

# Announced Premises Inspection Report 05 January 2017



## Rockfield Care Centre

**Type of Service: Nursing Home**  
**Address: Windmill Road, Newry, BT34 2QW**  
**Tel No: 028 3026 9546**  
**Inspector: K. Monaghan**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced premises inspection of Rockfield Care Centre took place on 05 January 2017 from 10:30hrs to 13:20hrs.

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 some issues were identified for attention by the registered persons. Reference should be made 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>	0	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms. Ciara Power, Registered Manager and Mr. Gavin Kelly who deals with the premises issues for the home, 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

There were no further actions required to be taken following the most recent premises inspection.

## 2.0 Service Details

<b>Registered Provider / Responsible Individual:</b> Burnview Healthcare Ltd / Mrs. Briege Agnes Kelly	<b>Registered manager:</b> Ms. Ciara Power
<b>Person in charge of the home at the time of inspection:</b> Ms. Ciara Power, Registered Manager	<b>Date manager registered:</b> 31 March 2014
<b>Categories of care:</b> NH-I, RC-I, NH-MP, NH-PH	<b>Number of registered places:</b> 34

## 3.0 Methods/processes

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

- The report for the previous premises inspection on 09 January 2015
- The statutory notifications over the past 12 months
- The concerns log. (No concerns logged)

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

- Ms. Ciara Power, Registered Manager
- Mr. Gavin Kelly who deals with the premises issues for the home.

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 22 September 2016

The most recent inspection of this nursing home was an unannounced medicines management inspection IN026259 on 22 September 2016. The completed QIP for this inspection has still to be returned to RQIA. This QIP will be validated by the pharmacy inspector at their next medicines management inspection.

### 4.2 Review of requirements and recommendations from the last premises inspection on 09 January 2015

No requirements or recommendations were made during the last premises inspection on 09 January 2015. A review of the requirements or recommendations was not therefore relevant.

### 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 in line with the guidance from RQIA in relation to the competency of 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 'comments and areas for improvement' section below.

## Comments and areas for improvement

1. The fire detection and alarm system was inspected and serviced on 07 December 2016. The report for this inspection and service confirmed that the installation was in a satisfactory condition. The report however identified one issue for improvement which related to the isolating switch for the control and indicating panel. As this was not considered to be critical it will be addressed as the opportunity presents. Subsequent to this premises inspection Mr. Kelly confirmed to RQIA that a new isolating switch was fitted on 05 January 2017.
2. The emergency lights were inspected and tested on 30 May 2016 and again on 07 December 2016. The report for the December 2016 inspection and test identified three light fittings that required to be replaced. These light fitting had however been sourced and the engineer arrived in the home during this premises inspection to install same.
3. The fire risk assessment was reviewed and updated on 14 September 2016. The overall assessment of the fire risk in the home was evaluated as 'Tolerable'. The report for this fire risk assessment identified a number of issues for attention. Most of these issues had been signed off as complete in the action plan. Two issues remained to be addressed. These two issues related to the re-zoning of the fire detection and alarm system in the roof space and the replacement of the doors to the kitchen. Mr. Kelly confirmed that the replacement of the kitchen doors would be completed as part of the major refit to the kitchen which was currently being planned. In the interim it was agreed that the smoke sealing along the hinge side of the right hand leaf (as viewed from the dining room side) of the double doors to the kitchen would be improved to provide an effective seal to these doors. The issue in relation to the re-zoning of the fire detection and alarm system in the roof space should be reviewed with the fire risk assessor and the fire alarm engineers to agree the best way to address this issue. Subsequent to this premises inspection Mr. Kelly confirmed to RQIA that he had spoken with the fire alarm engineers on the afternoon of 05 January 2017 regarding the large roof space zone and the fire alarm engineer is going to communicate directly with the fire risk assessor in order to devise a suitable solution to this issue. RQIA should be kept up to date with progress in relation to this issue. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.
4. The existing fire detection and alarm system was discussed in relation to the overall type of system in place. The existing fire detection and alarm system is a zonal system. This type of system remains acceptable as long as it continues to operate effectively. The benefits of replacing this system with a new fully addressable system to the most recent standard were however identified for consideration by the registered persons as part of the future continuous improvement plans for the home.
5. The first aid fire-fighting equipment was serviced on 04 October 2016. Fire drills were carried out on 05 November 2016, 17 November 2016 and 12 December 2016. Fire training was provided by the fire risk assessor on 14 September 2016. Ms. Power also confirmed that a further fire training session by the fire risk assessor had been arranged for 12 January 2017.

## Comments and areas for improvement

6. A gas safety inspection for the cooker was carried out on 20 December 2016. A gas safety inspection for the laundry equipment was also carried out on 04 January 2017. The reports for these gas safety inspections confirmed that this equipment was safe to use. In addition to the gas safety inspections of the equipment there is a section of the external gas pipework that is to be replaced. Mr. Kelly confirmed that arrangements were being made to carry out this work. In addition to this work, a check should be carried out to establish if an enclosure is required for the second bulk gas tank in the courtyard area of the home.
7. The fixed wiring installation was inspected and tested on 22 April 2013 with a five year retest recommendation. The report for this inspection and test confirmed that the installation was in a satisfactory condition. The report however included code C3 (consider for improvement) issues that related to residual current device (RCD) protection. If it is not proposed to upgrade the level of shock protection to the installation this issue should be kept under review on the basis of ongoing risk assessment.
8. The most recent inspection and test to the electrical equipment was completed on 02 April 2015. Mr. Kelly confirmed that in addition to the inspections and tests carried out by the outside engineers there were procedures in place for the maintenance person in the home to check the electrical equipment and a further external inspection and test would be arranged in due course.
9. The most recent thorough examinations to the patient lifting equipment were carried out on 14 December 2016 by the insurance engineer. The reports for these thorough examinations were still pending. Ms. Power however confirmed that there was no verbal feedback from the engineer to indicate that there were any issues with this equipment. Subsequent to this premises inspection Mr. Kelly forwarded copies of the reports for the thorough examinations that were carried out on 14 December 2016. These reports confirmed that there were no defects with the equipment. The report however indicated that the safe working load should be marked on the slings. This issue should be followed up.
10. The standby electrical generator was serviced on 23 February 2016. In addition the generator is run for 20 minutes each month with the most recent test having been carried out on 08 December 2016.
11. The nurse call system was serviced on 30 May 2016. The report for this service indicated that there was no battery back up to this system in some areas of the home. Mr. Kelly however confirmed that consideration was being given to upgrading the existing nurse call system and prices were currently being obtained for this work.
12. The next annual service of the washer/disinfectors in the sluice rooms was due. One of the washer/disinfectors is not working and is to be decommissioned and removed from the home. A review in relation to the need to retain two washer/disinfectors should be carried out. The infection control advisor and the RQIA nursing inspector for the home should be consulted as part of this review. The outcome of this review should be confirmed to RQIA. In addition the next annual service of the washer/disinfectors that is still being used in the home should be carried out. Reference should be made to recommendation 2 in the attached Quality Improvement Plan.

## Comments and areas for improvement

13. The report for the servicing of the heating boilers presented for review during this premises inspection indicated that the heating boilers were serviced on 14 April 2015. Ms. Power agreed to check the position in relation to the most recent service of the heating boiler and to forward a copy of the report for same to RQIA. Subsequent to this premises inspection Mr. Kelly confirmed to RQIA that the heating boiler engineers visited the home on 06 January 2017 to assess the boilers with a view to completing the next service in week beginning 09 January 2017.
14. The record for the most recent monthly check to the water temperatures was not presented for review during this premises inspection. Mr. Kelly advised that a new system for recording these checks was being implemented. It was agreed that the water temperatures throughout the home (unblended hot, blended hot and cold water temperatures) would be checked and the results recorded using the new record system. A copy of this record should be forwarded to RQIA. Subsequent to this premises inspection Mr. Kelly forwarded this information to RQIA.
15. A water hygiene risk assessment was carried out on 23 June 2015 with a two year review date. The report for this risk assessment identified a range of issues to be addressed. Ms. Power confirmed that as far as she was aware these issues had been resolved with the exception of the 'dead leg' to the pipework in the kitchen and this would be addressed with the planned kitchen refurbishment. In addition to this Mr. Kelly confirmed that most of the thermostatic mixing valves would be replaced as part of the ongoing refurbishment works in the home and arrangements had been made to complete a new baseline water hygiene risk assessment in March 2017. The new risk assessment will also include the provision of a schematic drawing for the water systems in the premises. In the meantime the water outlets in the store above the boiler room should be flushed daily, the return temperatures for the unblended hot water should be increased to 55° C, the short 'dead legs' in the new store room opposite bedroom 5 (Opal Suite) should be removed and the action that should be taken at this stage in relation to the 'dead leg' pipework in the kitchen should be agreed with the legionella risk assessor. Reference should be made to recommendation 3 in the attached Quality Improvement Plan.
16. Mr. Kelly confirmed that the fire doors throughout the home were being replaced with new fire/smoke doors as part of the ongoing programme of refurbishment. In this regard it was noted that some of these new doors had already been installed. The door to bedroom 2 (Quartz Suite), the corridor door at bedroom 4 (Quartz Suite) and the corridor door at bedroom 7 (Emerald Suite) required minor adjustment at this stage to ensure that they latch fully with the self-closing devices. Arrangement where however made during this premises inspection to adjust these doors.
17. Ms. Power confirmed that there are currently two patients who smoke. These patients smoke in an area outside the home and both are accompanied by staff who hold the smoking materials and assist with lighting the cigarettes. Ms. Power agreed to provide an easily accessible fire blanket in close proximity to the area used for smoking.
18. The door to the office was wedged open. This was however removed. Consideration should also be given to installing a hold open device linked to the fire detection and alarm system to address this issue.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>3</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.

No areas for improvement were identified during the inspection.

<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.

It is good to report that the car park for the home had been resurfaced recently and improvement works had been carried out to the garden area to the rear of the home to enhance the outlook. In addition a major programme of refurbishment was underway in the home. This refurbishment includes, for example the installation of new doors thorough the home, upgrading the bedrooms, improving the communal washing facilities and refitting the kitchen. Most of the work to the communal washing facilities had been completed and work on the first three bedrooms had also been carried out. These works represent very valuable improvements to the premises and are therefore to be commended.

This supports the delivery of compassionate care.

No areas for improvement were identified during the inspection.

<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.



No areas for improvement were identified during the inspection.

<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 this QIP were discussed with Ms. Ciara Power, Registered Manager and Mr. Gavin Kelly who deals with the premises issues for the home, 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 this 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](mailto: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><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 48</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 24 February 2017</p>	<p>The smoke sealing along the hinge side of the right hand leaf (as viewed from the dining room side) of the double doors to the kitchen should be improved to provide an effective seal to these doors. The issue in relation to the re-zoning of the fire detection and alarm system in the roof space should be reviewed with the fire risk assessor and the fire alarm engineers to agree the best way to address this issue. The plans to address this issue should be confirmed to RQIA.</p> <p><b>Response by registered provider detailing the actions taken:</b> Fire door stop installed in kitchen door. Doors to be replaced in 2-3 months. Fire zones to be subdivided as agreed between Fire Risk Assessor and Fire Alarm Engineer.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 47</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 24 February 2017</p>	<p>A review in relation to the need to retain two washer/disinfectors should be carried out. The infection control advisor and the RQIA nursing inspector for the home should be consulted as part of this review. The outcome of this review should be confirmed to RQIA. In addition the next annual service of the washer/disinfectors that is still being used in the home should be carried out.</p> <p><b>Response by registered provider detailing the actions taken:</b> Two washer/disinfectors will be retained. Servicing will take place after refurbishment of the two sluice rooms in next 4-6 weeks.</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 47</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Ongoing</p>	<p>The water outlets in the store above the boiler room should be flushed daily, the return temperatures for the unblended hot water should be increased to 55° C, the short 'dead legs' in the new store room opposite bedroom 5 (Opal Suite) should be removed and the action that should be taken at this stage in relation to the 'dead leg' pipework in the kitchen should be agreed with the legionella risk assessor.</p> <p><b>Response by registered provider detailing the actions taken:</b> Return water temperature increased to 55oc. Dead legs removed in new store. Kitchen store outlets flushed daily. Kitchen dead leg will be dealt with during kitchen refurbishment.</p>

*\*Please ensure this document is completed in full and returned to [Estates.Mailbox@rqia.org.uk](mailto:Estates.Mailbox@rqia.org.uk) from the authorised email address\**



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