

Announced Premises Inspection Report 16 August 2016



Kilbroney House

Type of service: Nursing Home

Address: 83 Kilbroney Road, Rostrevor, BT34 3BL

Tel No: 028 4173 8600

Inspector: Kieran Monaghan

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Kilbroney House Nursing Home took place on 16 August 2016 from 10:30 to 13:10hrs.

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 provider. Reference should be made to section 4.3 in this report.

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	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr. Stephen Campbell who deals with the premises issues and Mr. Dermot Cullen who is responsible for the maintenance of the premises, 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 most recent premises inspection on 03 March 2015.

2.0 Service details

Registered organisation/registered provider: Mrs. Jacqueline Ann Campbell	Registered manager: Mrs. Jacqueline Ann Campbell
Person in charge of the home at the time of inspection: Mrs. Pauline Campbell	Date manager registered: 01 April 2005
Categories of care: NH-MP, NH-MP(E), NH-DE, NH-I, NH-PH, NH-PH(E)	Number of registered places: 19

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 RQIA concerns log.

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

- Mr. Stephen Campbell who deals with the premises issues
- Mr. Dermot Cullen who is responsible for the 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.

4.0 The inspection

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

The most recent inspection of this home was an unannounced medicines management inspection IN025477 on 01 August 2016. The report for this inspection was issued by RQIA on 10 August 2016. The completed QIP is not due to be returned to RQIA until 07 September 2016. This QIP will be validated by the pharmacy inspector at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last premises inspection on 03 March 2015

Last premises inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 27(2)(b) Stated: Second time	The following documentation in connection with the new bedroom should be followed up and retained in the home available for review during future inspections: 1. Building Control Approval 2. The review, update and action taken in relation to the fire risk assessment to reflect the changes to the premises 3. Certificates for the alterations to the fixed wiring installation, the fire detection and alarm system, the emergency lights and the nurse call system 4. The review, update and action taken in relation to the legionella bacteria risk assessment to reflect the changes to the plumbing system	Met
	Action taken as confirmed during the inspection: These issues were followed up separately by RQIA as part of the variation application process.	

Last premises inspection statutory requirements		Validation of compliance
Requirement 2 Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q) Stated: First time	<p>A copy of the report for the most recent legionella risk assessment should be forwarded to RQIA. The action required in relation to the short 'dead leg' in the first floor hot press should be checked with the legionella risk assessor.</p> <hr/> <p>Action taken as confirmed during the inspection: The most recent legionella risk assessment was carried out on 06 June 2016. Mr. Cullen also confirmed that the issue in relation to the 'dead leg' pipework in the first floor hot press had been resolved.</p>	Met
Requirement 3 Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(c) Stated: First time	<p>A copy of the report for the most recent thorough examination of the passenger lift under the Lifting Operations and Lifting Equipment Regulations should be forwarded to RQIA.</p> <hr/> <p>Action taken as confirmed during the inspection: The report for the most recent thorough examination of the passenger lift that was carried out on 29 April 2016 was presented for review during this premises inspection. This report included a comment in relation to the alarm being faint. Mr. Campbell however confirmed that this alarm was still audible. This should be kept under review. The lift was also serviced on 30 June 2016 with no issues being identified for attention.</p>	Met
Requirement 4 Ref: Regulations 14(2)(a) 14(2)(c) Stated: First time	<p>A copy of the significant findings for the risk assessments in relation to window openings, hot surfaces and the ramp at bedrooms 3 and 4 on the first floor should be forwarded to RQIA.</p> <hr/> <p>Action taken as confirmed during the inspection: New restrictors had been fitted to the window openings. Most of the radiators had been fitted with guards and further guards will be fitted if required. Mr. Campbell also confirmed that the ramp at bedrooms 3 and 4 on the first floor was not presenting any significant hazards to patients.</p>	Met

Last premises inspection statutory requirements		Validation of compliance
Requirement 5 Ref: Regulations 13(7) 27(2)(c) 27(2)(p) Stated: First time	A copy of the report for the most recent service of the thermostatic mixers should be forwarded to RQIA.	Met
	Action taken as confirmed during the inspection: Mr. Cullen confirmed that advice had been obtained in relation to the ongoing maintenance requirements for the thermostatic mixing valves and these were being maintained in line with this advice.	
Requirement 6 Ref: Regulations 13(7) 27(2)(c) 27(2)(p) Stated: First time	The extract fans in the fire floor sluice and the adjacent toilet should be repaired or replaced.	Met
	Action taken as confirmed during the inspection: This issue has been addressed.	
Requirement 7 Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(c) 27(2)(q) Stated: First time	The 'dead leg' pipe at the shower in the ground floor shower/bath room should be completely removed. A procedure should also be drawn up for the quarterly descaling and disinfection of the showers. In addition, a record for this activity should be retained in the home available for review during future inspections.	Met
	Action taken as confirmed during the inspection: The 'dead leg' pipe in the shower on the ground floor was not reviewed during this premises inspection. The completed Quality Improvement Plan returned to RQIA for the last premises inspection however confirmed that this had been removed. The showers were being disinfected every two weeks and record for this activity was being kept in the home.	

Last premises inspection statutory requirements		Validation of compliance
Requirement 8 Ref: Regulations 14(2)(a) 14(2)(c) Stated: First time	A check should be carried out to determine if the temperature of the hot water at the shower in the ground floor bath/shower room is controlled by a Type 3 fail-safe thermostatic mixer. If a Type 3 fail-safe thermostatic mixer is not installed at this shower, the installation should be changed to meet this standard.	Met
	Action taken as confirmed during the inspection: The completed Quality Improvement Plan returned to RQIA for the last premises inspection confirmed that this shower was controlled with a type 3 thermostatic mixing valve.	
Requirement 9 Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(q) Stated: First time	The current position in relation to the five C3 issues identified for attention during the inspection and test to the fixed wiring installation on 10 November 2014 should be clarified.	Met
	Action taken as confirmed during the inspection: The most recent inspection and test of the fixed wiring installation was carried out on 18 December 2015. Mr. Campbell also confirmed that any repairs required were carried out during this inspection.	
Requirement 10 Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(c) Stated: First time	The current position in relation to the check to the actuators for the hoists should be clarified.	Met
	Action taken as confirmed during the inspection: Mr. Campbell confirmed that this issue had been addressed. The most recent thorough examinations of the hoists were also carried out on 06 May 2016.	
Requirement 11 Ref: Regulations 27(4)(b) 27(4)(d)(iv) Stated: First time	The frequency for the ongoing inspections and tests to the fire detection and alarm system should be confirmed.	Met
	Action taken as confirmed during the inspection: This issue was resolved following the last premises inspection.	

Last premises inspection statutory requirements		Validation of compliance
Requirement 12 Ref: Regulations 27(4)(a) 27(4)(b) 27(4)(e) Stated: First time	A copy of the report for the current fire risk assessment should be forwarded to RQIA. Details in relation to the fire training should also be confirmed to RQIA.	Met
	Action taken as confirmed during the inspection: The most recent fire risk assessment was carried out in 2014. This risk assessment should now be reviewed and updated. Reference should be made to recommendation 1 in the attached Quality Improvement Plan. Fire training was provided on 05 October 2015 and again on 13 June 2016. Mr. Campbell confirmed that all staff had attended this training.	
Requirement 13 Ref: Regulations 27(4)(b) 27(2)(c) 27(4)(d)(i) Stated: First time	The door to bedroom 12 should not be propped open. If this door needs to be held open an appropriate type of hold open device linked to the fire detection and alarm system should be installed.	Met
	Action taken as confirmed during the inspection: A hold open device had been fitted to this bedroom door.	
Requirement 14 Ref: Regulations 27(4)(b) 27(2)(c) 27(4)(d)(iv) Stated: First time	Completion of the works to install the new emergency lights should be confirmed to RQIA.	Met
	Action taken as confirmed during the inspection: The works in relation to the new emergency lights had been completed.	

Last premises inspection recommendations		Validation of compliance
Recommendation 1 11 Ref: Standard 35.3 Stated: First time	It is recommended that Mr. Cullen should attend a short legionella awareness course. It is also recommended that the method of recording the results for the ongoing monthly temperature checks should be changed to a spread sheet format.	Met
	Action taken as confirmed during the inspection: Mr. Cullen had taken instruction from the specialist company that carry out the legionella risk assessments. The water temperatures were being checked on a monthly basis with the most recent check having been carried out on 25 July 2016.	
Recommendation 2 Ref: Standard 36.2 Stated: First time	It is recommended that low temperature enclosed type light fittings should be fitted in the two small storage cupboards on the first floor and in the cellar.	Met
	Action taken as confirmed during the inspection: This issue had been addressed.	

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 by a fire risk assessor in line with the guidance issued by RQIA in relation to the competence 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 'areas for improvement' section below.

Areas for improvement

1. The report for the most recent inspection and service of the fire detection and alarm system was not presented for review during this premises inspection. A copy of this report should be forwarded to RQIA. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.
2. Fire drills were carried out on 22 October 2015, 19 November 2015 and 18 April 2016. It is recommended that a template should be developed to record the details in relation to the scenario covered during each fire drill, the names of the staff who attend, the time taken for the exercises and any points of learning that are identified to be taken forward into future practice. Reference should be made to recommendation 2 in the attached Quality Improvement Plan.
3. A multi way electrical adaptor was being used in bedroom 10. It is recommended that multi-way electrical adaptors should not be used in the home. Consideration should be given to the installation of additional fixed socket outlets as an alternative. Reference should be made to recommendation 2 in the attached Quality Improvement Plan.
4. It is good to report that a new nurse call system had been installed in the home relatively recently. The coverage of this system in relation to the external smoking facility was discussed during this premises inspection. It would be beneficial to consider the need for some facility that patients could use to alert staff in the event of an incident in this facility.
5. It was noted that the wardrobe in bedroom 8 was not fixed to the wall. A check should be carried out to the wardrobes to ensure that they are all securely fixed to the walls. Reference should be made to recommendation 3 in the attached Quality Improvement Plan.
6. Mr. Campbell advised that as the profile of patients being accommodated in the home was changing the issue of ligature points and self-harm was being given more consideration. A process of risk assessment in relation to ligature points had commenced. This process was discussed and it was suggested that it would be beneficial to review these risk assessments. This review should consider the advantages of referencing the fire steps to risk assessment methodology developed by the Health and Safety Executive, the existing control measures, the additional control measures and the circumstances that should trigger a review. In this regard it was identified that more frequent routine reviews would have merit at this early stage of this initiative. Mr. Campbell agreed to follow up these suggestions. It would also be helpful to consult the nursing inspector in relation to this issue. Reference should be made to recommendation 4 in the attached Quality Improvement Plan.

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 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
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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.

This supports the delivery of compassionate care.

Number of requirements	0	Number of recommendations:	0
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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.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr. Stephen Campbell who deals with the premises issues and Mr. Dermot Cullen who is responsible for the maintenance of the premises, as part of the inspection process. The timescales commence from the date of inspection.

The registered person 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 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 the nursing home. 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 meets the 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 person may enhance service, quality and delivery.

5.3 Actions taken by the registered provider

The QIP should be completed to detail the actions taken to meet the legislative requirements and recommendations stated. The registered person should confirm that these actions have been completed and return the 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 person 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 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 48 Stated: First time To be completed by: 14 October 2016	<p>The fire risk assessment should be reviewed and updated. A copy of the report for the most recent inspection and service of the fire detection and alarm system should also be forwarded to RQIA.</p> <p>Response by registered provider detailing the actions taken: Find attached fire risk assessment and most recent service report for fire alarm.</p>
Recommendation 2 Ref: Standard 48 Stated: First time To be completed by: Ongoing	<p>It is recommended that a template should be developed to record the details in relation to the scenario covered during each fire drill, the names of the staff who attend, the time taken for the exercises and any points of learning that are identified to be taken forward into future practice. It is also recommended that multi way electrical adaptors should not be used in the home. Consideration should be given to the installation of additional fixed socket outlets as an alternative.</p> <p>Response by registered provider detailing the actions taken: This has been further developed to enhance the current record</p>
Recommendation 3 Ref: Standard 47 Stated: First time To be completed by: 14 October 2016	<p>A check should be carried out to the wardrobes to ensure that they are all securely fixed to the walls.</p> <p>Response by registered provider detailing the actions taken: Action completed</p>
Recommendation 4 Ref: Standard 47 Stated: First time To be completed by: Ongoing	<p>The suggestions made during the discussions in relation to the ligature points risk assessment process should be followed up. It would also be helpful to consult the nursing inspector in relation to this issue.</p> <p>Response by registered provider detailing the actions taken: Ligature points risk assessments have been undertaken however, it does require further development, we would hope to have the assistance of the Nursing Inspector with this.</p>

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

REGULATION AND QUALITY

19 OCT 2013

IMPROVEMENT AUTHORITY



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