

Announced Premises Inspection Report 16 June 2016



The Haven

Type of Service: Nursing
Address: 19 Quarry Lane, Dungannon, BT70 1HX
Tel No: 028 8772 6912
Inspector: Raymond Sayers

1.0 Summary

An announced premises inspection of The Haven took place on 16 June 2016 from 10.15 to 13.15hrs.

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. Some issues were however 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. 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	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Kelly McQuaid, Registered Responsible Person, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent premises inspection

Other than those items 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 provider: Mr Patrick Gerald Kelly McQuaid, The Haven	Registered manager: Frances McKenna
Person in charge of the home at the time of inspection: Frances McKenna	Date manager registered: 11 August 2009
Categories of care: NH-LD, NH-LD(E)	Number of registered places: 30

3.0 Methods/processes

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

During the inspection the inspector met with: Mr Kelly McQuaid, Registered Responsible Person, Frances McKenna, Registered Manager, laundry and kitchen staff.

The following records were examined during the inspection: Copies of building services certificates, building user log books relating to maintenance inspections of building 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 10 November 2015

The most recent inspection of the home, IN022045 was an unannounced care inspection. The completed QIP was returned, and approved by the care inspector on 17 December 2015. This QIP will be validated by the specialist inspector at their next inspection

4.2 Review of requirements and recommendations from the last premises inspection dated 03 November 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 14.(2)(a),(b) and (c) Stated: First time	Complete a hot water and hot surfaces health and safety risk assessment for all patient accessible accommodation. Install low surface temperature radiator covers on all radiators where potential scald injury risk is deemed possible. Management control procedures must be implemented to safeguard patients prior to completion of radiator cover installation works.	Met
	Action taken as confirmed during the inspection: Low surface temperature covers were installed, and an associated risk assessment completed.	

4.3 Is care safe?

A range of building services maintenance documents were presented for review during this estates inspection. This documentation included: risk assessments, inspection and test reports for various elements of the engineering services.

Documents relating to the safe operation of the premises, installations and engineering services were presented for review during this estates 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 patients, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment, which was completed 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 inspection, and are listed in the areas for improvement section below.

Areas for improvement

1. Fire risk assessment action plan recommendations completed were not validated as complete by the registered manager/responsible person, although it was noted that all the action plan items had been implemented.

Refer to Quality Improvement Plan Recommendation 1.

2. The monthly emergency lighting BS5266 functional testing was not recorded.

Refer to Quality Improvement Plan Recommendation 2.

3. The gas safe register report for the laundry gas appliance was not currently valid as a period of greater than one year had elapsed since the last inspection date. The last valid safety certificate was dated 15 August 2014.

Refer to Quality Improvement Plan Recommendation 3.

4. The legionella risk assessment document did not provide an evaluation of risk, as per the British Standard risk assessment process. The chlorination of water distribution and storage systems, sterilisation of shower heads and temperature controls were implemented.

Refer to Quality Improvement Plan Recommendation 4.

Number of requirements	0	Number of recommendations:	4
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4.4 Is care effective?

There are arrangements in place for routine premises management plus emergency breakdown repairs. Service users are involved, where appropriate in decisions around the redecoration and maintenance of the premises.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

Service users are consulted about decisions around décor and their private accommodation where appropriate.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

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 Mr Kelly McQuaid, Registered Provider 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.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 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: 25 August 2016</p>	<p>The registered provider should arrange for validation of the fire risk assessment works action plan; completed recommendations should be verified as complete by the registered manager.</p> <p>Response by registered provider detailing the actions taken: The Fire Risk Assessment action plan has been validated and verified by The Nurse Manager.</p>
<p>Recommendation 2</p> <p>Ref: Standard 48.1</p> <p>Stated: Second time</p> <p>To be completed by: 14 July 2016</p>	<p>The registered provider should ensure that monthly functional emergency lighting testing is implemented and recorded in compliance with BS5266.</p> <p>Response by registered provider detailing the actions taken: The monthly functional emergency lighting testing has commenced.</p>
<p>Recommendation 3</p> <p>Ref: Standard 47.1</p> <p>Stated: First time</p> <p>To be completed by: 04 August 2016</p>	<p>The registered provider should ensure that the laundry gas appliances are subjected to annual gas safe register inspection in accordance with current health and safety directives.</p> <p>Response by registered provider detailing the actions taken: The laundry gas appliance has had a gas inspection.</p>
<p>Recommendation 4</p> <p>Ref: Standard 44.2</p> <p>Stated: First time</p> <p>To be completed by: 25 August 2016</p>	<p>The registered provider should ensure that a suitable and sufficient legionella prevention risk assessment is completed, and action plan implemented in accordance with Northern Ireland (NI) Health and Safety Executive guidelines.</p> <p>Response by registered provider detailing the actions taken: The current legionella prevention risk assessment has been updated to reflect guidelines.</p>

Please ensure this document is completed in full and returned to Estates.Mailbox@rqia.org.uk from the authorised email address



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