

# Announced Premises Inspection Report

## 26 July 2016



## MOUNTVALE

**Type of service: Nursing Home**

**Address: Brewery Lane, Meeting Street,  
Dromore, BT25 1AH**

**Tel No: 028 9269 9480**

**Inspector: C Muldoon**

## 1.0 Summary

An announced premises inspection of Mountvale took place on 26 July 2016 from 10:30 to 15:30hrs.

### Is care safe?

On the day of the inspection the premises supported the delivery of safe care. However some 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
<b>Total number of requirements and recommendations made at this inspection</b>	2	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Linda Kennedy (Registered Manager) and Mr Trevor Gage (Registered Responsible Person), as part of the inspection process. The timescales for completion commence from the date of inspection.

## 1.2 Actions/enforcement taken following the most recent premises inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 26 July 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Mountvale Private Nursing Home Ltd	<b>Registered manager:</b> Mrs Linda Kennedy
<b>Person in charge of the home at the time of inspection:</b> Mrs Linda Kennedy	<b>Date manager registered:</b> 18 June 2012
<b>Categories of care:</b> NH-I, NH-PH, NH-PH(E), RC-I	<b>Number of registered places:</b> 51

## 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 Linda Kennedy (Registered Manager) and Mr Trevor Gage (Registered Responsible Person).

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, fire risk assessment.

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 08/03/2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the specialist inspector. This QIP will be validated by the specialist inspector at the next care inspection.

## 4.2 Review of requirements and recommendations from the last premises inspection dated 15/08/2013

Last premises inspection statutory requirements		Validation of compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulations 13(7) 27(2)(d)  <b>Stated:</b> First time	The floor coverings should be reviewed and a programme of deep cleaning and replacement should be implemented.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There is a program in place to replace floor coverings. There is also a procedure for carrying out a monthly domestic audit which includes the cleanliness of floor coverings.	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 27(2)(d)  <b>Stated:</b> First time	A further progress update in relation to the works included in the programme of redecoration should be confirmed to RQIA.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There is an ongoing program of redecoration.	
<b>Requirement 3</b>  <b>Ref:</b> Regulation 18(2)(c)  <b>Stated:</b> First time	A further progress update should be provided to RQIA in relation to programme of work for the replacement of the bedroom furniture.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There has been a program to replace furniture.	
<b>Requirement 4</b>  <b>Ref:</b> Regulations 14(2)(a) 14(2)(c) <b>Stated:</b> Second time	The carpet at the door threshold to the bathroom opposite bedroom 16 should be refitted.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Addressed	
<b>Requirement 5</b>  <b>Ref:</b> Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)  <b>Stated:</b> Second time	Action should be taken to ensure that the unblended hot water temperatures are maintained in accordance with the current standards for the prevention or control of legionella bacteria in water systems.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There are procedures in place towards the control of legionella which include the check of unblended water temperatures. Refer also to section 4.3 item 1 and recommendation 1 in Quality Improvement Plan.	

Last premises inspection statutory requirements		Validation of compliance
<b>Requirement 6</b>  <b>Ref:</b> Regulations 14(2)(a) 14(2)(c)  <b>Stated:</b> First time	A risk assessment should be carried out in relation to the issues identified for attention in the report for the recent inspection and test of the fixed wiring installation.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was a valid electrical inspection report which verifies that the installation is in satisfactory condition.	
<b>Requirement 7</b>  <b>Ref:</b> Regulations 27(2)(c) 27(2)(q) 14(2)(a) 14(2)(c)  <b>Stated:</b> First time	The action taken in relation to the issues identified for attention in the gas safety report for the cooker should be confirmed to RQIA. Reference should be made to paragraph 9.3.4.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The manager confirmed that the issues identified in this and subsequent Gas Safe certificates relating to the catering appliances have been addressed.	
<b>Requirement 8</b>  <b>Ref:</b> Regulation 27(2)(q)  <b>Stated:</b> First time	The vacuum system should be serviced.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The manager informed the inspector that a new vacuum system was installed a few months ago.	
<b>Requirement 9</b>  <b>Ref:</b> Regulations 14(2)(a) 14(2)(c)  <b>Stated:</b> First time	All window openings should be controlled to a safe point of opening with a maximum clear opening of 100mm. Reference should be made to the specific previous correspondence from RQIA in relation to this issue.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The manager informed the inspector that all windows have suitable restrictors. A random selection was reviewed during the inspection.	

Last premises inspection statutory requirements		Validation of compliance
<b>Requirement 10</b>  <b>Ref:</b> Regulations 14(2)(a) 14(2)(c)  <b>Stated:</b> First time	The threshold strip at the door to bedroom 11 should be made good. The wardrobe in bedroom 44 should be refixed to the wall. The electrical extension leads in bedroom 50 should be reviewed and rerouted as required. Consideration should be given to the installation of additional fixed power points in this room.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Addressed.	
<b>Requirement 11</b>  <b>Ref:</b> Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(d)  <b>Stated:</b> First time	A progress update in relation to the works being completed to address the issues identified for attention by the infection control and environmental audits should be provided to RQIA.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A monthly domestic audit is being carried out by the housekeeper. This is being monitored and controlled by the manager.	
<b>Requirement 12</b>  <b>Ref:</b> Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(p)  <b>Stated:</b> First time	The pipe casing in the bathroom opposite bedroom 16 should be made good. The earth wire in the bathroom at bedroom 44 should be reconnected. The lighting in this bathroom and in the toilet opposite bedroom 6 should be improved. The waste bin in the shower room opposite bedroom 29 should be replaced. The broken socket outlet in bedroom 24 should be replaced.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Addressed.	
<b>Requirement 13</b>  <b>Ref:</b> Regulations 14(2)(a) 14(2)(c)  <b>Stated:</b> First time	The vegetation growth should be removed from the boiler room. The light in the generator room should be made good.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Addressed.	

Last premises inspection statutory requirements		Validation of compliance
<b>Requirement 14</b>  <b>Ref:</b> Regulations 27(4)(b) 27(2)(c) 27(4)(d)(i) 27(4)(d)(iv)  <b>Stated:</b> Second time	The fire doors should be inspected and any further remedial works required to ensure effective smoke sealing should be completed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The response to the last premises Quality Improvement Plan provided confirmation that the fire doors were checked after the last premises inspection and any necessary remedial work was carried out. There is current record showing that door closers are checked monthly. A random sample of doors was reviewed during this inspection.	
<b>Requirement 15</b>  <b>Ref:</b> Regulation 27(4)(b)  <b>Stated:</b> Second time	Multi way electrical adaptors should not be used in the home. Particular attention should be given to bedrooms 12, 18 and 31 in this regard. Consideration should be given to the installation of additional fixed power points as required.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> No multi-way adaptors were observed (including in the above rooms) during this inspection and the manager confirmed that maintenance staff check for their presence during routine inspections of rooms.	
<b>Requirement 16</b>  <b>Ref:</b> Regulations 27(2)(a) 27(4)(b)  <b>Stated:</b> First time	The action plan in the report for the fire risk assessment that was completed on 12 March 2013 should be checked to ensure that all of the issues have been addressed and signed off by the registered manager.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> In the Quality Improvement Plan returned after the previous premises inspection the manager and responsible person confirmed that all issues in the fire risk assessment were addressed.  The fire risk assessment has subsequently been reviewed, the last occasion being in November 2015. The current action plan has been marked up as action undertaken November 2015. Refer also to section 4.3 item 2 and recommendation 2 in Quality Improvement Plan.	



Last premises inspection statutory requirements		Validation of compliance
<b>Requirement 17</b>  <b>Ref:</b> Regulations 27(4)(b) 27(4)(d)(i)  <b>Stated:</b> First time	The arrangements for smoking in the home should be reviewed and revised as required. Particular attention should be given to the need for an easily accessible fire blanked in close proximity to the area used for smoking.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The home no longer has a smoking room.	
<b>Requirement 18</b>  <b>Ref:</b> Regulations 27(4)(b) 27(2)(c) 27(4)(d)(i)  <b>Stated:</b> First time	The door to the hairdressing room should not be propped open. A hold open device linked to the fire detection and alarm system should be installed at this door if it is required to be kept open.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> At the time of the inspection the hairdressing room was being relocated.	
Last premises inspection recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 35.1  <b>Stated:</b> First time	It is recommended that a risk assessment should be completed in relation to the need for a safety edge for the lift door in accordance with current standards.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The manager informed the inspector that this work to the lift doors has been completed.	
<b>Recommendation 2</b>  <b>Ref:</b> Standard 35.1  <b>Stated:</b> First time	It is recommended that the risk assessment in relation to the prevention or control of legionella bacteria in the water systems should be carried out by a person with specialist expertise in this area. A record should also be kept for the quarterly disinfections of the shower.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The last legionella risk assessment was carried out by a specialist contractor. There were records relating to the quarterly disinfection of the showers. Refer also to section 4.3 item 1 and recommendation 1 in the Quality Improvement Plan.	



### 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 supports the delivery of safe care.

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

#### Areas for improvement

1. A legionella risk assessment was carried out by a specialist contractor in October 2013. The risk assessment notes the requirement for a written scheme of legionella control to be implemented. There were records of controls and monitoring measures in place towards the control of legionella although these could not be referenced to a written scheme of control. Since the last legionella risk assessment was carried out the Health and Safety Executive has issued a suite of guidance documents (HSG274) to support the code of practice for the control of legionella. Some of this guidance is particularly relevant to care homes.  
Refer to recommendation 1 in Quality Improvement Plan.
2. RQIA recommend that the person carrying out fire risk assessments in care homes are accredited as defined in guidance on the RQIA website. The status of the assessor who carried out the current risk assessment could not be confirmed.  
Refer to recommendation 2 in Quality Improvement Plan.
3. Apart from an invoice dated November 2015 there was no documentation presented relating to the maintenance of the fire detection and alarm system.  
Refer to requirement 1 in Quality Improvement Plan.
4. There are no arrangements in place for the thermostatic mixing valves to be serviced.  
Refer to requirement 2 in Quality Improvement Plan.

5. In room 51 one edge of a join in the vinyl floor covering was slightly raised and the wardrobe hadn't been re-secured following redecoration of the room. The manager confirmed that these matters would be addressed immediately.
6. On review of the records it was found that neither the certificate nor the results relating to the test of the portable electrical appliances were dated. From invoices it was confirmed that the tests were carried out in November 2015. The Gas Safe certificate relating to the laundry equipment confirms the appliance is safe to use but the part of the certificate confirming satisfactory gas tightness has not been completed.

The inspector advised that these records should be revisited and completed.

<b>Number of requirements</b>	<b>2</b>	<b>Number of recommendations:</b>	<b>2</b>
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#### 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.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 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.

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

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.6 Is the service well led?

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

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.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Linda Kennedy (Registered Manager) and Mr Trevor Gage (Registered Responsible Person), 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 the 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/manager 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 and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [Estates.Mailbox@rqia.org](mailto:Estates.Mailbox@rqia.org) for assessment 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	
Statutory requirements	
<b>Requirement 1</b>  <b>Ref:</b> Regulation 27.-(4)(d)(iv)  <b>Stated:</b> First time  <b>To be completed by:</b> 26 August 2016	It should be confirmed that the maintenance of the fire detection and alarm system is up to date and is being carried out in accordance with good practice.  Reference should be made to BS5839.
	<b>Response by registered provider detailing the actions taken:</b>
<b>Requirement 2</b>  <b>Ref:</b> Regulation 13.-(7) 14.-(2)(a) and (c)  <b>Stated:</b> First time  <b>To be completed by:</b> 26 August 2016	In relation to both the control of legionella and the provision of safe hot water the thermostatic mixing valves should be maintained in accordance with HSG274 Part 2.
	<b>Response by registered provider detailing the actions taken:</b>
Recommendations	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 44  <b>Stated:</b> First time  <b>To be completed by:</b> 26 September 2016	The legionella risk assessment should be reviewed by a competent person. The action plan and scheme of control arising from the assessment should be fully implemented within timescales acceptable to the risk assessor.  Reference should be made to HSG274 Part 2.
	<b>Response by registered provider detailing the actions taken:</b>

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 48</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> By anniversary of current fire risk assessment</p>	<p>RQIA recommend that the person carrying out the review of the fire risk assessment should hold professional body registration or third party certification for fire risk assessment and be registered accordingly with the relevant body.</p> <p>Reference should be made to correspondence issued by RQIA to all registered homes on 31 January 2013 and 02 April 2015 and the guidance contained in:  <a href="http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf">http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf</a>  <a href="http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf">http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf</a></p> <p><b>Response by registered provider detailing the actions taken:</b></p>
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