

Unannounced Estates Inspection Report 14 February 2020



Sanville

Type of Service: Residential Care Home
**Address: 17b Annagher Road, Coalisland,
Dungannon, BT71 4NE**
Tel No: 028 8774 8005
Inspector: Raymond Sayers

www.rqia.org.uk

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a nursing home with is registered to provide nursing care for up to 40 persons.

3.0 Service details

Organisation/Registered Provider: Sanville Responsible Individual(s): Brendan Gervin	Registered Manager: Claire Reid
Person in charge at the time of inspection: Claire Reid	Date manager registered: 07 July 2017
Categories of care: NH-I, NH-PH, NH-LD, NH-LD(E), NH-MP(E), NH-MP	Number of registered places: 40

4.0 Inspection summary

An announced inspection took place on 14 February 2020 from 13.30 to 16.00.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

The inspection assessed progress with any areas for improvement identified during and since the last premises inspection and to determine if the service was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the recording and maintenance of building services verification details.

Areas requiring improvement were identified:

- Assurance that the electrical installation BS7671 periodic inspection report was currently valid; inspection completed 28 February 2020, verified by e-mail 2 March 2020.
- Review of fire risk assessment report; review completed 3 March 2020.
- Window cill repair works completion. Repair works completed 27 February 2020; verified by digital image submission 27 February 2020.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Claire Reid, Manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection

No further actions were required to be taken following the most recent inspection on 21 January 2019.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- recent inspection reports and returned QIPs
- recent correspondence with the service
- the establishment related incidents reported to RQIA since the last premises inspection

The following records were examined during the inspection:

- service records and log books relating to the maintenance of the building and engineering services,
- legionellae risk assessment,
- fire risk assessment

During the inspection we met with Ms Claire Reid, registered manager and Mrs Sharon Loane, Operations Manager.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 31 January 2020

The most recent inspection of the service was an unannounced care inspection. There were no areas for improvement made as a result of the inspection.

There were no areas for improvement made as a result of the last premises inspection.

6.3 Inspection findings

Health & Safety

The passenger lift LOLER inspection had been completed on 13 February 2020; the report had not yet been received by the home management. LOLER report submitted by e-mail 27 February 2020.

The electrical installation BS7671 Periodic Inspection Report for the electrical installation was completed on 13 July 2017. The recommended review date was 13 July 2018; the report review is overdue.

The registered manager stated that this item would be rectified. BS7671 report submitted by e-mail 2 March 2020.

A number of the window cills located at first floor level had developed cracks. Previous repair works had been implemented but cracking had occurred again.

Repairs completed and verified by submission of digital images 27 February 2020.

Fire safety

We were informed that a fire risk assessment review had been completed on 16 January 2020, the FRA report had not yet been received by the home management.

Review completed 3 March 2020, verified by e-mail.

It was noted that a number of corridor double leaf fire doors required adjustment to ensure 'cold' smoke-seal barriers were not compromised. Management directed staff to rectify the defective fire door issues immediately. Verified by e-mail as complete 28 February 2020.

Environment

Several corridor floor finish butt joints have become defective and require repair.

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

A range of documents related to the maintenance of the establishment was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the building engineering services, and risk assessments.

Documentation relating to the safe operation of the establishments installations and engineering services was also presented for review during this premises inspection.

A range of fire protection measures are in place for the establishment. This includes a fire detection and alarm system, emergency lighting installation, 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 establishment 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.

These measures support the delivery of safe care.

Areas of good practice

Building engineering services and fire safety controls were maintained in compliance with good practice.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

There are arrangements in place for routine premises maintenance, as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the maintenance of the establishment.

This supports the delivery of effective care.

Areas of good practice

Effective maintenance works maintain the premises in a good condition. Renovation works are currently progressing in first floor accommodation.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The areas of the establishment 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 their private accommodation where appropriate.

This supports the delivery of compassionate care.

Areas of good practice

Repair works are arranged to limit disruption to patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

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 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.

Areas of good practice

Maintenance servicing of building engineering services and the environment are completed in a well-planned manner.

Areas for improvement

There are no areas of improvement listed as requiring remedial action.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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