



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

ANNOUNCED ESTATES INSPECTION

Inspection No: INO21017
Establishment ID No: 1538
Name of Establishment: St Macartans
Date of Inspection: 3 February 2015
Inspector's Name: Raymond Sayers

1.0 GENERAL INFORMATION

Name of Home:	St Macartans
Address:	74 Main Street Clogher BT76 0AA
Telephone Number:	028 8554 8250
Registered Organisation/Provider:	Kilmorey Care Ltd.
Registered Manager:	Ms. Veronica McElmurray
Person in Charge of the Home at the time of Inspection:	Ms. Veronica McElmurray
Other person(s) consulted during inspection:	Mr. Hugh Bennett (Maintenance Operative)
Type of establishment:	Nursing Home
Number of Registered Places:	33
Date and time of inspection:	3 February 2015 1.30pm – 4.30hpm
Date of previous estates inspection:	30 May 2013
Name of Inspector:	Raymond Sayers

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes.

This is a report of an announced inspection to assess the quality of the premises and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. The report details the extent to which the standards measured during inspection were met.

3.0 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the premises and grounds were safe, well maintained and remain suitable for their stated purpose in compliance with legislative requirements and current minimum standards. This was achieved through a process of evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards.

The aims of the inspection were to examine the estates related policies, practices and monitoring arrangements for the provision of Nursing Homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003;
- The Nursing Homes Regulations (Northern Ireland) 2005;
- Nursing Homes Minimum Standards (DHSSPS, 2008).

Other published standards which guide best practice may also be referenced during the Inspection process.

4.0 METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with the person in charge;
- Examination of records;
- Inspection of the home internally and externally. Patients' private bedrooms were only inspected when unoccupied and permission was granted;
- Evaluation and feedback.

Any other information received by RQIA about this registered provider has also been considered by the Inspector in preparing for this inspection.

5.0 CONSULTATION PROCESS

During the course of the inspection, the Inspector spoke to Ms. Veronica McElmurray and Mr. Hugh Bennett.

6.0 INSPECTION FOCUS

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Nursing Homes Minimum Standards and to assess progress with the issues raised during and since the previous inspection:

Standards inspected:

- Standard 32 - Premises and grounds;
- Standard 35 - Safe and healthy working practices;
- Standard 36 - Fire Safety.

7.0 PROFILE OF SERVICE

St Macartans is located in the town of Clogher and provides care for the following categories of care:

Nursing Care

NH (I) - Old age not falling within any other category

NH – LD – Learning Disability

NH-PH - Physical disability (under 65 years)

NH – PH (E) – Physical disability other than sensory impairment

NH-DE (8) Nursing Dementia

Residential Care

RC – Residential care

RC – LD - Learning disability (maximum of 6 service users in the category learning disability)

The home comprises of: nine single and 20 double bedrooms, two sitting rooms, a conservatory, an activity room, two dining rooms, an oratory, a kitchen, a laundry, toilet and washing facilities, staff accommodation and offices over four floors.

The grounds around the home are spacious and well maintained.

8.0 SUMMARY

Following the Estates inspection of St Macartans on 3 February 2015, improvements are required to comply with the Nursing Homes Regulations (Northern Ireland) 2005 and the criteria outlined in the following standard:

- Standard 32 - Premises and grounds;

The inspection resulted in two recommendations listed in the quality improvement plan appended to this report.

The internal building fabric, finishes and services are maintained to a good standard. The exterior painted surfaces have deteriorated severely and redecoration should be scheduled.

The Estates Inspector would like to acknowledge the assistance of Ms. Veronica McElmurray during the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from previous inspection

Some issues raised in the report of the previous estates inspection on 30 May 2013 have been addressed. One issue requires further attention and is restated in the relevant section of the attached quality improvement plan subtitled 'restated recommendations/requirements'.

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
1	Regulations 14.(2)(a),(b) & (c)	Submit verification that the emergency generator has received periodic maintenance/inspection servicing in the previous twelve month period, in compliance with manufacturer's recommendations.	Completed and certificate submitted.	Compliant.
2	Regulations 14.(2)(a),(b) & (c)	Submit verification that the Lifting Operations and Lifting Equipment Regulations (LOLER) thorough examination report recommendations for the passenger lift have been assessed and any requisite corrective works implemented.	Completed and certificate submitted.	Compliant.
3.	Regulation 27.(4)(a)	Assess the HTM84 fire safety risk assessment	Implemented.	Compliant.

		report recommendations; arrange and implement a prioritized corrective/improvement works programme		
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No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Comments
4.	Standard 32.1	Repair kitchen dry goods store wall damp penetration defect and replace interior wall finish.	Wall repairs completed.	Compliant.
5.	Standard 32.1	Complete an inspection of all bedroom vanity unit doors, arrange and implement a repair/replacement works programme.	Repairs and replacement programme progressing.	Compliant.
6.	Standard 32.1	Complete a condition survey of all exterior decorated surfaces and arrange a planned redecoration works programme.	Works not implemented.	Not compliant.
7.	Standard 35.1	Verify that oxygen cylinders are stored in accordance with SABS EFA-2010-008.	Completed.	Compliant.

9.2 Standard 32 - Premises and grounds - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

9.2.1 There was evidence of maintenance activity and procedures; the building and engineering services however require some attention in order to comply with this standard. Items requiring corrective action by the registered person are detailed in report items 9.2.2 - 9.2.5. Requirements and recommendations are listed in the attached Quality Improvement Plan section titled '**Standard 32 - Premises and grounds**'.

9.2.2 Exterior decorated surfaces are severely deteriorated; window frames paintwork is peeling and will lead to timber rot developing if paint repairs are not implemented.
(Reference: Quality Improvement Plan Item 1)

9.2.3 Laundry room wall tiles are damaged due to removal of fixing screws and several tiles are cracked.
(Reference: Quality Improvement Plan Item 2)

9.2.4 Kitchen trap door is soiled; Mr. Bennett stated it will be redecorated.

9.2.5 Conservatory support timbers are rotting due to damp ingress; Ms. McElmurray stated that it is planned to replace the conservatory structure.

9.3 Standard 35 - Safe and healthy working practices - *The home is maintained in a safe manner*

9.3.1 Safe and healthy working practices are evident in the home, compliant with this standard. There have been no issues identified for corrective/improvement works attention by the registered person in relation to this standard.

9.3.2 The electrical installation Periodic Inspection Report IPR3/0071185 was completed on 30 May 2014 and is valid for five years.

9.3.3 Passenger lift and hoisting appliances are subjected to Lifting Operations & Lifting Equipment Regulations (LOLER) Regulation 9 'thorough examinations' at six monthly intervals.

9.3.4 The gas safe engineer safety report for the laundry and kitchen gas appliances was completed on 16 September 2014.

9.4 Standard 36: Fire safety - *Fire safety precautions are in place that reduce the risk of fire and protect patients, staff and visitors in the event of fire.*

9.4.1 Fire safety procedures implemented in the home are compliant with this standard. Records inspected demonstrate good attention to fire safety matters.

The fire risk assessment was completed by an accredited fire risk assessor in February 2014 and a review is scheduled.

Risk assessment recommendations were verified as complete in April 2014. There have been no issues identified for corrective/improvement works attention by the registered person in relation to this standard.

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement plan appended to this report were discussed with Ms. Veronica McElmurray during the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the quality improvement plan.

11.0 Enquiries

Enquiries relating to this report should be addressed to:

**Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT**



Quality Improvement Plan

Announced Estates Inspection

St Macartans Nursing Home, RQIA ID 1538

3 February 2015

QIP Position Based on Comments from Registered Persons (for RQIA use only)			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.					
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.	X	X		R.Sayers	11/03/2015
C.	Clarification or follow up required on some items.					

NOTES:

The details of the quality improvement plan were discussed with Ms. Veronica McElmurry during the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by patients.

The registered provider is required to record comments on the quality improvement plan.

The quality improvement plan is to be completed by the registered provider and registered manager and returned to estates@rqia.org.uk.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Veronica McElmurry
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Peggy O Neill

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Assurance, Challenge and Improvement in Health and Social Care

Standard 32 - Premises and grounds

The following requirements and recommendations should be noted for action in relation to Standard 32 - Premises and grounds

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
		N/A		
Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
		N/A		
Item	Standard Reference	Restated Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
1.	Standard 32.1	“Complete a condition survey of all exterior decorated surfaces and arrange a planned redecoration works programme.” (Reference: Report paragraphs 9.1.6 & 9.2.2)	32 weeks	Completed on 05/03/15. Exterior maintenance plan in place
Item	Standard Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
2.	Standard 32.1	Repair laundry room tiled wall surfaces (Reference: Report paragraph 9.2.3)	8 weeks	Repairs now attended to

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Assurance, Challenge and Improvement in Health and Social Care

Standard 35 - Safe and healthy working practices

The following requirements and recommendations should be noted for action in relation to Standard 35 - Safe and healthy working practices

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
		N/A		
Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
		N/A		
Item	Standard Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
		N/A		

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Standard 36 - Fire Safety

The following requirements and recommendations should be noted for action in relation to Standard 36 - Fire Safety

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
		N/A		
Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
		N/A		
Item	Standard Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
		N/A		

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