

Announced Premises Inspection Report

06 July 2016



Rathfriland Manor

Type of Service: Nursing Home

Address: Rosconnor Terrace, Rathfriland, Newry, BT34 5DJ

Tel No: 028 4063 8383

1.0 Summary

An announced premises inspection of name Rathfriland Manor took place on 06 July 2016 from 10:30 to 13:15hrs.

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
Total number of requirements and recommendations made at this inspection	0	6

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs. Rachel McCaffrey, Registered Manager, 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 last premises inspection.

2.0 Service Details

Registered organisation/registered provider: MANOR HEALTHCARE LIMITED / Mr. Eoghain King	Registered manager: Mrs. Rachel McCaffrey
Person in charge of the home at the time of inspection: Mrs. Rachel McCaffrey, Registered Manager	Date manager registered: 01 February 2016
Categories of care: RC-DE, NH-DE, NH-I	Number of registered places: 53

3.0 Methods/processes

Prior to this premises inspection, the following records were reviewed:

- The previous premises inspection report
- The statutory notifications over the past 12 months
- The duty call log.

During this premises inspection discussions took place with the following people:

- Mrs. Rachel McCaffrey, Registered Manager
- Ms. Nicola Watt, Administration Manager
- Mr. Desmond Keown who is responsible for the ongoing maintenance of the premises.

During this premises inspection, the following records were reviewed:

- A range of service records and in-house records relating to the maintenance and upkeep of the premises
- The legionella bacteria risk assessment report
- The fire risk assessment report.

4.0 The Inspection

4.1 Review of requirements and recommendations from the most recent inspection on 01/03/2016

The most recent inspection of this home was an unannounced care inspection, IN022084 on 01 March 2016. The completed QIP for this inspection was returned to RQIA on 11 April 2016 and approved by the care inspector on 13 April 2016. This QIP will be validated by the care inspector at their next inspection.

4.2 Review of requirements and recommendations from the last premises inspection on 28/05/2013

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulations 27(2)(b) 27(2)(c) 27(2)(q) Stated: First time	The ongoing maintenance details in relation to the following issues should be available in the home: <ul style="list-style-type: none"> • The air conditioning unit in the kitchen • The main ventilation system • The thermostatic mixers • The washer/disinfector in the sluice • The Nurse call installation • The generator. 	Partially Met
	Action taken as confirmed during the inspection: The ongoing maintenance details for the main ventilation system, the thermostatic mixing valves, the nurse call system and the generator were presented for review during this premises inspection. The washer disinfector is subject to regular in-house checks but an annual validation is not currently being carried out. It is recommended that the washer/ disinfector should be validated in accordance with the guidance contained in 'Health Technical Memorandum 2030 Washer-disinfectors'. It is understood that the air conditioning unit in the kitchen is seldom used. It is however recommended that this equipment should be serviced at least on an annual basis. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.	

Last care inspection statutory requirements		Validation of compliance
Requirement 2 Ref: Regulations 14(2)(a) 14(2)(c) Stated: Second time	Confirmation that up to date risk assessments are in place for the out opening doors should be provided to RQIA.	Met
	Action taken as confirmed during the inspection: Mrs. Rachel McCaffrey, Registered Manager confirmed that there had been no incidents in relation to the out opening doors and this issue was not considered to present a significant risk to patients or residents.	
Requirement 3 Ref: Regulations 13(7) 27(2)(q) 14(2)(a) 14(2)(c) Stated: Second time	Confirmation that the flexible plumbing connections are WRAS approved should be provided to RQIA.	Met
	Action taken as confirmed during the inspection: WRAS approval was confirmed in the completed QIP for the last premises inspection.	
Requirement 4 Ref: Regulation 13(4) Stated: Second time	Confirmation that the medicine storage cupboards comply with BS 2881:1989, (Security Level 1) should be provided to RQIA.	Met
	Action taken as confirmed during the inspection: This confirmation was provided in the completed QIP for the last premises inspection.	
Requirement 5 Ref: Regulations 27(2)(b) 14(2)(a) 14(2)(c) Stated: First time	The corridor flooring at bedroom 9 in the dementia unit on the ground floor should be reviewed and remedial works should be carried out as required.	Met
	Action taken as confirmed during the inspection: Mrs. Rachel McCaffrey, Registered Manager confirmed that there had been no incidents in relation to the flooring and this was not considered to present a significant risk to patients. This should be kept under review.	

Last care inspection statutory requirements		Validation of compliance
Requirement 6 Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q) Stated: First time	The small 'dead leg' in the plumbing system at the back of one of the washing machines in the laundry should be removed.	Met
	Action taken as confirmed during the inspection: This 'dead leg' had been removed.	
Requirement 7 Ref: Regulations 27(2)(c) 14(2)(a) 14(2)(c) Stated: First time	The two issues identified for attention in the report for the thorough examination of the lift under the Lifting Operations and Lifting Equipment Regulations that was carried out on 20 December 2012 should be addressed and signed off by the Registered Persons.	Met
	Action taken as confirmed during the inspection: The lift was thoroughly examined in December 2015 with no issues being identified for attention. Ms. Watt also confirmed that a further thorough examination was carried out in June 2016. The report for this most recent thorough examination was still pending. It is understood however that no issues were identified for attention during this most recent thorough examination.	

Last care inspection statutory requirements		Validation of compliance
Requirement 8 Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q) Stated: First time	The action plan in the report for the risk assessment for the prevention or control of legionella bacteria in the water systems that was carried out on 19 June 2012 should be signed off by the registered persons. The unblended hot water and cold water temperatures at the sentinel outlets should be tested and recorded each month.	Partially Met
	Action taken as confirmed during the inspection: The legionella risk assessment was reviewed and updated in July 2015. The action plan in the report for this risk assessment had been marked up and signed although not all of the issues had been confirmed as being fully addressed. This action plan should be reviewed and updated to clearly indicate the issues that have still to be fully addressed. Proposals to address these remaining issues should be confirmed to RQIA. Reference should be made to recommendation 2 in the attached Quality Improvement Plan.	
Requirement 9 Ref: Regulations 27(4)(b) 27(4)(d)(i) Stated: Second time	The drawings for the fire alarm system should be reviewed with the Fire Risk Assessor and the fire alarm engineers. Following this review a revised set of floor plans should displayed adjacent to the control panel.	Met
	Action taken as confirmed during the inspection: This issue was not reviewed during this premises inspection. As part of the follow up to the last premises inspection this issue was however confirmed as complete.	
Requirement 10 Ref: Regulations 27(4)(b) 27(4)(d)(i) Stated: Second time	Further fire stopping should be carried out in the water tank room to the ceiling where the pipes pass through.	Met
	Action taken as confirmed during the inspection: This issue had been addressed.	

Last care inspection statutory requirements		Validation of compliance
Requirement 11 Ref: Regulations 27(4)(b) 27(4)(d)(i) 27(4)(d)(iv) Stated: Second time	The fire doors should be reviewed and remedial works should be carried out as required.	Met
	Action taken as confirmed during the inspection: No issues were identified for attention during the sample checks carried out to the fire doors during this premises inspection. The isolating button for one leaf of the double corridor doors adjacent to the lift on the first floor was however missing. Mrs. Rachel McCaffrey, Registered Manager agreed to follow up this issue.	
Requirement 12 Ref: Regulations 27(4)(b) 27(4)(c) 27(4)(d)(i) 27(4)(d)(iv) Stated: First time	The fire risk assessment action plan should be signed off by the registered persons. In addition the following issues should be reviewed: <ul style="list-style-type: none"> • The appropriateness of the fire detectors in a number of locations • The operation of the main front door lock. • The smoke sealing to the fire doors • The adequacy of the door to the linen store on the first floor of the dementia • The adequacy of the fire stopping in the activity store on the first floor • The fire damping to the main ventilation system particularly in the boiler room • The need for an easily accessible fire blanket in close proximity to the area where the patients smoke. The Fire Safety Advisor for the home should be consulted as part of this review. The outcome of this review should be confirmed to RQIA.	Met
	Action taken as confirmed during the inspection: The most recent review of the fire risk assessment was carried out on 29 October 2015. The issues noted above had also been reviewed. Some of the detectors had been changed. The detector in the maintenance store, for example; still appeared to be a heat detector. Sample checks to the fire doors indicated that the doors to the wheelchair store and one of the linen stores did not have a smoke seals fitted. Reference should be made to recommendation 3 in the attached Quality Improvement Plan. Mrs. McCaffrey confirmed that there were not patients in the home who smoked.	

Last care inspection statutory requirements		Validation of compliance
Requirement 13 Ref: Regulation 27(4)(b) Stated: First time	It is important that combustible materials are not stored close to items of switchgear in the stores. The paint stored in the main switchgear room should be removed. It is also important that there are robust procedures in place for controlling contractors who carry out works in the home.	Met
	Action taken as confirmed during the inspection: Sample checks to the stores indicated that combustible materials were not being stored close to items of switchgear. The paint had been removed from the main switchgear room.	
Requirement 14 Ref: Regulations 27(4)(b) 27(4)(f) Stated: First time	This updating of the emergency fire plan should be completed and signed off by the registered persons. Fire drills (day and night time) should then be carried out to validate the updated emergency fire plan.	Met
	Action taken as confirmed during the inspection: This issue was not reviewed during this premises inspection. As part of the follow up to the last premises inspection however, it was confirmed that the emergency fire plan had been completed and day and night time fire drills had been carried out. It was noted during this premises inspection that the most recent fire drills were carried out on 17 October 2015, 26 April 2016 and 09 May 2016.	
Requirement 15 Ref: Regulations 27(4)(b) 27(4)(d)(i) 27(4)(d)(iv) Stated: First time	The report for the most recent quarterly inspection and test to the fire detection and alarm installation should be available in the home. The date for the most recent quarterly inspection and test to the fire detection and alarm system should be confirmed to RQIA.	Met
	Action taken as confirmed during the inspection: The reports for the inspections and servicing of the fire detection and alarm system were presented for review during this premises inspection. The fire detection and alarm system was inspected and serviced on 25 November 2015 and again on 04 March 2016.	

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 carried out in line with the guidance issued by RQIA in relation to fire risk assessors. 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. The window openings were controlled. The restrictors used to control the window openings were not however fixed in place with tamper proof screws. It is recommended that the window restrictors should be fixed in place with tamper proof screws. Reference should be made to recommendation 4 in the attached Quality Improvement Plan.
2. The wardrobes were not fixed in position. It is recommended that all wardrobes should be fixed in position. Reference should be made to recommendation 4 in the attached Quality Improvement Plan.
3. The double doors to the lounge in the Millar Suite were closing too fast. These doors should be adjusted so that the closing speed is properly controlled. Reference should be made to recommendation 4 in the attached Quality Improvement Plan.
4. The most recent gas safety inspection to the kitchen equipment was carried out on 07 August 2015. The report for this inspection recommended the installation of a second stage regulator. This should be followed up. Reference should be made to recommendation 5 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.

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.

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

This supports the delivery of compassionate care.

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.

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

The registered manager 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. Reference should however be made to section 4.6.1 in the areas for improvement noted below.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.
This supports a well led service.

One issue was however identified for attention during this premises inspection. This is detailed in the 'areas for improvement' section below.

Areas for improvement

1. Two issues from the Quality Improvement Plan for the last premises inspection on 28 May 2013 had not been fully addressed. The arrangements for ensuring that all of the issues included in Quality Improvement Plans for RQIA reports are fully addressed within the timescales should be reviewed and improved as required. Reference should be made to recommendation 6 in the attached Quality Improvement Plan.

Number of requirements	0	Number of recommendations:	1
-------------------------------	---	-----------------------------------	---

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs. Rachel McCaffrey, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered persons 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 persons 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 in respect of Rathfriland Manor Nursing Home. 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 persons meet the legislative requirements based on the 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 persons may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered responsible person should confirm that these actions have been completed and return completed QIP to Estates.Mailbox@rqia.org.uk 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 persons 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 persons with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Recommendations	
Recommendation 1 Ref: Standard 47 Stated: First time To be completed by: 09 September 2016	<p>It is recommended that the washer/ disinfectant should be validated in accordance with the guidance contained in 'Health Technical Memorandum 2030 Washer-disinfectors'. A copy of the validation report should be forwarded to RQIA. It is also recommended that ventilation equipment in the kitchen should be serviced at least on an annual basis.</p> <p>Response by registered provider detailing the actions taken: Arrangements have been made for JY hygiene to come validate the washer/ disinfectant before the 9th september as recommended and ongoing yearly validation there after.</p>
Recommendation 2 Ref: Standard 47 Stated: First time To be completed by: 09 September 2016	<p>The action plan in the legionella risk assessment report should be reviewed and updated to clearly indicate the issues that have still to be fully addressed. Proposals to address these remaining issues should be confirmed to RQIA.</p> <p>Response by registered provider detailing the actions taken: currently reviewing legionella risk assessment and will update inspector on the 9/9/16</p>
Recommendation 3 Ref: Standard 48 Stated: First time To be completed by: 09 September 2016	<p>A check should be carried out in relation to the type of fire detectors installed in the premises and if all of the fire doors are fitted with smoke seals. The outcome of this check and the proposed action to be taken in relation to same should be confirmed to RQIA.</p> <p>Response by registered provider detailing the actions taken: arrangements in place to place smoke seals in stores identified by the inspector , all detectors checked by atlas , all appropriate for area of use except one linen store that had heat detector, awaiting quotation for work to change to smoke detector, manager will confirm by 9/9/16</p>
Recommendation 4 Ref: Standard 47 Stated: First time To be completed by: 09 September 2016	<p>The need to fix the window restrictors in place with tamper proof screws should be reviewed. It is also recommended that all wardrobes should be fixed in position. The double doors to the lounge in the Millar should be adjusted so that the closing speed is properly controlled.</p> <p>Response by registered provider detailing the actions taken: closing speed to lounge doors adjusted. need for wardrobes to be fixed to wall reviewed and dementia units only secured at present . review of need for tamper proof screws ongoing.</p>

Quality Improvement Plan	
Recommendations	
Recommendation 5 Ref: Standard 47 Stated: First time To be completed by: 09 September 2016	<p>The issue in relation to the second stage regulator for the gas equipment in the kitchen should be followed up.</p> <p>Response by registered provider detailing the actions taken: Regulator inspected by representative from Calor. Advised current regulators are safe. However, have received a quote for upgrade of regulator by EB Gas and confirmed intention to have work done. Deposit paid and currently awaiting confirmation of date for commencement of works.</p>
Recommendation 6 Ref: Standard 35 Stated: First time To be completed by: 09 September 2016	<p>The arrangements for ensuring that all of the issues included in Quality Improvement Plans for RQIA reports are fully addressed within the timescales should be reviewed and improved as required.</p> <p>Response by registered provider detailing the actions taken: Quality improvement plans will be addressed within time scales.</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

Assurance, Challenge and Improvement in Health and Social Care