

Announced Premises Inspection Report 12 April 2016



Ard Mhacha House Care Centre

Desart Lane South, Armagh, BT61 8AR

Tel No: 028 3752 6462
Inspector: Raymond Sayers

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Ard Mhacha House Care Centre took place on 12 April 2016 from 10.30 to 14.30hrs.

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. An issue was however 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. Refer to section 4.4.

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care. 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. 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
Total number of requirements and recommendations made at this inspection	0	1

Details of the QIP within this report were discussed with Mrs Norma McAllister, Registered Manager, 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

Registered organisation/registered person: Countrywide Care Homes Ltd/Ms Victoria Craddock	Registered manager: Mrs. Norma McAllister
Person in charge of the home at the time of inspection: Mrs. Norma McAllister	Date manager registered: 23 October 2015
Categories of care: NH-I, NH-PH(E), NH-DE, NH-PH, RC-E	Number of registered places: 74

3.0 Methods/processes

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

During the inspection the inspector met with: three residents, kitchen, laundry and building maintenance staff; all persons met expressed positive comments regarding the standard of the environment and management of the premises.

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 and fire risk assessments.

4.0 The Inspection

4.1 Review of requirements and recommendations from the previous inspection dated 29/02/2016

The most recent inspection of the home was unannounced care, the completed QIP has not yet been returned for review by the care inspector.

This inspection report was not reviewed as part of this inspection. Requirements and recommendations will be carried forward to next care inspection.

4.2 Review of requirements and recommendations from the last premises inspection dated 28/05/13

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulations 14. (2)(a) & (c) Stated: Second time	Verify that the electrical installation BS7671 Periodic Inspection Report is currently valid and that health and safety issues have been addressed.	Met
	Action taken as confirmed during the inspection: Inspection report reviewed.	
Requirement 2 Ref: Regulations 14. (2)(a), (d)(i) & (iii) Stated: First time	Verify that Lifting Operations and Lifting Equipment Regulations (LOLER) thorough examinations are completed for the passenger lift installations.	Met
	Action taken as confirmed during the inspection: LOLER inspections completed.	
Requirement 3 Ref: Regulation 27. (4)(c),(d)(i) & (iii) Stated: First time	Commence a works project to install fire door self-closer devices on all bedroom doors. The self-closing devices installed should meet the specific needs of each patient and therefore each specific patient care plan must be considered prior to selection of door closer device.	Met
	Action taken as confirmed during the inspection: Bedroom door self-closer devices installed.	
Requirement 4 Ref: Regulation 27. (4)(c),(d)(i) & (iii) Stated: First time	Each door must be inspected and its effectiveness as a barrier to `cold smoke` assessed. Fire doors deemed as failing to comply with FD30s fire resistance integrity requirement must have corrective works completed to restore required fire safety standards.	Met
	Action taken as confirmed during the inspection: Repair works implemented.	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 32.1 Stated: First time	Implement a survey and assessment of all bedroom en-suite floor coverings; complete a planned remedial/replacement works project to remove defective floor finishes.	Met
	Action taken as confirmed during the inspection: Replacement works completed.	
Recommendation 2 Ref: Standard 32.1 Stated: First time	Complete an inspection & assessment of all bedroom floor coverings; Install floor coverings appropriate to the needs of each specific patient.	Met
	Action taken as confirmed during the inspection: Replacement works completed where required.	
Recommendation 3 Ref: Standard 32.1 Stated: First time	Examine and assess the condition of all MDF bedroom desk door finishes; where appropriate apply a protective surface finish.	Met
	Action taken as confirmed during the inspection: Repair works implemented.	
Recommendation 4 Ref: Standard 32.1 Stated: First time	Implement a thorough cleaning regime to remove staining from the inner surface of the dishwasher canopy. Seal joints at floor covering/skirting junctions to eliminate crevices.	Met
	Action taken as confirmed during the inspection: Repair works implemented.	
Recommendation 5 Ref: Standard 35.1 Stated: First time	Record legionellosis prevention control monitoring of hot and cold water temperatures at sentinel taps, for both hot and cold water storage and distribution systems, in accordance with the legionella risk assessment.	Met
	Action taken as confirmed during the inspection: Control measures implemented and recorded.	

Recommendation 6 Ref: Standard 36.1 Stated: First time	Commission a fire safety consultant to conduct a fire risk assessment in compliance with Northern Ireland Health Technical Memorandum 84 (NIHTM84).	Met
	Action taken as confirmed during the inspection: Fire risk assessment completed.	
Recommendation 7 Ref: Standard 36.2 Stated: First time	Implement and record weekly/monthly user activation testing of the fire detection and alarm system plus emergency lighting installations, in accordance with BD5839 & BS5266 respectively.	Met
	Action taken as confirmed during the inspection: Control measures implemented and recorded.	

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 overall 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 fire risk assessor currently working towards membership of Institute of Fire Engineers professional body registration scheme; this supports the delivery of safe care.

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

Areas for improvement

1. A fire risk assessment is scheduled for completion on 23 April 2016; the fire risk assessor was not accredited in compliance with RQIA recommendations, however the risk assessor has applied for membership of the IFE professional body person registration scheme.

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 plus emergency break-down repairs. Service users are involved, where appropriate in decisions around the upkeep of the premises.

This supports the delivery of effective care.

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

Areas for improvement

1. A number of floor coverings and wall finishes were noted as having sustained minor wear and tear damage, the home manager indicates that a redecoration programme is currently completed on a continuing basis by the facility maintenance person.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

The accommodation reviewed during this premises inspection was 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.

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

Premises related policies and documents 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. Adequate support and resources are provided 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.

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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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 Mrs. Norma McAllister, Registered Manager, 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 HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 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 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>Recommendation 1</p> <p>Ref: Standard 48.1</p> <p>Stated: First time</p> <p>To be Completed by: In accordance with fire risk assessment action plan schedule.</p>	<p>The registered person should implement any fire risk assessment action plan recommendations in a prioritised and effective manner, and ensure that the fire risk assessor accreditation details comply with RQIA recommendations.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: Fire risk assessment has been received from ALPHA fire safety services. Since the fire risk assessment in April 2016 we have had the local fire brigade visit out premises and carry out their own inspection and familiarisation with the premises. ALPHA is known to our local fire brigade. Our fire risk assessor is working towards the Warrington Certification LTD whose accreditation details comply with the RQIA recommendations. The fire risk assessment action plan is being prioritised and time frames are being adhered to for closure.</p>

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



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