

Announced Variation to Registration Inspection Report 04 November 2019



Collegeland Nursing Home

Type of Service: Nursing Home

**Address: 54 Lislasy Road, Aughanlig, Moy,
Dungannon, BT71 6TB**

Tel No: 028 3889 1487

Inspectors: Raymond Sayers and Julie Palmer

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 service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 32 patients.

3.0 Service details

Organisation/Registered Provider: Roughan Care Ltd Responsible Individual(s): Mr Patrick Anthony McAvoy	Registered Manager and date registered: Mrs Ann Keppler 14 August 2014
Person in charge at the time of inspection: Mrs Ann Keppler	Number of registered places: 32
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 32

4.0 Inspection summary

An announced pre- registration inspection of Collegeland Nursing Home took place on 4 November 2019 from 09.30 hours to 11.30 hours. This involved both estates and care inspectors.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003; The Regulation and Improvement Authority (Registration) Regulations (Northern Ireland) 2005; The Nursing Homes Regulations (Northern Ireland) 2005; and the DHSSPS Care Standards for Nursing Homes 2015.

The inspection sought to assess an application submitted to RQIA for a variation to the registration of Collegeland Nursing Home for an additional two bedrooms.

The variation to registration to Collegeland Nursing Home was granted from an estates and care perspective following this inspection.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	*5

*The total number of areas for improvement include five which have been carried forward for review at the next care inspection.

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Patrick McAvoy, responsible individual, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent inspection dated 1 and 2 October 2019

The most recent inspection of the home was undertaken on 1 and 2 October 2019 and involved finance and care inspectors. Other than those actions detailed in the QIP no further actions were required to be taken.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the application to vary the registration of the home
- the proposed statement of purpose
- the proposed patients' guide
- the previous inspection report

During the inspection the inspectors met with Patrick McAvoy, responsible individual, and Ann Keppler, manager.

The following records were examined during the inspection:

- fire risk assessment
- legionella risk assessment & building user controls

The inspection focused on the variation to registration application made by the registered provider to RQIA. One area for improvement identified at the last inspection was reviewed during the inspection. The remaining areas for improvement from the last inspection on 1 and 2 October 2019 were not reviewed as part of the inspection and are carried forward to the next inspection.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Standard 35 Stated: Second time	The registered person shall ensure infection prevention and control audits are consistently carried out in accordance with the home's audit schedule.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 2 Ref: Standard 46 Stated: First time	The registered person shall ensure that shower heads and identified taps are effectively and regularly cleaned to remove limescale.	Met
	Action taken as confirmed during the inspection: Inspector confirmed cleaning & sterilisation records were completed, a sample of shower heads were visually inspected.	
Area for improvement 3 Ref: Standard 4 Stated: First time	The registered person shall ensure that patient care plans are evaluated on at least a monthly basis.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 4 Ref: Standard 2.2 Stated: First time	The registered person shall ensure that up to date copies of signed written agreements are retained within patients' files. The agreements should show the current terms and conditions for each patient including the current fee paid by, or on behalf of, patients.	Carried forward to the next care inspection

	<p>Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	
<p>Area for improvement 5 Ref: Standard 35.21 Stated: First time</p>	<p>The registered person shall implement a system to ensure that patients' personal allowance monies are not used to either purchase items or pay for additional services e.g. hairdressing, for those patients who have insufficient funds.</p> <p>Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	<p>Carried forward to the next care inspection</p>
<p>Area for improvement 6 Ref: Standard 35.21 Stated: First time</p>	<p>The registered person shall review the current system for retaining patients' monies in the patients' bank account as discussed during the inspection.</p> <p>Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	<p>Carried forward to the next care inspection</p>

6.2 Inspection findings

Premises Inspector findings

Fire safety:

1. The fire detection and alarm system BS5839 variation certificate was not available for review at the time of inspection. A valid certificate was submitted by e-mail on 04/11/19.
2. The emergency lighting system BS5266 variation certificate was not available for review at the time of inspection. A valid certificate was submitted by e-mail on 13/11/19.
3. The electrical installation BS7671 installation/variation certificate was not available for review at the time of inspection. A valid certificate was submitted by e-mail on 13/11/19.

Statutory approvals:

4. Building control completion certificate for the alteration/extension works was not available for examination; A valid completion certificate was submitted by e-mail on 13/11/19.

Health & safety:

5. The window opening casement restriction devices were not fixed to the window framing by means of a specialist tool, therefore the opening casements could be opened beyond the recommended 100mm by unauthorised persons. The registered person submitted verification by e-mail that robust self-closer devices had been installed on all patient accessible windows on 6 November 2019 (digital images submitted).

Care Inspector findings**Bedroom accommodation:**

1. The two additional bedrooms were found to be presented to a high standard of décor. The furniture was of good quality and suitable for the needs of patients. The bedrooms were equipped with a bedside light and lockable space. On the day of the inspection the call bell system was being installed; following the inspection the responsible individual confirmed that the call bell installation had been completed. The en-suite bathrooms were presented to a high standard.

Staffing arrangements:

2. Discussion with the responsible individual and the manager confirmed that staffing levels would be reviewed and amended as necessary in accordance with the assessed needs of the patients to be admitted.

Statement of purpose and patient guide:

3. We reviewed the proposed statement of purpose and patient guide. These reflected the arrangements in place for the additional rooms.

Areas of good practice

Areas of good practice were identified in relation to the environment and staffing arrangements.

Areas for improvement

No additional areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

The application to vary the registration of Collegeland Nursing Home for an additional two bedrooms was granted from a premises and care inspector's perspective following this inspection.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Patrick McAvoy, responsible individual, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 35 Stated: Second time To be completed by: 1 November 2019	<p>The registered person shall ensure infection prevention and control audits are consistently carried out in accordance with the home's audit schedule.</p> <hr/> <p>Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Area for improvement 2 Ref: Standard 4 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that patient care plans are evaluated on at least a monthly basis.</p> <hr/> <p>Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Area for improvement 3 Ref: Standard 2.2 Stated: First time To be completed by: 8 November 2019	<p>The registered person shall ensure that up to date copies of signed written agreements are retained within patients' files. The agreements should show the current terms and conditions for each patient including the current fee paid by, or on behalf of, patients.</p> <hr/> <p>Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Area for improvement 4 Ref: Standard 35.21 Stated: First time To be completed by: 31 October 2019	<p>The registered person shall implement a system to ensure that patients' personal allowance monies are not used to either purchase items or pay for additional services e.g. hairdressing, for those patients who have insufficient funds.</p> <hr/> <p>Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Area for improvement 5 Ref: Standard 35.21 Stated: First time To be completed by: 31 October 2019	<p>The registered person shall review the current system for retaining patients' monies in the patients' bank account as discussed during the inspection.</p> <hr/> <p>Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

Please ensure this document is completed in full and returned via Web Portal



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