

Announced Premises Inspection Report 17 January 2017



Melmount Manor Care Centre

Type of Service: Nursing Home
Address: 1 Orchard Road, Strabane, BT82 9QR
Tel No: 02871383990
Inspector: Phil Cunningham

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Melmount Manor Care Centre took place on 17 January 2017 from 10:00 to 14:00.

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.

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	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Annie Frobisher, Registered Manager and Nuala Green Director, as part of the inspection process and can be found in the main body of the report.

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 11/12/13.

2.0 Service Details

Registered organisation/registered provider: Larchwood Care Homes (NI) Ltd	Registered manager: Annie Frobisher
Person in charge of the home at the time of inspection: Annie Frobisher	Date manager registered: 28/12/12
Categories of care: NH-DE, NH-I, RC-DE, NH-PH	Number of registered places: 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 Annie Frobisher, Registered Manager and Nuala Green, Director.

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 20 October 2016

The most recent inspection of the nursing home was an unannounced finance inspection. There were no requirements or recommendations made as a result of that inspection.

4.2 Review of requirements and recommendations from the last premises inspection dated 11/12/13

Last premises inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 27 (2)(b) 27 (2)(d)	Submit a programme of works to address the issues relating to the general environment in the home with particular reference to <ul style="list-style-type: none"> Decorative finishes to corridors and circulation spaces, particularly in the Foyle Unit where the heaviest traffic has caused 	Met

	<p>more wear and tear</p> <ul style="list-style-type: none"> • Door furniture – a substantial number of door handles and associated fitments have been repaired and require replacement • Shower rooms – tiled floor finishes have become stained and unsightly • Light fittings to circulation spaces – a number of fitting were found to be inoperative at the time of inspection and generally, fittings appear dull and in need of upgrade. This might involve re-lamping and diffuser clean or replacement. The provider should consider replacing the fittings • External grounds – weeding and tidy up required • Paving to be levelled where uneven surfaces present tripping hazard. 	
	<p>Action taken as confirmed during the inspection: Extensive refurbishment undertaken in the home following the last premises inspection to address all items listed.</p>	
<p>Requirement 2 Ref: Regulation 27 (2)(a)</p>	<p>Reinstate the sitting room in the Dennett Unit.</p> <p>Action taken as confirmed during the inspection: Sitting room reinstated.</p>	<p>Met</p>
<p>Requirement 3 Ref: Regulation 27 (2)(l)</p>	<p>Carry out a further review of the storage arrangements in the home with a view to rationalizing or providing additional storage space to accommodate the items currently stored in the sitting room in the Dennett Unit.</p> <p>Action taken as confirmed during the inspection: Issue addressed in line with requirement 2 above</p>	<p>Met</p>
<p>Requirement 4 Ref: Regulation 27 (2)(c)</p>	<p>Forward confirmation of service checks to the home's thermostatic mixing valves.</p> <p>Action taken as confirmed during the inspection: Records presented confirming that the thermostatic mixing valves have been serviced.</p>	<p>Met</p>

Requirement 5 Ref: Regulation 27 (4)(a)	Carry out appropriate measures to address the recommendations made in the report of the fire risk assessment.	Met
Action taken as confirmed during the inspection: Manager and Director confirmed that the action plan of the fire risk assessment had been addressed including the action plan of the more recent assessment report of which several items are to be completed over coming weeks.		
Requirement Ref: Regulation 27.(4)(e)	Until remedial measures are carried out to ensure that doors which are required to close in the event of a fire alarm activation do so without delay, the provider should see that suitable management arrangements are put in place to ensure that these doors remain closed when not in use with particular emphasis on night time periods.	Met
Action taken as confirmed during the inspection: All fire doors to bedrooms now fitted with automatic door release units linked to the fire alarm and detection system.		
Last premises inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 34.8	Provide separate wash hand basins for staff use in all sluice rooms and elsewhere as determined appropriate in line with current good practice for the prevention and control of infection.	Partially Met
Action taken as confirmed during the inspection: The Manager and Director have considered this and have undertaken to include the provision of same within future works programme.		

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.

The Director confirmed that cleaning of strainers on the thermostatic mixing valves commenced on 20 January 2017. Records indicated that these were serviced in October 2016.

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. The Manager and Director confirmed that the action plan of the current fire risk assessment has been largely addressed with some items being completed over coming days and the plan will be signed off accordingly at that point. This supports the delivery of safe care.

Number of requirements	0	Number of recommendations:	0
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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.

It is good to note that following the previous premises inspection in December 2013, an extensive programme of refurbishment was undertaken throughout the home resulting in a significant improvement in the quality of the environment. This included extensive redecoration, replacement of floor coverings, new soft furnishings/curtains etc, upgrading of the sanitary accommodation as well as new lighting to circulation spaces. This is to be commended. 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.

Arrangements are in place for managing premises related incidents/notifiable events and Medical Device and Equipment Alerts.

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

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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.



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