

Announced Premises Inspection Report 14 March 2017



Lisnisky

Type of Service: Nursing Home
Address: 16 Lisnisky Lane, Portadown, Craigavon BT63 5RB
Tel No: 02838339153
Inspector: Raymond Sayers

1.0 Summary

An announced premises inspection of Lisnisky took place on 14 March 2017 from 10:30 to 13:30.

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 well led, delivering safe, effective and compassionate care.

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 provider. 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	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Edith Harrison (Registered Manager) and Mr Gerry Hegarty (Four Seasons Healthcare Maintenance Manager) as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action was not implemented as a result of 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 on 25 February 2016.

2.0 Service Details

Registered organisation/registered provider: Four Seasons Healthcare/Maureen Claire Royston	Registered manager: Edith Harrison
Person in charge of the home at the time of inspection: Edith Harrison	Date manager registered: 17 July 2009
Categories of care: NH-DE, RC-I, RC-MP(E), RC-PH, RC-LD(E), NH-I, NH-TI	Number of registered places: 63

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Previous premises inspection report
- Statutory notifications over the past 12 months
- Concerns call log

During the inspection the inspector met two residents, laundry and catering staff, Mr Gerry Hegarty (Four Seasons Healthcare Maintenance Manager), Mrs Edith Harrison (Registered Manager) and Mr Dave Roche (Janitor).

The following records were examined during the inspection:

- Copies of building services maintenance certificates
- Building user log books relating to the maintenance and inspection of the building and engineering services
- Legionellae risk assessment
- Fire risk assessment

4.0 The Inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 21 February 2017

The most recent inspection of the nursing home, IN027465 was an unannounced finance inspection. The completed QIP was returned, and approved by the finance inspector on 3 April 2017. 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 25 February 2016

Last care inspection statutory requirements		Validation of compliance
Recommendation 1 Ref: Standard 48.1 Stated: First time To be Completed by: In accordance with fire risk assessment report timescales	Implement planned prioritised works to implement the 10 June 2015 fire risk assessment report recommendations. Response by Registered Manager Detailing the Actions Taken: Fire risk assessment works implemented.	Met

4.3 Is care safe?

A range of documents related to the maintenance and inspection 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 associated 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 carried out by a risk assessor holding professional body registration for fire risk assessors. This supports the delivery of safe care.

Issues were however identified for attention during this premises inspection, and are detailed in the 'areas for improvement' section below.

Areas for improvement

1. The Fire Risk Assessment was completed on 8 July 2016. A number of issues listed on the Action Plan remain to be implemented; Mr Hegarty advises that the action plan works are being implemented in accordance with risk rating, and all items will be completed.
Refer to Quality Improvement Plan Recommendation 1.
2. The Legionella Risk Assessment was completed on 16 December 2016; the Action Plan recommendations have not yet been implemented.
Refer to Quality Improvement Plan Recommendation 2.

Number of requirements	0	Number of recommendations:	2
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4.4 Is care effective?

There are arrangements in place for routine premises management and inspections, as well as urgent repair maintenance. Service users are involved where appropriate in decisions around the maintenance of the premises.

This supports the delivery of effective care.

There were no issues requiring improvement identified during the inspection.

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

The accommodation reviewed during this premises inspection was well decorated, comfortable, clean, well ventilated, with adequate lighting levels.

Service users are consulted about decisions around decoration where appropriate.

This supports the delivery of compassionate care.

There were no issues requiring improvement identified during the inspection.

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

Premises related policies and documents are retained and accessible to authorised persons.

Arrangements are in place for managing premises related incidents/notifiable events, and Medical Device and Equipment Alerts.

The registered person has implemented previous RQIA QIP items, and other relevant issues relating to the premises. Adequate support and resources are provided by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and statutory regulators.

This supports a well led service.

There were no issues requiring improvement identified during the inspection.

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 Mrs Edith Harrison and Mr Gerry Hegarty 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 **the web portal** 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 48.1</p> <p>Stated: First time</p> <p>To be completed by: In accordance with risk assessor`s time-frame</p>	<p>Fire risk assessment works action plan recommendations should be implemented in accordance with the risk assessor`s recommended time frame.</p> <p>Response by registered provider detailing the actions taken: Plans are in place to review current outstanding recommendations on the Fire Risk Assessment. A meeting will be arranged prior to the 30th June to review these actions and put in place measures to reduce any associated identified risk.</p>
<p>Recommendation 2</p> <p>Ref: Standards 44.8 & 44.10</p> <p>Stated: First/Second/Third time</p> <p>To be completed by: In accordance with risk assessor`s time-frame.</p>	<p>The legionella risk assessment works action plan recommendations should be implemented in accordance with the risk assessor`s recommended time frame.</p> <p>Response by registered provider detailing the actions taken: A Remedial Action Tracker is in place to ensure that all remedial works are completed in a timely manner. It is our aim to have all necessary remedial actions resolved and signed off within 6 months of receiving the report. RQIA will be kept updated on the overall scheme of Legionella improvement works as it progresses.</p>



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