

# Announced Premises Inspection Report

## 19 MAY 2016



## Lough Neagh

**Type of Service: Nursing Home**  
**Address: 23 Maghery Road, Portadown, BT62 1SZ**  
**Tel No: 028 3885 2600**  
**Inspector: Raymond Sayers**

## 1.0 Summary

An announced premises inspection of Lough Neagh took place on 19 May 2016 from 10.15 to 13.30 hrs.

### Is care safe?

On the day of the inspection the premises supported the delivery of safe care. Issues were however identified for consideration by the registered person. Refer to section 4.3.

### Is care effective?

On the day of the inspection the premises supported the delivery of effective care. Issues were however identified for consideration by the registered person. Refer to section 4.4.

### Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care. There were no issues identified for attention by the registered person. Refer to section 4.5.

### Is the service well led?

On the day of the inspection the management of the premises was considered to be well led. There were no issues identified for attention by the registered person. Refer to section 4.6.

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	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Eileen Quinn, Registered Manager, and Mr Cathal Quinn, Registered Responsible Person 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 items 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 person:</b> Lough Neagh Nursing Home	<b>Registered manager:</b> Eileen Quinn
<b>Person in charge of the home at the time of inspection:</b> Ms Eileen Quinn	<b>Date manager registered:</b> 21 January 2015
<b>Categories of care:</b> NH-DE, NH-I, RC-PH, NH-PH, RC-I, NH-LD	<b>Number of registered places:</b> 26

## 3.0 Methods/processes

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

During the inspection the inspector met with: two patients, Mr Cathal Quinn, Registered Responsible Person, Ms Eileen Quinn, Registered Manager, kitchen and laundry staff.

The following records were examined during the inspection: Copies of building services certificates, building user log books relating to maintenance inspections of building engineering services, legionellae risk assessment, and fire risk assessment.

## 4.0 The Inspection

### 4.1 Review of requirements and recommendations from the previous inspection dated 25/01/2016

The previous inspection of the nursing home was an unannounced care inspection, INO23597 completed on 25 January 2016. The completed QIP was returned, and approved by the care inspector on 16 March 2016. This QIP will be validated by the specialist inspector at their next inspection

## 4.2 Review of requirements and recommendations from the last premises inspection Dated 08/05/2013

Previous Premises Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 27(4)(c)  <b>Stated:</b> First time	Complete a survey of all fire doors and implement a repair/improvement works programme, upgrade existing FD30 doors to FD30S fire resistance specification.	Partially Met
	<b>Action taken as confirmed during the inspection:</b> All bedroom doors inspected have self-closer devices installed with exception of Bedroom 24; the Registered Person stated that this issue would be addressed. Refer to 4.3 item 2 below.	
<b>Requirement 2</b>  <b>Ref:</b> Regulations 27(4)(a)&(e)  <b>Stated:</b> First time	Commission a fire safety consultant to complete a fire risk assessment and implement a programme of staff fire safety awareness training; implement recommended fire safety improvement works/procedures.	Met
	<b>Action taken as confirmed during the inspection:</b> Risk assessment completed and fire safety awareness training implemented.	
<b>Requirement 3</b>  <b>Ref:</b> Regulation 27(4)(d)(i)  <b>Stated:</b> First time	The electrical switchgear room wall/ceiling junction must be fire stopped with fire resistant material.	Met
	<b>Action taken as confirmed during the inspection:</b> Fire stopping completed.	

Previous Premises Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 32.1 <b>Stated:</b> First time	Complete an internal decoration condition survey and implement decoration repairs.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Redecoration repairs implemented.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 35.1 <b>Stated:</b> First time	Consider BS7671 Periodic Inspection Report recommendations and implement improvement works/procedures in compliance with the Electricity at Work Regulations.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Report recommendations implemented.	
<b>Recommendation 3</b> <b>Ref:</b> Standard 35.1 <b>Stated:</b> First time	Submit a valid Lifting Operations & Lifting Equipment Regulations (LOLER) thorough examination report for the passenger lift installation.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Valid certificates submitted.	
<b>Recommendation 4</b> <b>Ref:</b> Standard 35.1 <b>Stated:</b> First time	Inspect all window casement opening restrictor devices, ensuring that restrictive devices are robust and cannot to be disabled by unauthorized persons.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Window restrictors inspected and maintained.	

#### 4.3 Is care safe?

A range of building services maintenance documents were presented for review during this estates inspection. This documentation included: risk assessments, inspection and test reports for various elements of the engineering services.

Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this estates 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 level of fire safety within the premises takes account of: the interaction between the physical fire precautions, the fire hazards, the number of patients, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment, which was completed 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, and are detailed in the 'areas for improvement' section below.

### Areas for improvement

1. There was no fire blanket in the smokers' room accommodation. The registered person stated that a fire blanket would be purchased and maintained in the smokers' room.

Refer to Quality Improvement Plan recommendation 1.

2. Bedroom 24 door did not have a self-closer device installed. The registered person stated that this issue would be addressed.

Refer to Quality Improvement Plan recommendation 1.

3. The fire plan drawing did not indicate the correct location of several corridor sub compartment fire doors. The registered person stated that this would be rectified immediately.

Refer to Quality Improvement Plan recommendation 1.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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### 4.4 Is care effective?

There are arrangements in place for routine premises management plus emergency break-down repairs. Service users are involved, where appropriate in decisions around the redecoration and maintenance of the premises.

Interior refurbishment has been ongoing in the home; floor coverings have been renewed and wall /ceiling surfaces redecorated.

This supports the delivery of effective 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. There was a gap at the floor covering in the dining area accommodation where a wall had been removed; the registered person stated that this matter would be addressed.
2. Gas safety modernisation works are presently in progress, metal underground pipe-work is being replaced, and works are scheduled for completion within four weeks.

Refer to Quality Improvement Plan recommendation 2.

3. The BS7671 periodic inspection report included several C3 items listed as recommended improvement works. The registered person stated that the recommended improvement works would be scheduled for action by a competent engineer.

Refer to Quality Improvement Plan recommendation 3.

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

The service users consulted expressed satisfaction with the standard of the environment within the home.

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 persons.

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.

<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

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Catha Quinn, Registered Responsible Person as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. 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/manager meets legislative requirements based on ~~the~~ The 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 manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [estates.mailbox@rqia.org.uk](mailto:estates.mailbox@rqia.org.uk) and assessed 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/manager 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/manager 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> Standards 48.1 &amp; 48.3</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 18 July 2016</p>	<p>The registered person should implement the following fire safety improvement actions:</p> <ul style="list-style-type: none"> <li>• Provide fire blanket in smoker`s room;</li> <li>• Install self-closer on bedroom 24 door;</li> <li>• Amend fire zone plan details.</li> </ul> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> The fire safety improvement actions as listed above to include fire blanket in smoker's room, self closure room 24 and amendment of fire zone plan have have been implemented.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standards 44.2 &amp; 44.8</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 18 July 2016</p>	<p>The registered manager should submit a copy of the gas safe register engineer`s installation and commissioning certificate to RQIA when the gas safety improvement works are completed.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> The gas safety improvement works are in the process of being completed and a certificate will be forwarded to RQIA.</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standards 44.2 &amp; 44.8</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> In accordance with inspection engineer`s recommendations.</p>	<p>The registered person should ensure that the BS7671 Periodic Inspection Report recommendations are assessed, prioritised and included on a works action plan for future implementation.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> A works action plan has been completed with regard to the recent BS7671 periodic inspection report and work as prioritised has been completed.</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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