in Health and Social Care

Standard 35 - Safe and healthy working practices

The following requirements and recommendations should be noted for action in relation to Standard 35 - Safe and healthy working practices

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
		N/A		
Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
1.	Regulations 14 (2)(a),(b),(c)	Complete a BS7671 Periodic Inspection Report of the electrical installation and verify that the installation is compliant with Regulation 4 of the Electricity at Work Regulations. (Reference: Report paragraph 9.3.2)	Eight weeks	BS7671 carried out January 2012. Further update inspection will be carried out within the eight weeks specified
2.	Regulations 14 (2)(a),(b),(c)	Examine Legionella controls and ascertain that water temperature recorded at sentinel taps is compliant with legionella risk assessment recommendations. (Reference: Report paragraph 9.3.3)	12 weeks	This is currently being assessed by contractor and monitored closely by Home, actions will be followed up when report is available to rectify any issues identified
Item	Standard Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
3.	Standard 35.1	Confirm that portable electrical appliances are inspected and tested in compliance with HSE publications, Maintaining Portable and Transportable Electrical Equipment (HSG107 & INDG236 and 237). (Reference: Report paragraph 9.3.4)	Eight weeks	PAT was due March 2015, contractor aware and inspection to be carried out before the eight weeks specified.

Announced Estates Inspection to Sandringham Nursing Home on 5 March 2015

Assurance, Challenge and Improvement in Health and Social Care

Standard 36 - Fire Safety

The following requirements and recommendations should be noted for action in relation to Standard 36 - Fire Safety

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
		N/A		
Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
		N/A		
Item	Standard Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
		N/A		

Announced Estates Inspection to Sandringham Nursing Home on 5 March 2015

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