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Announced Estates Inspection

of

Seapatrick Care Home

on

22 February 2016

1. Summary of Inspection

An announced estates inspection took place on 22 February 2016 from 9:30am. to 12:00pm. 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	2	0

The details of the QIP within this report were discussed with the Mrs. Edel McCaughley, Registered Manager and Mr. Gerry Hegarty, Estates Manager with Four Seasons Health Care Ltd., 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 HEALTH CARE LIMITED / Dr. Maureen Claire Royston	Registered Manager: Mrs. Edel McCaughley
Person in Charge of the Home at the Time of Inspection: Mrs. Edel McCaughley	Date Manager Registered: 18 March 2015
Categories of Care: NH-MP(E), NH-I, NH-DE, NH-PH	Number of Registered Places: 60
Number of Patients Accommodated on Day of Inspection: 57	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 inspection the following records were analysed: The previous estates inspection report and the statutory notifications over the past 12 months.

Discussion with Mrs. Edel McCaughley, Registered Manager and Mr. Gerry Hegarty, Estates Manager with Four Seasons Health Care Ltd.

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 secondary care inspection IN023668 on 04 February 2016. The completed QIP for this inspection is not due to be returned to RQIA until 16 March 2016.

5.2 Review of Requirements and Recommendations from the last Estates Inspection on 13 January 2015

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(b)	The external paths should be washed again. The damaged section of paving at the front entrance to the general unit should also be made good.	Met
	Action taken as confirmed during the inspection: The external paths had been pressure washed and the damaged section of paving at the front entrance to the general unit had been made good.	
Requirement 2 Ref: Regulations 27(2)(b) 27(2)(c)	The light in toilet 4 should be made good (slow to illuminate). The damage to the walls in the staff room caused by the vending machine should also be made good.	Met
	Action taken as confirmed during the inspection: These issues had been addressed.	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 3 Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(c) 27(2)(q)	<p>The outcome for the new legionella risk assessment should be confirmed to RQIA. Any issues identified for attention during this risk assessment review should be addressed and signed off. If the required water circulation temperatures are not maintained, water samples should be tested and the results confirmed to RQIA. In addition the 'dead legs' in the plumbing pipework in the kitchen store should be removed and the water tanks should be inspected.</p>	Partially Met
	<p>Action taken as confirmed during the inspection:</p> <p>The kitchen store was not reviewed during this estates inspection. Mrs. McCaughley however confirmed that the dead leg pipework in this store had been removed and that water samples were tested following the last estates inspection with satisfactory results. The water storage tanks were inspected on 23 June 2015. The most recent risk assessment for the prevention or control of legionella bacteria in the water systems was completed on 24 October 2014. An action plan had been drawn up to address the issues identified for attention. Most of these issues had been addressed but there was still some further works to be completed. Refer also to section 5.4.1 areas for improvement.</p>	
Requirement 4 Ref: Regulations 14(2)(a) 14(2)(c) 27(4)(b)	<p>Completion of the issues identified for attention in relation to the smoking room should be confirmed to RQIA.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>These issues had been addressed. At present only one patient smokes. This patient smokes in one of the internal courtyards. A risk assessment had been completed for this patient and a fire blanket was provided in an easily accessible location in the area used by this patient for smoking.</p>	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 5 Ref: Regulations 14(2)(a) 14(2)(c) 27(4)(c) 27(2)(c)	The next six monthly thorough examinations should now be completed. Separate reports containing all of the information set out in Schedule 2 of the Lifting Operations and Lifting Equipment Regulations (Northern Ireland) 1999 should be issued for each item of lifting equipment. The trees should be re inspected and any further remedial works carried out as required.	Met
	Action taken as confirmed during the inspection: The most recent service and thorough examination of the patient lifting equipment was completed on 21 December 2015. The reports for this work confirmed that the hoists and slings were serviceable. Two hoists were not presented for service and inspection. Mrs. McCaughley however confirmed that these hoists had been removed from the home. Mr. Hegarty confirmed that a further tree survey had been completed recently and this had identified that there were no major issues of concern and that only a small amount of minor tree maintenance work was required.	
Requirement 6 Ref: Regulations 27(4)(a) 27(4)(b) 27(2)(c) 27(4)(d)(iv)	The issues identified for attention in the report for the most recent inspection and test to the emergency lighting should be addressed and confirmed to RQIA. The remaining issues in the action plan for the most recent fire risk assessment should also be addressed and signed off by the Registered Manager.	Met
	Action taken as confirmed during the inspection: The most recent inspection and test to the emergency lights was carried out on 29 July 2015 and Mr. Hegarty confirmed that any issues identified for attention had been addressed. The most recent function check was carried out on 28 January 2016 with no issues being identified for attention in record for same. The most recent fire risk assessment was completed in September 2015. The four issues identified for attention in the action plan included in the report for this fire risk assessment had been addressed and marked as complete.	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 7 Ref: Regulations 27(4)(b) 27(4)(e) 27(4)(f)	The next routine clean of the kitchen extract system should also be completed. There should be a continued focus on fire safety training to ensure that all staff attend two fire safety training sessions and at least one fire drill each year.	Met
	Action taken as confirmed during the inspection: The most recent cleaning of the kitchen extract system was completed on 09 February 2016. Mrs. McCaughley also confirmed that there was a continued focus on fire safety training and fire drills with fire training compliance currently at 83%. A number of new staff had recently started in the home and when they have completed their training this compliance percentage will increase further. Practical fire safety training was also provided on 06 May 2015 and 20 October 2015 as part of the fire drills.	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 35.1	It is recommended that consideration should be given to the benefits of carrying out on-load and simulated power failure testing to the generator.	Met
	Action taken as confirmed during the inspection: Consideration had been given to this issue but it was felt that on-load testing and simulated power failure testing was not required. The generator was serviced on 10 December 2015 by a specialist company and on the two recent occasions that it was required for short periods of time it had functioned very well.	

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.

No issues were identified for attention during this Estates inspection in relation to this standard.

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.

No issues were identified for attention during this Estates inspection in relation to this standard.

Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. A considerable amount of improvement work had been carried out in the home since the last estates inspection. This work included a number of room use changes, refurbishment and other works such as new flooring and redecoration. This supports the delivery of compassionate care and is to be commended.

No issues were identified for attention during this Estates inspection in relation to this standard.

Areas for Improvement

Number of Requirements	0	Number Recommendations:	0
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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 risk assessment for the prevention or control of legionella bacteria in the water systems was completed on 24 October 2014. Most of the issues identified for attention in the report for this risk assessment had been addressed. The water temperatures were being checked on a monthly basis, the showers were cleaned and disinfected on 09 September 2015 and 02 December 2015 and there was a procedure in place for the twice weekly flushing of infrequently used water outlets. The risk assessment should now be reviewed and updated to reflect the current risk in the premises. Any remaining issues identified for attention during this review should be addressed in accordance with the priorities and timescales recommended by the risk assessor. Reference should be made to requirement 1 in the attached Quality Improvement Plan.
2. The report for the most recent service of the thermostatic mixing valves was not presented for review during this estates inspection. Mr. Hegarty agreed to forward a copy of this report to RQIA. Subsequent to this estates inspection, RQIA received a copy of this report.
3. Mr. Hegarty confirmed that the remedial works identified for attention in the report for the most recent inspection and testing to the fixed wiring installation had been completed. Mr. Hegarty agreed to check the date when the next routine inspection and testing of the fixed wiring installation was due.

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. The fire risk assessment was reviewed and updated in September 2015 and all bedroom doors were fitted with self-closing devices and hold open devices in line with the guidance issued by the Northern Ireland Fire and Rescue Service. 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 ceiling cover flanges for flues for the gas dryers in the laundry were not fixed firmly in position against the ceiling. The ceiling around these two flues should be fire stopped and the flanges should be re-fixed in position tight to the ceiling. Mr. Hegarty confirmed that he would make arrangements to have this issue addressed. Subsequent to this estates inspection RQIA received confirmation from Mr. Hegarty that this issue had been addressed.
2. Two new vents had been fitted in the door to the hot water cylinder store at bedroom 34 in the Bannview Suite. Fire and smoke sealing should be provided for these vents. Mr. Hegarty confirmed that he would make arrangements to have this issue addressed.

Areas for Improvement Continued

3. A set of double corridor doors at bedroom 21 in the Bannview Suite had been relocated. A check should be carried out in the roof space to ensure that the fire sub-compartmentation above these doors has been taken up to the underside of the roof and fire stopped. A check should also be carried out above the other corridor doors throughout the premises to ensure that they have all been taken up to the underside of the roof and fire stopped. Reference should be made to requirement 2 in the attached Quality Improvement Plan.
4. The fire detection and alarm system in the home is a zonal system. Mr. Hegarty advised that consideration was being given to upgrading this system to a fully addressable system in line with current best fire safety practice. Although the existing zonal system remains acceptable, RQIA would nevertheless encourage Four Seasons Health Care Ltd. to press ahead with this upgrade at the first opportunity.

Number of Requirements	1	Number Recommendations:	0
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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. Edel McCaughley, Registered Manager and Mr. Gerry Hegarty, Estates Manager with Four Seasons Health Care Ltd 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) 14(2)(a) 14(2)(c) 27(2)(q) Stated: First time To be Completed by: Ongoing	<p>The risk assessment for the prevention or control of legionella bacteria in the water systems should be reviewed and updated to reflect the current risk in the premises. Any remaining issues identified for attention during this review should be addressed in accordance with the priorities and timescales recommended by the risk assessor.</p> <p>Response by Registered Manager Detailing the Actions Taken: Response from Mr Barry McDermott:</p> <p>Legionella Remedials Please note that All HIGH RISK issues have been resolved and that Medium and Low risks posed are being managed by routine inspections and flushing. The LRA is not give any time scales for completion of recommendations and all recommendation will be complete as per the LRA programme of remedial works as agreed previously with the RQIA..</p>		
Requirement 2 Ref: Regulations 27(4)(b) 27(4)(c) Stated: First time To be Completed by: 22 April 2016	<p>A check should be carried out in the roof space to ensure that the fire sub-compartmentation has been taken up to the underside of the roof and fire stopped above all of the corridor doors.</p> <p>Response by Registered Manager Detailing the Actions Taken: Response from Mr Barry McDermott:</p> <p>Fire Risk Assessment The compartment walls and cavity barriers installed within the roof void are completed to an acceptable stand to prevent the spread of fire/smoke. The compartment on the ground floor is protected by the walls, doors and ceilings all of which are considered to provide 30minute fire rating. The fire barriers installed within the roof void is not required to be install in the same positions as the cross corridor doors as they are installed to prevent the spread of fire and smoke within the roof void area.</p>		
Registered Manager Completing QIP	E McCaughley	Date Completed	16.03.16
Registered Person Approving QIP	Dr Claire Royston	Date Approved	18.03.16
RQIA Inspector Assessing Response	K. Monaghan	Date Approved	30/03/16

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