

Announced Premises Inspection Report 04 October 2016



Cloughreagh House

Type of Service: Residential Care Home
Address: Millvale Road, Bessbrook, Newry, BT35 7EH
Tel No: 028 3083 0520
Inspector: K. Monaghan

1.0 Summary

An announced premises inspection of Cloughreagh House Residential Care Home took place on 04 October 2016 from 10:25hrs to 12:30hrs.

The inspection sought to assess progress with any issues raised during and since the last premises inspection and to determine if the residential care 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.

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 Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes Minimum Standards 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	6

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs. Kathleen Patricia McBeth, Registered Manager and Mr. Jonathan Haire, Estate Compliance, Southern Health and Social Care Trust, 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 15 January 2014.

2.0 Service Details

Registered organisation/registered provider: Southern Health and Social Care Trust / Mr. Francis Rice, Interim Chief Executive	Registered manager: Mrs. Kathleen Patricia McBeth
Person in charge of the home at the time of inspection: Mrs. Kathleen Patricia McBeth, Registered Manager	Date manager registered: 06 August 2013
Categories of care: RC-I, RC-DE	Number of registered places: 23

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 concerns log (no concerns).

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

- Mrs. Kathleen Patricia McBeth, Registered Manager
- Mr. Jonathan Haire, Estate Compliance, Southern Health and Social Care Trust

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

The most recent inspection of this residential care home was an unannounced care inspection IN024630 on 03 May 2016. The completed QIP for this inspection was returned to RQIA on 22 June 2016. This QIP has still to be approved by the care inspector. This QIP will be validated by the care inspector at their next inspection.

4.2 Review of requirements and recommendations from the last premises inspection on 15 January 2014

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulations 27(2)(a) 27(2)(j) Stated: First time	The position in relation to the completion of the final stage of the improvements to the toilet facilities ie the conversion of the two cubicle type toilets on the first floor to one self-contained assisted dementia friendly toilet should be reviewed. The outcome of this review should be confirmed to RQIA.	Met
	Action taken as confirmed during the inspection: It is good to report that these two cubicle type toilets had been converted into one assisted shower facility with a toilet. This is to be commended.	
Requirement 2 Ref: Regulation 27(2)(a) Stated: First time	The dementia audit should be reviewed and updated to establish what remains to be completed. The outcome of this review should be confirmed to RQIA.	Met
	Action taken as confirmed during the inspection: The dementia audit is being kept under review and this is used to inform any further improvements to the environment to ensure that these are dementia friendly.	

Last care inspection statutory requirements		Validation of compliance
Requirement 3 Ref: Regulations 13(7) 27(2)(b) Stated: First time	The floor covering and the wash basin in the clinical room should be replaced.	Met
	Action taken as confirmed during the inspection: A new wash basin had been installed in the clinical room and arrangements had been made to fit a new sheet vinyl floor covering by 07 October 2016 (approved and on order).	
Requirement 4 Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(c) Stated: Second time	The report for the most recent thorough examination of this passenger lift in accordance with the requirements of the Lifting Operations and Lifting Equipment Regulations (Northern Ireland) 1999 (LOLER) should be available in the home.	Met
	Action taken as confirmed during the inspection: The report for the most recent thorough examination of the passenger lift that was completed on 16 August 2016 was presented for review during this premises inspection. Mr. Haire also confirmed that the issues in relation to the alarm and the emergency light had been addressed. The issue in relation to marking the various items should also be followed up.	
Requirement 5 Ref: Regulations 14(2)(a) 14(2)(c) Stated: Second time	Individual risk assessments should be carried out in relation to hot surfaces. The outcome of these risk assessments should inform a programme of work to provide guards to the hot surfaces. Situations where the beds are located adjacent to the radiators should be treated as a priority in this programme of work.	Met
	Action taken as confirmed during the inspection: Mrs McBeth confirmed that individual risk assessments in relation to hot surfaces had been carried out and guards had been fitted to the radiators as considered necessary. At present none of the residents are considered to be at any significant risk from hot surfaces. Some of the beds had however be moved. It was therefore agreed that all of the remaining radiators and hot pipes in the bedrooms should be guarded. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.	

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 6</p> <p>Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(b) 27(2)(c)</p> <p>Stated: First time</p>	<p>The floor covering in the ground floor corridor leading to the laundry and the kitchen should be replaced. The door to the oven should also be replaced. The reason for this deterioration of the oven door should be investigated so that this issue does not recur.</p> <p>Action taken as confirmed during the inspection: The floor covering in the ground floor corridor leading to the laundry and the kitchen had been replaced. A new oven had also been installed in the kitchen.</p>	Met
<p>Requirement 7</p> <p>Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)</p> <p>Stated: First time</p>	<p>The action plan in the report for the legionella risk assessment that was completed on 5 August 2013 should be signed off by the registered manager. The records for the quarterly disinfection of the showers should also be available for review during inspections.</p> <p>Action taken as confirmed during the inspection: The most recent legionella risk assessment was completed on 07 December 2015 by a specialist company. The report for this risk assessment identified a small number of issues for attention. These included an issue in relation to the temperature of the unblended hot water which had been addressed and the servicing of the thermostatic mixing valves which was carried out in January 2016. There was also evidence that the 'dead leg' pipework had been removed. Mr. Haire however agreed to check that all of the 'dead legs' identified had been removed and that the issues identified for attention in the report for the servicing of the thermostatic mixing valves had been addressed. In addition Mr. Haire confirmed that the flexible connection to the wash basin in the first floor toilet opposite linen store 74 would be replaced with a solid copper connection. Reference should be made to recommendation 2 in the attached Quality Improvement Plan. The showers were cleaned and disinfected on 16 May 2016. The shower heads are also replaced on an annual basis in line with the Trust's water risk assessment policy.</p>	Met

Last care inspection statutory requirements		Validation of compliance
Requirement 8 Ref: Regulation 27(2)(c) Stated: First time	The report for the most recent thorough examination of this hoist in accordance with the Lifting Operations and Lifting Equipment Regulations (Northern Ireland) 1999 should be followed up so that this is available in the home for review during inspections.	Met
	Action taken as confirmed during the inspection: The report for the most recent thorough examination of the hoist which was completed on 09 August 2016 was presented for review during this premises inspection.	
Requirement 9 Ref: Regulation 27(4)(b) Stated: Second time	The furniture in the smoking room should be reviewed and replaced as required to ensure that it is suitable to meet the needs of the residents and that it complies with the ignition sources 0 and 5 fire retardant standard.	Met
	Action taken as confirmed during the inspection: The smoking room had been completely refurbished. This work included the provision of new furniture. A sample check to one of the new chairs identified that this complied with the ignition source 5 standard. A smaller room had been identified for smoking instead of this larger refurbished room. A fire blanket and fire extinguisher had been provided in this room. Mrs. McBeth also agreed to replace the older chair in this smaller room with one of the new ignition source 5 chairs. In addition it was agreed that the resident's call system would be extended into this smaller room. Reference should be made to recommendation 3 in the attached Quality Improvement Plan.	

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 10</p> <p>Ref: Regulations 27(4)(b) 27(4)(d)(i)</p> <p>Stated: Second time</p>	<p>The replacement drawing for the fire alarm control panel should be provided.</p> <p>Action taken as confirmed during the inspection: A drawing had been provided at the fire alarm panel. A list of the detectors had also been drawn up to assist staff in identifying the location of a fire alarm activation. This is kept beside the control panel which is fully addressable. It was however agreed that it would be beneficial to provide a larger drawing at the fire alarm control panel. Mr. Haire agreed to ensure that this new larger drawing was provided. Reference should be made to recommendation 4 in the attached Quality Improvement Plan.</p>	<p>Met</p>
<p>Requirement 11</p> <p>Ref: Regulations 27(4)(a) 27(4)(b) 27(4)(d)(i)</p> <p>Stated: First time</p>	<p>The report for the most recent review of the fire risk assessment should be followed up and signed off by the registered manager. In addition a new fastening should be fitted to the trap door in the ceiling of the cleaner's store on the first floor.</p> <p>Action taken as confirmed during the inspection: The most recent fire risk assessment review was carried out on 06 May 2016 with a satisfactory outcome for the home. The trap door in the ceiling of the small store on the first floor was fitted in place.</p>	<p>Met</p>

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 12</p> <p>Ref: Regulations 27(4)(b) 27(4)(d)(v)</p> <p>Stated: First time</p>	<p>The next quarterly inspection and test for the fire detection and alarm system should be completed. In addition monthly function checks should be completed to the emergency lighting. Reference should be made to paragraph 9.4.3 in</p> <hr/> <p>Action taken as confirmed during the inspection: The fire detection and alarm system was inspected and serviced in September 2015, January 2016, April 2016 and most recently on 30 May 2016. The report for this most recent inspection and service confirmed that the system was left in a satisfactory condition. Mr. Haire confirmed that he would follow up the next routine inspection and service for this system. A procedure had been established for an outside electrical contractor to carry out monthly function checks to the emergency lights. It is important that these are kept up to date.</p>	<p>Met</p>

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.

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 surfaces of the base unit to the sink in the laundry were worn making it difficult to keep this base unit in a hygienic condition. It is recommended therefore that this sink unit should be replaced. The new base unit should be lockable for the safe storage of laundry chemicals. Reference should be made to recommendation 5 in the attached Quality Improvement Plan.
2. The door to the smoking room did not fit tightly against the door stop to provide a fully effective smoke seal. This door should either be replaced or adjusted to ensure that a fully effective smoke seal is provided. Reference should be made to recommendation 3 in the attached Quality Improvement Plan.
3. It was noted that the red indicators to the emergency lights above the final exit door from the laundry/kitchen corridor, above the corridor door at bedroom 9 on the ground floor and in the stairs at bedroom 9 were flashing. Fitting references EL52, EL21 and EL24 refer. These emergency lights should be checked and repaired or replaced as required. Reference should be made to recommendation 3 in the attached Quality Improvement Plan.
4. It was noted that the fixed wiring installation was inspected and tested on 01 July 2015 with a satisfactory outcome. Mr. Haire agreed to check the date for the next routine inspection and test and if there were any issues identified for attention.
5. Although not discussed during this premises inspection it is recommended that the next review of the fire risk assessment should be carried out in line with the guidance issued by RQIA in relation to the competency of fire risk assessors. Reference should be made to recommendation 6 in the attached Quality Improvement Plan.

Number of requirements	0	Number of recommendations:	3
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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. It was however noted that consideration is currently being given to further improvements to the premises. These improvements relate to providing better sluicing facilities including the installation of an automatic washer/disinfector and replacing the existing bath with a more modern bath which would be better suited to the needs of residents and carers. When the details for these proposed improvements have been finalised, the RQIA registrations team should be contacted in relation to the need to submit a minor variation application for same.

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, very 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.

No areas for improvement were identified during the inspection. It was however noted that arrangements were being made to replace the floor coverings in a number of the bedrooms. In addition to these bedroom floor coverings, consideration should be given to replacing the heavily patterned carpets in the first floor corridors. This would be beneficial for residents living with dementia and for residents with a visual impairment.

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 this QIP were discussed with Mrs. Kathleen Patricia McBeth, Registered Manager and Mr. Jonathan Haire, Estate Compliance, Southern Health and Social Care Trust 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 residential care home. 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 person/manager meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Residential Care Homes Minimum Standards 2011. 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 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 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 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>Recommendation 1</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 30 December 2016</p>	<p>All of the remaining radiators and hot pipes in the bedrooms should be guarded.</p> <p>Response by registered provider detailing the actions taken: Minor Works have been scheduled to be completed by December 2016</p>
<p>Recommendation 2</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 04 November 2016</p>	<p>Checks should be carried out to ensure that all of the 'dead legs' identified in the report for the most recent legionella risk assessment have been removed and that the issues identified for attention in the report for the most recent servicing of the thermostatic mixing valves have also been addressed. In addition the replacement of the flexible connection to the wash basin in the first floor toilet opposite linen store 74 with a solid copper connection should be confirmed to RQIA.</p> <p>Response by registered provider detailing the actions taken: Works Have been completed within required time frame.</p>
<p>Recommendation 3</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: 04 November 2016</p>	<p>The resident's call system should be extended into the smaller room used for smoking. The door to the smoking room should either be replaced or adjusted to ensure that a fully effective smoke seal is provided. The emergency lights above the final exit door from the laundry/kitchen corridor, above the corridor door at bedroom 9 on the ground floor and in the stairs at bedroom 9 (fitting references EL52, EL21 and EL24) should be checked and repaired or replaced as required.</p> <p>Response by registered provider detailing the actions taken: Works have been highlighted and are scheduled to be completed within required time frame.</p>

Quality Improvement Plan

Recommendations

<p>Recommendation 4</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: 09 December 2016</p>	<p>A larger drawing should be provided at the fire alarm control panel.</p> <hr/> <p>Response by registered provider detailing the actions taken: This request has been issued to the Trust Fire Safety Team and is in the process of being actioned ,</p>
<p>Recommendation 5</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 30 December 2016</p>	<p>The base unit to the sink in the laundry should be replaced. The new base unit should be lockable for the safe storage of laundry chemicals</p> <hr/> <p>Response by registered provider detailing the actions taken: Minor works request issued and actioned within required time frame.</p>
<p>Recommendation 6</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: Ongoing</p>	<p>It is recommended that that the next review of the fire risk assessment should be carried out in line with the guidance issued by RQIA in relation to the competency of fire risk assessors.</p> <hr/> <p>Response by registered provider detailing the actions taken: Request has been submitted to Trust Fire Safety Officer to action</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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