

# Announced Premises Inspection Report 08 June 2016



## Croaghpatrick

**Type of Service: Nursing Home**  
**Address: 235 Millisle Road, Donaghadee,  
BT21 0HY**  
**Tel No: 028 9188 8383**  
**Inspector: Colin Muldoon**

## 1.0 Summary

An announced premises inspection of Croaghpatrick took place on 08 June 2016 from 10:00 to 14:00hrs.

### 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. Refer 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	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Anne Devoy (Registered Manager) and Mr Gerry Hegarty (FSHC Estates Manager) as part of the inspection process. The timescales for completion commence from the date of 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 last inspection.

## 2.0 Service Details

<b>Registered organisation/registered provider:</b> Four Seasons Healthcare	<b>Registered manager:</b> Mrs Anne Devoy
<b>Person in charge of the home at the time of inspection:</b> Mrs Anne Devoy	<b>Date manager registered:</b> 01 April 2005
<b>Categories of care:</b> NH-I, NH-PH, NH-PH(E), NH-TI	<b>Number of registered places:</b> 67

## 3.0 Methods/processes

Prior to inspection the following records were analysed: Previous premises inspection report, statutory notifications over the past 12 months, duty call log.

During the inspection the inspector met with Mrs Anne Devoy (Registered Manager) and Mr Gerry Hegarty (FSHC Estates Manager).

The following records were examined during the inspection: Copies of service records and in-house log books relating to the maintenance and upkeep of the building and engineering services, legionellae risk assessment, fire risk assessment.

## 4.0 The Inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 24 March 2016

The most recent inspection of the home was an unannounced care inspection. There were no requirements or recommendations arising from that inspection.

#### 4.2 Review of requirements and recommendations from the last premises inspection dated 16 May 2013

Last premises inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 27.- (2)(j) <b>Stated:</b> First time	The plans to upgrade the bath and shower rooms should be progressed to ensure that adequate and suitable facilities are available for patient care.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Some bathroom facilities have been upgraded and the program is ongoing. The inspector was informed that two more bathrooms will have been upgraded by August 2016.	
<b>Requirement 2</b> <b>Ref:</b> Regulation 27.- (2)(b) <b>Stated:</b> First time	The condition of the carpet on the first floor should be monitored and action taken before it becomes a tripping hazard.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> On the day of inspection the carpet was sound and secure.	
<b>Requirement 3</b> <b>Ref:</b> Regulation 27.- (2)(c) <b>Stated:</b> First time	It must be confirmed that all necessary remedial work has been carried out to the lifts and that the current LOLER thorough examination reports verify that both lifts are without defects. <b>Ref:</b> Lifting Operations and Lifting Equipment Regulations (NI)1999.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The lifts have valid LOLER thorough examination reports which verify that there were no defects affecting safety. Refer also to section 4.3 item 1 and recommendation 1 in Quality Improvement Plan.	

<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 27.- (2)(c)</p> <p><b>Stated:</b> First time</p>	<p>It must be confirmed that there are current LOLER thorough examination reports for the hoists which verify that each item of lifting equipment is without defects.</p> <p>Ref: Lifting Operations and Lifting Equipment Regulations (NI)1999.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>There was a valid LOLER thorough examination report for the hoisting equipment which verifies that the equipment was safe to use.</p> <p>Refer also to section 4.3 item 3.</p>		
<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulation 27.- (2)(q)</p> <p><b>Stated:</b> First time</p>	<p>A valid certificate must be obtained to verify that the electrical installation has been restored to a satisfactory condition.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>There was documentation to confirm that the code C1 and C2 issues identified during the last test and inspection of the electrical installation have been addressed.</p>		
<p><b>Requirement 6</b></p> <p><b>Ref:</b> Regulations 27.- (2)(c) 27.- (2)(q)</p> <p><b>Stated:</b> First time</p>	<p>Valid Gas Safe certificates must be obtained which verify that the laundry tumble dryers are in satisfactory condition and safe to use.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>There was a valid Gas Safe certificate which verifies that the tumble dryer installation was safe to use.</p>		
<p><b>Requirement 7</b></p> <p><b>Ref:</b> Regulation 14.- (2)(c)</p> <p><b>Stated:</b> First time</p>	<p>It must be confirmed that there is a current legionella risk assessment and that the action being taken to control legionella is fully in line with an effective scheme arising from the risk assessment.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>There was a valid legionella risk assessment. The action plan arising from the risk assessment has been set out in a spreadsheet and all items have been signed off as complete. There are actions and monitoring measures in place towards the control of legionella.</p>		

<p><b>Requirement 8</b></p> <p><b>Ref:</b> Regulation 27.- (2)(l)</p> <p><b>Stated:</b> First time</p>	<p>The arrangements for storing oxygen cylinders should be reviewed. Spare cylinders should be held securely.</p> <p>Reference should be made to Estates and Facilities Alert EFA/2010/008.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>On the day of inspection the oxygen cylinders were secured.</p>		
<p><b>Requirement 9</b></p> <p><b>Ref:</b> Regulation 27.- (4)(b)</p> <p><b>Stated:</b> First time</p>	<p>The fire detection and alarm system must be restored to a satisfactory condition.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The report on a recent service of the fire detection and alarm system did not note any issues for attention.</p>		
<p><b>Requirement 10</b></p> <p><b>Ref:</b> Regulation 27.- (4)(c)</p> <p><b>Stated:</b> First time</p>	<p>The necessary remedial work must be carried out to the emergency lighting system.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The remedial work identified during the last service of the emergency lighting was subsequently carried out.</p>		

<p><b>Requirement 11</b></p> <p><b>Ref:</b> Regulation 27.- (4)(a)</p> <p><b>Stated:</b> First time</p>	<p>Display an up to date emergency action plan. The plan should be based on the fire risk assessment and set out, among other things:</p> <ul style="list-style-type: none"> <li>- Details of action to be taken by staff in case of fire;</li> <li>- The procedure to be followed in the evacuation of the premises in case of fire;</li> <li>- The arrangements for calling the Northern Ireland Fire and Rescue Service</li> </ul> <p>The advice of the fire safety advisor should be sought and the procedures in the plan should be in line with current good practice and take account of the findings and recommendations arising from the Rosepark Inquiry.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> On the day of inspection there was an evacuation procedure on display. The inspector was informed that the fire procedure had been reviewed and new notices were being prepared. Copies of the new notices and confirmation of their posting was provided to the inspector on the day following the inspection.</p>	<b>Met</b>
<p><b>Requirement 12</b></p> <p><b>Ref:</b> Regulation 27.- (4)(d)(i)</p> <p><b>Stated:</b> First time</p>	<p>The corridor door at the front lift plant room should be adjusted so that it closes under force of the closer to provide an effective fire seal.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Addressed.</p>	<b>Met</b>
<p><b>Requirement 13</b></p> <p><b>Ref:</b> Regulation 27.- (4)(d)(i)</p> <p><b>Stated:</b> First time</p>	<p>Holes in the structure of the back lift plant room should be fire stopped.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Addressed.</p>	<b>Met</b>
<b>Last premises inspection recommendations</b>		<b>Validation of compliance</b>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 32</p> <p><b>Stated:</b> First time</p>	<p>Shower room 28 should be included in the scheme to refurbish bathrooms.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> It was confirmed to the inspector that shower room 28 is on the program of bathroom refurbishment.</p>	<b>Met</b>

### 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 risk assessor holding professional body registration for 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 reports on the last LOLER thorough examinations of the lifts note some category B defects.  
Refer to recommendation 1 in Quality Improvement Plan.
2. The report on the last service of the thermostatic mixing valves shows that some devices did not pass the failsafe test. This was discussed and the home and estates managers confirmed that they were aware of this and had made arrangements to ensure the safety of residents.  
Refer to recommendation 2 in Quality Improvement Plan.
3. The report on the last LOLER thorough examination of the hoists and slings notes that one hoist was not presented for examination. This was discussed and the manager confirmed that the hoist is stored with an attached notice that it is not to be used and that it will be presented at the forthcoming thorough examination visit.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>2</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.

<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.

This supports the delivery of compassionate care.

<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.

<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 Mrs Anne Devoy (Registered Manager) and Mr Gerry Hegarty (FSHC Estates Manager) 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 the 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.team@rqia.org.uk](mailto:estates.team@rqia.org.uk) 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 44</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 08 July 2016</p>	<p>A responsible person should review the report on the last LOLER thorough examination of the lifts and arrange for any necessary remedial action to be carried out within an appropriate timescale.</p> <p><b>Response by registered provider detailing the actions taken:</b> The FSHC policy in the event of "trapped passengers" is to contact the Fire Brigade. The procedure along with the emergency release key is posted in the motor room</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 44</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> - 08 July 2016</p>	<p>Arrangements should be made to address the TMV failsafe faults. In the interim the arrangements for ensuring the safety of residents should be kept under constant review. If any outlets are out of use because of a failsafe fault it should be ensured that appropriate legionella controls are in place e.g. regular flushing of the outlets.</p> <p><b>Response by registered provider detailing the actions taken:</b> A risk assessment is in place and the temperature of the water is kept under review for the safety of the residents. A visit by the contractor for week commencing 01/08/16 is planned to replace failed TMV's. There is regular flushing of any outlet which is not regularly used used.</p>

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



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