



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No: IN016769
Establishment ID No: 1477
Name of Establishment: Ashbrook Care Home
Date of Inspection: 18 September 2014
Inspector's Name: Raymond Sayers

1.0 GENERAL INFORMATION

Name of Home:	Ashbrook Care Home
Address:	50 Moor Rd Coalisland BT71 4QB
Telephone Number:	028 8774 1010
Registered Organisation/Provider:	Ashbrook Home Limited/ Mr Marcus James Mulgrew
Registered Manager:	Ms Teresa Gilman (Acting Manager, registration pending)
Person in Charge of the Home at the time of Inspection:	Ms Teresa Gilman(Acting Manager, registration pending)
Other person(s) consulted during inspection:	Dr Seamus Mulgrew
Type of establishment:	Nursing Home
Number of Registered Places:	68
Categories of Care:	NH-MP(E), NH-PH, RC-I, NH-DE, NH-I
Date and time of inspection:	18 September 2014 from 10.10 – 12.40hrs
Date of previous inspection:	26 October 2011
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 regulated 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 Ms Teresa Gilman(Acting Manager, registration pending) and Dr Seamus Mulgrew.

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

The home consists of a total of 68 single bedrooms, 19 of which have en-suite toilets and four of which have an en-suite toilet and shower. Registration of a 19 bedded dementia unit was approved on 13 November 2013.

There are four lounges, two therapy areas, three dining rooms, a kitchen, a laundry, toilet/washing facilities, a visitor's room, staff accommodation and offices.

The home is registered to provide care under the following categories:

- Nursing Care (I) Old age not falling into any other category
- Nursing (DE) Dementia
- Residential Care (I) Old age not falling into any other category
- Nursing (PH) Physical disability other than sensory impairment

Suitable car parking facilities are available at the front of the premises, and an education and training room for use by staff is located to the rear of the building.

8.0 SUMMARY

Following the Estates Inspection of Ashbrook Care Home on 18 September 2014 improvements are required to comply with the Nursing Homes Regulations (Northern Ireland) 2005 and the criteria outlined in the following standards:

- Standard 32 - Premises and grounds;
- Standard 36 - Fire Safety.

This resulted in three requirements listed in the quality improvement plan appended to this report.

The building fabric and services are maintained to a good standard, compliant with good practice.

A number of bedroom doors have not had self-closer devices installed, this fire safety improvement is required to comply with Northern Ireland fire & Rescue Service recommendations.

The Estates Inspector would like to acknowledge the assistance of Ms Teresa Gilman(Acting Manager, registration pending) & Dr Seamus Mulgrew during the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from previous inspection

It is noted that the only issue listed in the report of the previous estates inspection on 26 October 2011 has been addressed.

No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Comments
1	36.1	Commission a fire safety consultant to review the HTM84 fire risk assessment, implement any subsequent recommended control measures.	completed	Implemented; fire risk assessment last completed on 6 November 2013 by an accredited fire risk assessor.

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; the building and engineering services however require some attention in order to comply with this standard. Items requiring corrective action by the registered person are detailed in report paragraphs 9.2.2 - 9.2.3. Requirements and recommendations are listed in the attached Quality Improvement Plan section titled '**Standard 32 - Premises and grounds**'.

9.2.2 Legionella prevention controls are implemented; annual chlorination of the hot and cold water storage systems is completed; shower head sterilization is completed and infrequently used water outlets are routinely flushed; a legionella prevention risk assessment was however not presented for examination.
(Reference: Quality Improvement Plan Item 1)

9.2.3 Mobile hoisting equipment annual service records were presented for examination; it should be noted that six monthly (LOLER) Lifting Operations and Lifting Equipment Regulation 9 thorough examinations should be completed and records retained for subsequent examination.
(Reference: Quality Improvement Plan Item 2)

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, compliant with this standard; no issues have been identified for attention by the registered person in relation to this standard.

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 the home are compliant with this standard. Records inspected demonstrate good attention to fire safety precautions. There is however one issue listed which must be addressed; it is detailed in report paragraph 9.4.2. A requirement is listed in the section of the attached quality improvement plan titled '**Standard 36: Fire safety**'.

9.4.2 There are currently a number of bedroom doors which do not have self-closer devices fitted; we are informed that a works improvement programme will be arranged to install appropriate self-closer devices.
(Reference: Quality Improvement Plan Item 3)

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement plan appended to this report were discussed with Ms Teresa Gilman(Acting Manager, registration pending) and Dr Seamus Mulgrew 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

Ashbrook Care Home Nursing Home: RQIA ID 1477

18 September 2014

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		R.Sayers	03/11/14
C.	Clarification or follow up required on some items.					

NOTES:

The details of the quality improvement plan were discussed with Ms Teresa Gilman(Acting Manager, registration pending) and Dr Seamus Mulgrew 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	Teresa Gilman
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Mr Marcus Mulgrew

Announced Estates Inspection to Ashbrook Care Home Nursing Home on 18 September 2014

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	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
1	Regulations 27. (2)(q),(t) 14. (2)(a), (b) & (c)	Arrange for completion of a legionella risk assessment and implement any subsequent report recommendations. (Reference: Report paragraph 9.2.2)	8 weeks	A legionella risk assessment will be undertaken within the given timescale with any recommendations being fully implemented.
2	Regulations 27 (2)(c),(q),(t)	Implement and verify arrangements to ensure that all patient lifting devices are subjected to Lifting Operations and Lifting Equipment Regulation (LOLER) 9 thorough examinations, at six monthly intervals by a competent engineer. (Reference: Report paragraph 9.2.3)	8 weeks	All patient lifting devices are now subject to thorough examination every 6 months by a qualified engineer.

Announced Estates Inspection to Ashbrook Care Home Nursing Home on 18 September 2014

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	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
3	Regulations 27.(4)(a),(b),(c),(d)(i) &(v)	Arrange a works action plan to install self-closer devices on bedroom doors in compliance with Northern Ireland Fire & Rescue Service requirements. The suitability of installing appropriate self-closing devices must be evaluated by a risk assessment, ascertaining the requirements of specific service users/patients prior to installation of the self-closers. (Reference: Report paragraph 9.4.2)	12 Weeks	Works action plan to install self closer devices will be arranged within the stated timescale.

Announced Estates Inspection to Ashbrook Care Home Nursing Home on 18 September 2014

Assurance, Challenge and Improvement in Health and Social Care