

# Announced Premises Inspection Report 28 November 2017



## Laganvale

**Type of Service: Nursing Home**  
**Address: 37 Laganvale Mews, Moira, BT67 0RE**  
**Tel No: 028 9261 9915**  
**Inspectors: Raymond Sayers**

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Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a 36 bed nursing home situated on the ground floor level of the building, providing care for dementia category patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Healthcare  <b>Responsible Individual:</b> Dr Maureen Claire Royston	<b>Registered Manager:</b> Mrs Shily Paul
<b>Person in charge at the time of inspection:</b> Mrs Shily Paul	<b>Date manager registered:</b> 7 November 2007
<b>Categories of care:</b> Nursing Home (NH) DE – Dementia.	<b>Number of registered places:</b> 36

### 4.0 Inspection summary

An announced inspection took place on 28 November 2017 from 10.00 to 12.00.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

The inspection assessed progress with improvement issues identified during and since the last premises inspection completed on 23 January 2014, and to determine if the service was well led, delivering safe, effective and compassionate care.

Planned maintenance inspections and preventative works are completed in accordance with good practice.

Areas requiring improvement were identified and are listed in the report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	4

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Shily Paul (Manager) and Mr Gerry Hegarty (Four Seasons Health Care Maintenance Manager), as part of the inspection process. The timescales for completion commence from the date of inspection.

There was no enforcement action implemented as a result of the findings of this inspection.

## 4.2 Action/enforcement taken following the most recent inspection dated 30 August 2017.

The most recent inspection conducted in the home was an unannounced care inspection completed on 30 August 2017. Other than those items detailed in the QIP no further actions required to be taken.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- previous RQIA premises inspection reports
- recent correspondence with the service
- the establishment related incidents reported to RQIA since the last premises inspection.

The following records were examined during the inspection:

- building and engineering services maintenance certificates, building user inspection/test log books,
- legionellae risk assessment,
- fire risk assessment.

During the inspection we met Mrs Shilly Paul (Manager), Mr Gerry Hegarty (Four seasons Maintenance Manager), plus laundry & kitchen staff.

Areas for improvements identified at the last premises inspection were reviewed and the assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 30 August 2017

The most recent inspection of the service was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector on 24 October 2017.

This QIP will be validated by the care inspector at the next care inspection.

## 6.2 Review of areas for improvement from the last premises inspection dated 23 January 2014

Areas for improvement from the last premises inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005.		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulations 27(2)(b)	The remaining double glazed units with defective seals should be replaced. Reference should be made to paragraph 9.1.2 in the Report.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Defective double glazed units have been replaced; other units have failed and are to be replaced.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulations 14(2)(a) 14(2)(c) 27(2)(c) 27(2)(q)	The issues identified for attention in the report for the safety inspection for the gas equipment in the kitchen that was completed on 31 December 2013 should be addressed. The reports for the most recent safety inspections for the gas pipework and the gas equipment in the laundry should also be forwarded to RQIA. Reference should be made to paragraph 9.1.4 in the report.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  Works items implemented.	
<b>Area for improvement 3</b>  <b>Ref:</b> Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)	The unblended hot water temperatures noted during the monthly checks should be recorded in the log. Reference should be made to paragraph 9.3.3 in the Report.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Recording of temperatures implemented.	
<b>Area for improvement 4</b>  <b>Ref:</b> Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(b) 27(2)(c)	The WC bowl in the toilet opposite bedroom 4 should be replaced. The area around the sink including the sink in the laundry should be deep cleaned and improved. Proposals should be developed to replace the cupboards in the hairdressing room. Reference should be made to paragraph 9.3.4 in the Report.	<b>Met</b>

	<b>Action taken as confirmed during the inspection:</b> Works implemented.	
<b>Area for improvement 5</b>  Ref: Regulations 27(4)(b) 27(4)(d)(i) 27(4)(d)(iv)	The details in relation to the work to install the new fire detection and alarm system should be confirmed to RQIA. Reference should be made to paragraph 9.1.7 in the report.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Works implemented.	
<b>Area for improvement 6</b>  Ref: Regulations 27(4)(b) 27(4)(f)	The points of learning identified during the fire drill that was carried out on 20 January 2014 should be followed up and carried forward into future practice. Further fire drills should also be carried out to validate this learning. Reference should be made to paragraph 9.4.4 in the Report.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Fire drill learning issues implemented.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

A range of documents related to the maintenance and inspection of the establishment 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 establishments building engineering services was also presented for review during this premises inspection.

A range of fire protection measures are in place for the establishment, this includes: a fire detection and alarm system, emergency lighting installation, 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 establishment 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.

These measures support the delivery of safe care.



### Areas of good practice

Planned preventative maintenance inspections and control checks are completed on building engineering services.

### Areas for improvement

1. The Health Technical Memorandum 84 fire risk assessment evaluated the fire risk as moderate. The fire risk assessment action plan remedial repair works have been listed as implemented, however the risk assessment document presented for examination had not been reviewed to reduce the risk evaluation to `tolerable`.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

#### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

There are arrangements in place for routine planned preventative maintenance works activity, as well as emergency repair works. Service users are involved in maintenance/refurbishment decisions relating to the selection of interior building fabric finishes.

This supports the delivery of effective care.

### Areas of good practice

Planned maintenance works are implemented in accordance with current British Standards, in compliance with the Care Standards.

### Areas for improvement

1. Carpet floor coverings are displaying signs of wear & tear deterioration; home management state that floor finishes have been included on a proposed refurbishment works programme,
2. Bedroom vanity units are currently listed as part of a replacement programme; some units have been replaced, the remainder are to be replaced as per current funding plan.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

**6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The areas of the establishment reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit. Service users are consulted about decisions around decoration and their private accommodation where appropriate.

This supports the delivery of compassionate care.

**Areas for improvement**

1. Several day/activity rooms are utilised as stores, and not for recreation activities. An audit should be completed to ensure that patient's day/activity space is appropriate for the number and category of patients resident in the home.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

**6.7 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

Premises related policies and documents 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. Adequate support and resources are provided by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators.

This supports a well led service.

**Areas of good practice**

Management procedures document contractual arrangements and Quality assurance control checks implemented.

**Areas for improvement**

There were no areas requiring improvement identified during the inspection.



	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Mrs Shilly Paul, Manager, and Mr Gerry Hegarty, Four Seasons Health Care, Maintenance Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

**Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.**

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 48</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 29 January 2018</p>	<p>The registered person shall review and validate the HTM84 fire risk assessment upon implementation/completion of the fire risk assessment action plan recommendations, and in accordance with the report action plan time-frame. Upon implementation of the fire risk assessment action plan, the fire risk assessor should confirm that the assessed risk in the home is at least `tolerable`.</p> <p>Ref : 6.4.1</p>
	<p><b>Response by registered person detailing the actions taken:</b> The works on the FRA have now been completed, the FRA reviewed by the Property Manager and Home Manager and the risk is now "tolerable".</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 44</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 26 March 2018</p>	<p>The registered person shall arrange for the completion of a condition survey of all internal surface finishes, and implement a refurbishment works programme.</p> <p>Ref : 6.5.1</p>
	<p><b>Response by registered person detailing the actions taken:</b> After discussing with the senior management a refurbishment plan has been put in place, which includes the floor works. These works will be scheduled throughout 2018 with a priority schedule.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 44</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 26 March 2018</p>	<p>The registered person shall continue to progress the bedroom vanity-unit replacement programme.</p> <p>Ref: 6.5.2</p>
	<p><b>Response by registered person detailing the actions taken:</b> After the discussion with senior management and estate manager, a programme in place to replace the vanity units. These works will be scheduled throughout 2018 with a priority schedule.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 44</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 26 November 2018</p>	<p>The registered person shall complete an audit of day/activity accommodation available in the care home, and ensure compliance with the Care Standards recommendations.</p> <p>Ref: 6.6.1</p>
	<p><b>Response by registered person detailing the actions taken:</b> Home's Storage facility had been reviewed, a programme in place to replace a bath room to storage so that the day/activity accommodation will be available to use. This programme is scheduled with refurbishment plan for 2018. Also has a plan for refurbishing activity</p>

	store room, which then will be available for resident's use.
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***\*Please ensure this QIP is completed in full and returned via Web Portal\****



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