

Announced Premises Inspection Report 19 April 2016



Rathowen

Address: 118 Portadown Road, Tandragee BT62 2LT

Tel No: 028 3884 0226

Inspector: Raymond Sayers

1.0 Summary

An announced premises inspection of Rathowen took place on 19 April 2016 from 10.15 to 12.05hrs.

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 person. Refer to section 4.3.

Is care effective?

On the day of the inspection the premises supported the delivery of effective care. Some issues were however identified for attention by the registered person. 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:

- Standard 44: Premises
- Standard 47: Safe and Healthy working Practices
- Standard 48: Fire Safety

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	4

Details of the QIP within this report were discussed with Ms. Allison Wylie, 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 items detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service Details

Registered organisation/registered person: Mr Desmond Joseph Watt	Registered manager: Ms. Allison Wylie
Person in charge of the home at the time of inspection: Ms. Allison Wylie	Date manager registered: 02 December 2015
Categories of care: NH-I, NH-I	Number of registered places: 19

3.0 Methods/processes

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

During the inspection the inspector met with: four residents, kitchen, laundry and building maintenance staff.

The following records were examined during the inspection: Copies of building services certificates, building user log books relating to maintenance inspections of building engineering services, legionellae risk assessment, and fire risk assessment.

4.0 The Inspection

4.1 Review of requirements and recommendations from the previous inspection dated 03/12/14

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the medicines management inspector on 05 November 2014.

4.2 Review of requirements and recommendations from the last premises inspection dated 09/07/13

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulations 14. (2)(a) & (c) Stated: First time	Complete a condition survey of all window opening casements, assess and evaluate health and safety risk and install 100mm window opening casement restriction as required by a risk assessment works action plan.	Met
	Action taken as confirmed during the inspection: Risk assessment completed and restrictor installed.	
Requirement 2 Ref: Regulations 27. (4)(d)(i) Stated: First time	Complete a survey of all bedroom fire doors, draft an improvement works action plan and implement prioritised corrective/improvement works to ensure that the doors comply with FD30S fire resistance specification. All bedroom doors must have automatic self-closing devices installed in compliance with Northern Ireland Fire & Rescue Service requirements.	Partially Met
	Action taken as confirmed during the inspection: Some repairs implemented; works continuing to complete fire risk assessment report recommendations.	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 32.1 Stated: First time	Inspect all space heating radiators and implement a planned redecoration works programme.	Met
	Action taken as confirmed during the inspection: Repair works completed.	
Recommendation 2 Ref: Standard 32.9 Stated: First time	Submit verification that the electrical installation is currently compliant with the Electricity at Work Regulations.	Met
	Action taken as confirmed during the inspection: Records reviewed and compliant.	

Recommendation 3 Ref: Standard 32.9 Stated: First time	Submit verification that the laundry gas appliances are inspected and tested by a valid gas safe register engineer.	Met
	Action taken as confirmed during the inspection: Certificate submitted and deemed compliant.	
Recommendation 4 Ref: Standard 32.9 Stated: First time	Submit a currently valid copy of the stair-lift Lifting Operations and Lifting Equipment Regulations (LOLER) thorough examination report.	Met
	Action taken as confirmed during the inspection: Certificate submitted and deemed compliant.	
Recommendation 5 Ref: Standard 36.4 Stated: First time	Liaise with a fire safety consultant an arrange to have staff fire safety awareness training completed in compliance with Standards 36 of the Nursing Homes Minimum Standards 2008.	Met
	Records reviewed; implemented.	

4.3 Is care safe?

A range of building services maintenance documents were presented for review during this estates inspection. This documentation included: risk assessments, inspection and test reports for various elements of the engineering services.

Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this estates 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 patients, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment, which was completed by a risk assessor holding professional body registration for fire risk assessors. This supports the delivery of safe care.

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

Areas for improvement

1. Some fire risk assessment remedial works were implemented however some minor works were yet to be completed; the registered manager states that the remaining upgrade works will be implemented; several fire doors need the installation of smoke brushes at door frame/door junction. All bedroom doors have self-closer devices installed. The October 2015 fire risk assessment deems the risk to be tolerable.

Refer to Quality Improvement Plan Recommendation 1.

2. The first floor final exit door to the external escape stairway was not alarmed to monitor potential unauthorised access/egress.

Refer to Quality Improvement Plan Recommendation 2.

3. BS7671 Periodic Inspection Report for the electrical installation dated 15 April 2016 was received and reviewed; Several C2 observations/improvements are listed. The registered manager indicates that the report will be assessed, and a prioritised works action plan will be drafted for implementation.

Refer to Quality Improvement Plan Recommendation 3.

4. The laundry appliances gas safe inspection/test certificate was not available for inspection. Gas safe inspection report submitted for approval on 28 April 2016.

5. The Legionella risk assessment sentinel tap monitoring control checks indicate that the hot water return temperature recorded does not achieve 55 degrees centigrade, as recommended by HSG274. The registered manager states that this issue is currently being investigated and remedial actions will be implemented.

Refer to Quality Improvement Plan Recommendation 4.

6. Space heating radiators are not low surface temperature (LST) in specification. The registered manager indicates that a hot surfaces health and safety risk assessment will be implemented to eliminate/reduce risk to service users.

Number of requirements:	0	Number of recommendations:	4
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4.4 Is care effective?

There are arrangements in place for routine premises management plus emergency break-down repairs. Service users are involved, where appropriate in decisions around the upkeep of the premises.

The registered manager states that an external redecoration works will be completed during the summer months.

This supports the delivery of effective care.

There were no issues identified for attention during this estates 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 presented, comfortable, clean, free from malodours and adequately lit

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

The patients interviewed during the inspection indicate that they were very comfortable and happy with the environmental standards within the care home.

This supports the delivery of compassionate care.

No areas for improvement were 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 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 person has dealt appropriately with 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 other statutory regulators where appropriate.

This supports a well led service.

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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5.0 Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. 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 person/manager meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 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 person may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to estates.mailbox@rqia.org.uk and assessed 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 person/manager 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 person/manager 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 fire risk assessment action plan schedule.</p>	<p>The registered person should complete the remaining fire risk assessment action plan recommendations.</p> <p>Response by Registered Manager Detailing the Actions Taken: work has commenced to complete fire risk assessment recommendations.</p>
<p>Recommendation 2</p> <p>Ref: Standard 47.1</p> <p>Stated: First time</p> <p>To be Completed by: 2 August 2016</p>	<p>The registered person should consider installing an alarm monitor on the first floor final exit door leading onto the external escape stairway.</p> <p>Work has commenced to fit an alarm monitor on first floor final exit door leading onto the external escape..</p>
<p>Recommendation 3</p> <p>Ref: Standard 47.1</p> <p>Stated: First time</p> <p>To be Completed by: In accordance with periodic inspection report recommendations</p>	<p>The registered person should assess, prioritise and implement the BS7671 electrical installation report recommendations.</p> <p>Response by Registered Manager Detailing the Actions Taken: The contractor has been contacted and the remaining work has commenced as stated in the electrical installation report</p>
<p>Recommendation 4</p> <p>Ref: Standard 47.1</p> <p>Stated: First time</p> <p>To be Completed by: 1 September 2016</p>	<p>The registered person should complete a review of the legionella risk assessment, ensuring that system repairs are implemented to provide effective water temperature controls. Periodic maintenance service inspections of the Thermostatic Mixing Valves should be incorporated in the legionella prevention controls.</p> <p>Response by Registered Manager Detailing the Actions Taken: The contractor has been contacted and are awaiting a date to commence system repairs. and periodic maintenance checks are being carried out</p>

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



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