

# Announced Premises Inspection Report 04 January 2017



## Kingsland Care Centre

Type of Service: Nursing Home  
Address: 252 Seacliff Road, Bangor BT20 5HT  
Tel No: 02891 273 867  
Inspector: C Muldoon

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced premises inspection of Kingsland Care Centre took place on 04 January 2017 from 10.40 to 14.45 hours.

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. 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>	<b>0</b>	<b>2</b>

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Susannah Curry (Registered Manager) and Mr Christopher Walsh (Registered Responsible Person), 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 most recent premises inspection on 06 May 2014.

## 2.0 Service Details

<b>Registered organisation/registered provider:</b> Larchwood Care Homes (NI) Ltd Mr Christopher Walsh (Registered Responsible Person)	<b>Registered manager:</b> Ms Susannah Curry
<b>Person in charge of the home at the time of inspection:</b> Ms Susannah Curry	<b>Date manager registered:</b> 29/12/2014
<b>Categories of care:</b> NH-I, NH-PH, NH-PH(E), NH-TI	<b>Number of registered places:</b> 43

## 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 Ms Susannah Curry (Registered Manager) and Mr Christopher Walsh (Registered Responsible Person).

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 28/11/2016

The most recent inspection of Kingsland Care Centre was an unannounced medicines management inspection. The completed QIP will be assessed by the specialist inspector and validated at their next inspection.

#### 4.2 Review of requirements and recommendations from the last premises inspection dated 06/05/2014

Last premises inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> Ref: Regulation 27.-(2)(q) Stated: Second time	The thermostatic mixing valves should be maintained, tested and set in accordance with the manufacturer's instructions.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There were records to confirm that the thermostatic mixing valves were serviced by a contractor in June 2016. The service report notes that the fail safe arrangement on some shower thermostatic mixing valves failed when tested. The manager confirmed to the inspector that these valves have been replaced.	
<b>Requirement 2</b> Ref: Regulation 27.-(2)(c) 27.-(2)(q) Stated: Second time	The passenger lift should be thoroughly examined in accordance with the Lifting Operations and Lifting Equipment Regulations (NI) 1999 and any defects found rectified.	<b>Met</b>
	Arrangements should be made to have the lift maintained in accordance with the manufacturer's instructions.	
	It is recommended that the catering goods lift is decommissioned by a competent person.	
	<b>Action taken as confirmed during the inspection:</b> There were service records and reports on valid LOLER thorough examinations of the lifts. No defects were noted.	
<b>Requirement 3</b> Ref: Regulation 27.-(2)(c) Stated: First time	The thorough examination (to comply with the Lifting Operations and Lifting Equipment Regulations (NI) 1999) and servicing of the resident hoisting equipment should be brought up to date.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There were reports on valid thorough examinations of the hoisting equipment. The manager informed the inspector that a recommendation made in the thorough examination report had been followed up.	

<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 13.-(7) 14.-(2)(a) and (c)</p> <p><b>Stated:</b> Second time</p>	<p>The action plan and the scheme of control relating to the last legionella risk assessment should be revisited and fully addressed.</p> <p>It is recommended that the flushing of infrequently used outlets is increased to two times a week.</p> <p>Reference should be made to:</p> <p>Health and Safety Executive document L8 <i>Legionnaires' disease - The control of legionella bacteria in water systems</i> and the Department of Health document Health Technical Memorandum 04-01: <i>The control of Legionella, hygiene, "safe" hot water, cold water and drinking water systems.</i></p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>There is a scheme in place towards the control of legionella which includes the flushing of infrequently used outlets, generally twice a week. Refer also to section 4.3 item 1 and recommendation 1 in Quality Improvement Plan.</p>		
<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulation 27.-(2)(c)</p> <p><b>Stated:</b> First time</p>	<p>The provider should review the policy on portable electrical appliances to ensure there is effective maintenance through adequate and suitable checks, formal visual inspections and testing.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The portable electrical appliances were tested and inspected by a specialist contractor in June 2016.</p>		
<p><b>Requirement 6</b></p> <p><b>Ref:</b> Regulation 27.-(4)(d)(i)</p> <p><b>Stated:</b> Second time</p>	<p>Following consultation with a competent fire safety advisor action should be taken which will ensure that the ducted ventilation system will not compromise the fire safety of the home.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The last fire risk assessment was carried out by an accredited assessor in February 2016. The assessor notes that the ducted ventilation system was upgraded to fire rated in 2014.</p>		

<p><b>Requirement 7</b></p> <p><b>Ref:</b> Regulation 27.-(4)(a)</p> <p><b>Stated:</b> First time</p>	<p>The fire risk assessment should be reviewed by a competent person. Issues identified in the assessment should be fully addressed. It is recommended that the person carrying out the review of the fire risk assessment holds professional body registration or third party certification for fire risk assessment and is registered accordingly with the relevant body. Reference should be made to correspondence issued by RQIA to all registered homes on 13 January 2013 and the guidance contained in: <a href="http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf">http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf</a>  <a href="http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf">http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf</a></p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>                  A fire risk assessment was carried out by an accredited fire risk assessor in February 2016. The risk was assessed as tolerable. Most issues in the action plan arising from the risk assessment have been marked up as complete.</p> <p>Refer to section 4.3 item 2</p>	<p><b>Met</b></p>
<p><b>Requirement 8</b></p> <p><b>Ref:</b> Regulation 27.-(4)(e)</p> <p><b>Stated:</b> First time</p>	<p>It should be ensured that all staff receive appropriate fire safety information, instruction and training at least twice a year.</p> <p>Reference should be made to the current version of Northern Ireland Firecode document HTM84.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>                  The manager informed the inspector that there are arrangements in place for staff to receive fire safety training every six months and that the fire risk assessor includes practice drills with each training session.</p>	<p><b>Met</b></p>

<p><b>Requirement 9</b></p> <p><b>Ref:</b> Regulation 27.-(4)(a)</p> <p><b>Stated:</b> First time</p>	<p>The emergency fire procedure should be reviewed to ensure that it is in line with current good practice. The advice of the fire safety advisor should be sought and reference made to the findings of the Rosepark inquiry.</p> <p>It must be ensured that the revised procedure is included in training and is followed during drills.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The accredited fire risk assessor provided a fire procedure with the current fire risk assessment. Refer also to section 4.3 item 3.</p>		
<p><b>Requirement 10</b></p> <p><b>Ref:</b> Regulation 27.-(4)(d)(iv)</p> <p><b>Stated:</b> First time</p>	<p>The fire detection and alarm system should be maintained at periods not exceeding six months and preferably quarterly. Reference should be made to BS5839</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>There were records presented relating to the service of the fire alarm system throughout the building every six months.</p>		
<p><b>Requirement 11</b></p> <p><b>Ref:</b> Regulation 27.-(4)(d)(v)</p> <p><b>Stated:</b> First time</p>	<p>It should be ensured that the function testing of the fire safety installations is being carried out in accordance with good practice and that comprehensive records are maintained. Reference should be made to BS 5839 (fire detection and alarm system) and BS 5266 (emergency lighting system)</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Records were presented relating to the function testing of the fire alarm system weekly and the emergency lighting monthly.</p> <p>Refer also to section 4.3 item 4.</p>		

Last premises inspection recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time	It should be ensured that all the nurse call points are included in the cycle of function tests.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There is a system in place for carrying out function tests of the nurse call system.	
<b>Recommendation 2</b>  <b>Ref:</b> Standard 27.-(4)d)(i)  <b>Stated:</b> First time	If residents have difficulty with closed bedroom doors consideration should be given to the fitting of free swing closers.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Ongoing	

### 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. It is recommended that the procedure for checking hot water temperatures be reviewed. Refer to recommendation 1 in Quality Improvement Plan.
2. Subsequent to the inspection the Larchwood Facilities Director confirmed to the inspector that arrangements are in hand to address the remaining issues in the fire risk assessment action plan.



3. The inspector suggested that the fire procedure provided by the fire risk assessor should be posted at the fire panel.
4. There is a procedure in place for function testing the fire alarm system by activating the alarm in two zones each week. This was discussed and the inspector suggested that the procedure be amended to ensure that all call points in each zone are identified and included in the weekly rotational tests.

Documents relating to the last annual service of the emergency lighting indicated that a number of units were found to be faulty. On the day of inspection it could not be confirmed that the faults had been rectified. Subsequent to the inspection the Facilities Director confirmed to the inspector that a further service was carried out on 10 January and identified remedial work will be completed by 17 January 2017.

5. During the walk round it was observed that there appeared to be a shortage of storage space for archive documentation etc. Refer to recommendation 2 in Quality Improvement Plan.
6. Whilst décor and finishes are generally serviceable the inspector suggested that a prioritised program of redecoration/refurbishment be drawn up and actioned.

<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.

A number of issues were however identified for attention during this premises inspection. These are detailed in the 'areas for improvement' section below.

<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 Ms Susannah Curry (Registered Manager) and Mr Christopher Walsh (Registered Responsible Person) 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 nursing 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.Mailbox@rqia.org.uk](mailto:Estates.Mailbox@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.

<b>Quality Improvement Plan</b>	
<b>Recommendations</b>	
<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> 04 February 2017</p>	<p>In relation to the control of legionella it is recommended that the procedure for checking hot water temperatures is reviewed. It is understood there are a number of calorifiers and hot water circuits in the building. It should be ensured that the sentinel points for each hot water circuit are identified and that temperature checks of sentinel outlets and calorifiers are carried out monthly to confirm they are in line with current good practice set out in HSG274 Part 2.</p> <p><b>Response by registered provider detailing the actions taken:</b> Maintenance Officer has implemented a new schedule for checking and recording all sentinel outlets and calorifiers each month which commenced on January 2017.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 48</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Ongoing</p>	<p>The adequacy and suitability of storage space in the home should be reviewed and addressed as necessary.</p> <p>In the interim it should be ensured that fire safety is not compromised through inappropriate storage.</p> <p>The advice of the fire risk assessor should be sought.</p> <p><b>Response by registered provider detailing the actions taken:</b> Fire Risk Assessment was undertaken by Hayley Burgess (MIFireE, CMIOSH, OSHER, MSc, BSc [Hons]) on 12/01/2017. Combustible materials removed from stairwells and under stairs. Reduction of stock to minimum stock levels being implemented by end of February 2017. Exploring alternative safe storage options.</p>

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



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