

Announced Premises Inspection Report

01 June 2016



Poyntzpass Care Home

Type of Service: Residential
Address: 7 Tandragee Road, Poyntzpass, BT35 6SL
Tel No: 028 3831 8847
Inspector: Kieran Monaghan

1.0 Summary

An announced premises inspection of Poyntzpass Care Home took place on 01 June 2016 from 10:15 to 12:05hrs.

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 person. 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 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	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr. Paul Murtagh who is responsible for the ongoing maintenance of the premises, 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 last inspection.

2.0 Service Details

Registered organisation / registered persons: Armagh Care Services / Mr. Daniel McHugh, Responsible Person 1 Mrs. Pamela June Halliday, Responsible Person 2	Registered manager: Mrs. Diane Clarke
Person in charge of the home at the time of inspection: Ms. Marion McParland, Deputy Manager	Date manager registered: 1 April 2005
Categories of care: RC-LD, RC-LD(E)	Number of registered places: 15

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 duty call log.

During this premises inspection discussions took place with Mr. Paul Murtagh who is responsible for the ongoing maintenance of the premises.

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

4.1 Review of requirements and recommendations from the previous inspection on 29 April 2016

The previous inspection of this home was an unannounced primary care inspection on 29 April 2016. The completed QIP for this inspection is not due to be returned to RQIA until 24 June 2016. 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 11 June 2013

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27(2)(c) Stated: Second time	The missing pull cord at the bath in in bathroom for bungalow one should be replaced.	Met
	Action taken as confirmed during the inspection: This item was not reviewed during this premises inspection. The information provided by the registered persons on the completed QIP for the last premises inspection confirmed however that this issue had been addressed. There was an ongoing issue to be resolved in relation to the call system. Reference should be made to item 1 in section 4.3 of this report for further details.	
Requirement 2 Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(q) Stated: First time	The issues included in the report for the inspection and test that was carried out to the fixed wiring installation on 10 April 2011 should be reviewed with the engineer who carried out the inspection and test with a view to addressing same so that there are no outstanding issues in relation to this installation.	Met
	Action taken as confirmed during the inspection: The most recent inspection and test to the fixed wiring installation was completed on 11 – 16 May 2016. The report for this inspection and test confirmed that the installation was in a satisfactory condition. This report identified one code C3 issue for attention. This should be reviewed with the inspecting engineer to establish what action should be taken re same.	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 3 Ref: Regulations 14(2)(a) 14(2)(c) Stated: First time	All of the opening windows in bungalow three should be checked and controlled as required to a safe point of opening with a maximum clear opening of 100mm. The restrictors should not be easy to disconnect without the use of a key or a specialist tool.	Met
	Action taken as confirmed during the inspection: The window openings had been controlled. In addition fly screens had also been fitted to these opening windows.	
Requirement 4 Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q) Stated: First time	The temperatures for the unblended hot water throughout the premises should be reviewed and revised to ensure ongoing compliance with the current standards for the prevention or control of legionella bacteria in the water systems.	Met
	Action taken as confirmed during the inspection: The record for the monthly checks to the unblended hot water presented for review during this premises inspection indicated that the temperature of the stored water in the hot water cylinder was 60°C. The record for the temperature of the unblended hot water in the sluices was not however indicating compliance with the current 55°C minimum circulation temperature. This should be investigated and resolved. Subsequent to this premises inspection RQIA received confirmation that training / supervision had been provided for the maintenance staff to ensure that they have a correct knowledge of the water temperatures and how to complete the forms relating to the water temperatures correctly. It was also confirmed that copies of current guidance on maintaining water systems had been given to the maintenance staff.	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 5 Ref: Regulations 27(4)(b) 27(4)(c) 27(4)(d)(i) Stated: Second time	Smoke seals should be fitted to the lounge doors in each bungalow. The need to provide CO2 fire extinguishers in each bungalow should be considered.	Met
	Action taken as confirmed during the inspection: Smoke seals had been fitted to the lounge doors. Mr. Murtagh also confirmed that the need to provide Co2 fire extinguishers in each bungalow had been reviewed with the fire risk assessor and the engineer responsible for providing and maintaining the first aid fire-fighting equipment in the home. It had been agreed that Co2 fire extinguishers would be provided when the existing dry powder fire extinguishers are due for renewal.	
Requirement 6 Ref: Regulation 27(4)(b) Stated: First time	The next review of the fire risk assessment should be completed using the standards set out in the most recent version of Health Technical Memorandum 84. This guidance is available by registering on the 'space for health' website at: http://www.spaceforhealth.nhs.uk/ and can be found on the Northern Ireland section of the site. Combustible materials should not be stored close to the electrical switchgear in the linen stores in each of the bungalows.	Met
	Action taken as confirmed during the inspection: The most recent review of the fire risk assessment was carried out on 20 July 2015. The report for this review identified three issues for attention. These issues had been addressed and signed off. This report did not however state that the fire risk assessment review had been carried out using the standards set out in the most recent version of Health Technical Memorandum 84. Mr. Murtagh agreed to check this point. Subsequent to this premises inspection RQIA received confirmation that the fire risk assessment had been carried out by a registered fire risk assessor taking into account an effective combination of fire safety measures contained in HTM 84 and the relevant guidance contained in other parts of Northern Ireland Firecode. Combustible materials were not being stored close to the electrical switchgear in the linen stores.	

Previous Inspection Recommendations		Validation of Compliance
Requirement 7 Ref: Regulations 27(4)(b) 27(4)(d)(i) Stated: First time	The provision of fire-fighting equipment, in particular an appropriate fire blanket in an easily accessible location in close proximity to the area used for smoking should be reviewed with the Fire Safety Advisor for the home.	Met
	Action taken as confirmed during the inspection: A fire blanket had been provided in the smoking facility.	
Recommendation 1 Ref: Standard 28.1 Stated: Second time	It is recommended that the existing colour coded system for the cleaning equipment should be reviewed in relation to the NHS system.	Met
	Action taken as confirmed during the inspection: The NHS colour coding system for cleaning equipment had been adopted in the home. The cleaning equipment was colour coded and the relevant posters were displayed where this equipment is stored.	

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 in accordance with the guidance issued by RQIA in relation to the competency of fire risk assessors. This supports the delivery of safe care.

Areas for improvement

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

1. There is an ongoing issue to be resolved in relation to the residents call system. Some of the call points are not working properly and the alarm function on the system does not always activate with the calls. The system has been inspected and tested by the service engineer but the precise cause of the fault has not yet been fully ascertained. A solution to this issue should be achieved without delay. In the meantime until the call system is made good, any additional operational controls required to ensure that residents and staff can call for assistance if required should be maintained. Subsequent to this premises inspection, RQIA received confirmation that a contractor had been engaged to replace the nurse call system with a new addressable type system and that this work is scheduled for completion by 24 June 2016. It is recommended that confirmation of completion of the new call system installation should be provided to RQIA along with a copy of the commissioning certificate for same. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.
2. A risk assessment for the prevention or control of legionella bacteria in the water systems was completed in June 2015. The showers are disinfected on a monthly basis and the unblended hot water and the cold water temperatures are monitored monthly. In addition water samples are tested for legionella bacteria on a six monthly basis. The most recent samples were tested in January 2016 with satisfactory results. The risk assessment should be reviewed and updated to include a schematic drawing for the water systems in the premises. Subsequent to this premises inspection, RQIA received confirmation that the legionella risk assessment was due for revision before end of June 2016 and that it would be updated to include the revised guidance on return unblended hot water temperatures (above 55°C) and to include a schematic drawing for the water systems in the premises.
3. Some of the covers to the external drain access chambers, particularly outside the front of bungalow three required attention to ensure that they do not present a tripping hazard and to ensure that the covers are securely fixed in position. All of these covers should be checked and remedial works should be carried out as required. Subsequent to this premises inspection, RQIA received confirmation that a contractor had been engaged to replace the outside plastic drain covers with metal covers and to tarmac around the covers. It was also confirmed that this work should be completed on 09 June 2016.
4. The bath panel in bungalow three was damaged and should be replaced. Minor adjustment was also required to the floor covering at the door threshold to the bathroom in bungalow two. The ceiling in the cylinder store in bungalow one should be fire stopped where the conduit passes through it. Subsequent to this premises inspection, RQIA received confirmation that a new bath panel had been purchased and that it would be installed before 10 June 2016. Confirmation in relation to the completion of the fire stopping by 10 June 2016 was also provided.

Number of requirements:	0	Number of recommendations:	1
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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. 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 manager 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 Persons.

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 Mr. Paul Murtagh who is responsible for the ongoing maintenance of the premises, as part of the inspection process. The timescales commence from the date of inspection.

The registered persons 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 persons 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 day care setting. 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 persons meet the legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and 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 (DHSSPS, 2011). They promote current good practice and if adopted by the registered persons may enhance service, quality and delivery.

5.3 Actions taken by the Registered Persons

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered responsible person should confirm that these actions have been completed and return completed QIP to estates.team@rqia.org.uk for review by the inspector.

Quality Improvement Plan

Recommendations

Recommendation 1
Ref: Standard 27

Stated: First time

To be completed by:
01 July 2016

It is recommended that confirmation of completion of the new call system installation should be provided to RQIA along with a copy of the commissioning certificate for same.

Response by registered person detailing the actions taken:
Nurse Call System has been installed and Commissioning Certificate forwarded to Kieran Monaghan (Estates Officer).

Please ensure this document is completed in full and returned to estates.team@rqia.org.uk from the authorised email address



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