

Announced Premises Inspection Report 24 January 2017



Iveagh House

Type of Service: Nursing Home
Address: 62 Castlewellan Road, Banbridge, BT32 4JD
Tel No: 028 4062 8055
Inspector: Gavin Doherty

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Iveagh House took place on 24 January 2017 from 10:30 to 12:30.

The inspection sought to assess progress with any issues raised during and since the last premises inspection and to determine if the nursing home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. However two issues were identified for attention by the registered provider. Refer to section 4.3

Is care effective?

On the day of the inspection the premises supported the delivery of effective care.

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care.

Is the service well led?

On the day of the inspection the management of the premises was considered to be well led.

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	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Patricia Purvis, Registered Manager and Mr Leslie Mitchell, Registered Provider, 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 actions detailed in the previous QIP there were no further actions required to be taken following the most recent premises inspection.

2.0 Service Details

Registered organisation/registered provider: Harold Mitchell (Belfast) Ltd/Mr Harold Leslie Mitchell	Registered manager: Mrs Patricia Purvis
Person in charge of the home at the time of inspection: Mrs Patricia Purvis	Date manager registered: 23/03/15
Categories of care: RC-I, NH-I	Number of registered places: 33

3.0 Methods/processes

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

During the inspection the inspector met with Mrs Patricia Purvis, Registered Manager, Mr Leslie Mitchell, Registered Provider for the premises.

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, and fire risk assessment.

4.0 The Inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 01/11/16

The most recent inspection of the nursing home was an unannounced medicines management inspection. This inspection resulted in no requirements or recommendations being made and no quality improvement plan was therefore required or issued.

4.2 Review of recommendations from the last premises inspection dated 08/11/13

Last premises inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 32.10 Stated: First time	Ensure that the local exhaust ventilation system in the main Kitchen undergoes suitable thorough examination, cleaning and testing, in accordance with 'COSHH 2002, Regulation 9'.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that this thorough examination had been undertaken, was being maintained and was up to date at the time of inspection.	

4.3 Is care safe?

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this premises 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 overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment which was completed on 10 May 2016 and has been fully implemented.

This supports the delivery of safe care.

Two issues were however identified for attention during this premises inspection. These are detailed in the 'areas for improvement' section below.

Areas for improvement

1. The premises fire detection and alarm system has been recently upgraded and a new fire panel installed. However, records presented highlight that this new system is currently inspected and tested annually. Current best practice guidance contained in 'BS 5839-1:2013 Fire detection and fire alarm systems for buildings' states that the period between such inspection and testing should not exceed a period of 6 months. Mr Mitchell agreed that this issue would be addressed without any further delay. Refer to recommendation 1 in the attached Quality Improvement Plan.

2. Current best practice guidance contained within 'HSG274 Part 2 Control of legionella bacteria in hot and cold water systems', states that all thermostatic mixing valves should be appropriately serviced annually. Mr Mitchell confirmed that this important control measure would be implemented without any further delay.

'HSG274 Part 2 Control of legionella bacteria in hot and cold water systems' may be freely obtained from the following web address:

<http://www.hse.gov.uk/pubns/priced/hsg274part2.pdf>

Refer to recommendation 2 in the attached Quality Improvement Plan.

Number of requirements	0	Number of recommendations:	2
-------------------------------	----------	-----------------------------------	----------

4.4 Is care effective?

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the premises.

This supports the delivery of effective care and no areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

4.5 Is care compassionate?

The areas of the premises reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit. There has been substantial work undertaken in the refurbishment and redecoration of the premises sluice rooms, bathrooms and toilet facilities since the last premises inspection. New high quality, slip resistant floor finishes have also been fitted in many areas. This ongoing commitment to the quality of the premises is to be commended.

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

This supports the delivery of compassionate care and no areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

4.6 Is the service well led?

Premises related policies and documentation are retained in a manner which is accessible to relevant people. The monthly regulation 29 report has sections relating to Health & Safety issues, Environmental issues and Premises issues, ensuring that any such issues are highlighted and dealt with in a timely manner.

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 and no areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Patricia Purvis, Registered Manager and Mr Leslie Mitchell, 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 for review 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 44.10</p> <p>Stated: First time</p> <p>To be completed by: 21 March 2017</p>	<p>The registered provider should ensure that the fire detection and alarm system undergoes appropriate inspection and testing at intervals not exceeding 6 months, in accordance with current best practice guidance.</p>
	<p>Response by registered provider detailing the actions taken: We shall carry out the recommendation, and we have already instructed our building services contractor accordingly.</p>
<p>Recommendation 2</p> <p>Ref: Standard 44.10</p> <p>Stated: First time</p> <p>To be completed by: 21 March 2017</p>	<p>The registered provider should ensure that all thermostatic mixing valves are appropriately serviced annually, in accordance with current best practice guidance.</p>
	<p>Response by registered provider detailing the actions taken: We shall carry out the recommendation, and we have already instructed our building services contractor accordingly.</p>

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)