

Announced Premises Inspection Report 12 MAY 2016



Larne Care Centre

Type of Service: Nursing Home

**Address: 46 – 48 Coastguard Road, Larne,
BT40 1AU**

Tel No: 028 2827 7979

Inspector: Colin Muldoon

1.0 Summary

An announced premises inspection of Larne Care Centre took place on 12 May 2016 from 10:30 to 13:50hrs.

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 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	3	5

Details of the QIP within this report were discussed with Mr Leslie Stephens (Registered Manager) as part of the inspection process. The timescales for completion commence from the date of 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 person: Larne Care Centre	Registered manager: Leslie Stephens
Person in charge of the home at the time of inspection: Leslie Stephens	Date manager registered: 03 October 2014
Categories of care: RC-I, RC-PH, RC-PH(E), NH-LD(E), NH-DE, NH-I, NH-LD, NH-PH, NH-PH(E), NH-TI	Number of registered places: 83

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 Mr Leslie Stephens (Registered Manager).

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 previous inspection dated 23/02/2016

The previous inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector on 11 April 2016

4.2 Review of requirements and recommendations from the last premises inspection dated 16/04/2013

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 27(2)(q)</p> <p>Stated: First time</p>	<p>The responsible person must ensure that a competent electrician issues a valid certificate which verifies that the electrical installation is in a safe and satisfactory condition.</p> <hr/> <p>Action taken as confirmed during the inspection: Test and inspection of the electrical installation was in progress during this premises inspection and therefore an up to date report was not available on the day. The previous report was not available for inspection. Refer also to section 4.3 item 1 and requirement 1 in Quality Improvement Plan.</p>	Partially Met
<p>Requirement 2</p> <p>Ref: Regulation 27(2)(s)</p> <p>Stated: First time</p>	<p>The procedure for connecting the emergency generator should be reviewed and any necessary action taken.</p> <hr/> <p>Action taken as confirmed during the inspection: Addressed.</p>	Met
<p>Requirement 3</p> <p>Ref: Regulations 27(2)(c) 27(2)(q)</p> <p>Stated: First time</p>	<p>It must be confirmed that there are valid Gas Safe certificates which verify that all the gas appliances are in a safe and satisfactory condition. It must be confirmed that the certificate available on the day of inspection is a valid Gas Safe certificate which verifies that all the gas installation and supply pipework is in a safe and satisfactory condition.</p> <hr/> <p>Action taken as confirmed during the inspection: There were valid Gas Safe certificates for the catering and boiler installations. There was no Gas Safe certificate for the laundry installation. Refer also to section 4.3 item 2 and requirement 2 in Quality Improvement Plan.</p>	Partially Met

<p>Requirement 4</p> <p>Ref: Regulation 27(2)(b)</p> <p>Stated: First time</p>	<p>The following maintenance issues require to be addressed:</p> <p>The ventilation extract fans in the suite kitchens require to be cleaned.</p> <p>There is a malodor in the hairdressing room which may be from the drainage system.</p> <p>There is a section of bare wood being used as a worktop in Olderfleet kitchen. This must be replaced with a proper worktop which is correctly fitted and sealed.</p> <p>Advice should be sought from an electrician regarding the safety of the electrical outlets directly behind the sink in Carnlough suite.</p> <p>Action taken as confirmed during the inspection:</p> <p>These issues have been addressed.</p>	<p>Met</p>
<p>Requirement 5</p> <p>Ref: Regulation 14(2)(c)</p> <p>Stated: Second time</p>	<p>The responsible person must ensure that the home has a current legionella risk assessment which is suitable and sufficient. The outcome of the risk assessment must be an action plan for the effective control of legionella. The action plan must be fully addressed.</p> <p>Reference should be made to HSE document L8 <i>Legionnaires' disease. The control of legionella bacteria in water systems</i> and Health Technical Memorandum 04-01 <i>The control of Legionella, hygiene, "safe" hot water, cold water and drinking water systems</i>.</p> <p>Action taken as confirmed during the inspection:</p> <p>A review of the legionella risk assessment was carried out by a specialist contractor on 06 May 2016. The purpose of the review is stated as being to ensure that any recommendations and action plans contained in the original assessment have been implemented and to update any procedures and operating systems in accordance with current regulations.</p> <p>The review does not identify any actions required and confirms that the home meets the requirements of the current code of practice and the operating systems and procedures are up to date and accurately recorded.</p> <p>Refer also to section 4.3 item 3 and recommendation 1 in Quality Improvement Plan.</p>	<p>Partially Met</p>

<p>Requirement 6</p> <p>Ref: Regulation 27(2)(c)</p> <p>Stated: First time</p>	<p>It should be ensured that portable electrical appliances imported by contractors and used for the care of patients are safe.</p> <hr/> <p>Action taken as confirmed during the inspection: The latest report on the test of portable electrical appliances was available for inspection. It includes a number of items of hairdressing equipment. Refer also to section 4.3 item 4 and requirement 3 in Quality Improvement Plan.</p>	<p>Partially Met</p>
<p>Requirement 7</p> <p>Ref: Regulation 27(2)(l)</p> <p>Stated: First time</p>	<p>The arrangements for storing oxygen cylinders should be reviewed. Spare cylinders should be secured to the wall. Reference should be made to Estates and Facilities Alert EFA/2010/008.</p> <hr/> <p>Action taken as confirmed during the inspection: Cylinders observed during the inspection were secured.</p>	<p>Met</p>
<p>Requirement 8</p> <p>Ref: Regulation 27(4)(f)</p> <p>Stated: First time</p>	<p>Arrangements should be made which will ensure that all staff on all shifts participate in practice fire drills which are in compliance with the emergency action plan. Reference should be made to NIHTM84.</p> <hr/> <p>Action taken as confirmed during the inspection: The manager informed the inspector that arrangements are in place for the accredited fire risk assessor to carry out several fire training and drill sessions during the year and that because of this 95% of staff are up to date.</p>	<p>Met</p>

<p>Requirement 9</p> <p>Ref: Regulation 27(4)(a)</p> <p>Stated: First time</p>	<p>Display an up to date emergency action plan. The plan should be based on the fire risk assessment and set out, among other things:</p> <ul style="list-style-type: none"> - Details of action to be taken by staff in case of fire; - The procedure to be followed in the evacuation of the premises in case of fire; - The arrangements for calling the Northern Ireland Fire and Rescue Service <p>The advice of the fire safety advisor should be sought and the procedures in the plan should be in line with current good practice and take account of the findings and recommendations arising from the Rosepark Inquiry.</p> <p>Action taken as confirmed during the inspection: Addressed.</p>	<p>Met</p>
<p>Requirement 10</p> <p>Ref: Regulation 27(4)(d)(i)</p> <p>Stated: First time</p>	<p>All fire doors should be checked for correct operation. The following doors in particular require adjustment so that they provide an effective fire seal:</p> <p>The door from the corridor into the main kitchen The door from the corridor into the laundry</p> <p>There is a program to fit automatic closers to all bedroom doors. Some of the new closers require adjustment so that they close the doors tight to the stops.</p> <p>If, for operational reasons, fire doors are required to be kept open they should be fitted with automatic closing devices which are linked to the fire detection and alarm system.</p> <p>Action taken as confirmed during the inspection: There is a procedure to periodically check the operation of fire doors. A random sample of doors were reviewed during the inspection all of which operated correctly except for the laundry doors which required some adjustment to close tight to the stops. Refer to section 4.3 item 5.</p>	<p>Met</p>

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 36 Stated: First time	Each fire alarm call point should be identified and records kept of the device used for each weekly test.	Partially Met
	Action taken as confirmed during the inspection: Some records of the test of the alarm do identify the call point used for the test but others are marked up as the alarm being in 'working order' Refer to section 4.3 item 6 and recommendation 2 in Quality Improvement Plan.	

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 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. These are detailed in the 'areas for improvement' section below.

Areas for improvement

- Subsequent to the inspection the inspector was provided with a preview of the report on the condition of the electrical installation. The draft electrical report indicates that the installation is in good condition but is assessed as unsatisfactory due to some remedial work required.
Refer to requirement 1 in Quality Improvement Plan.
- A Gas Safe certificate should be obtained for the laundry installation. The certificate should verify that the installation is in safe and satisfactory condition.
Refer to requirement 2 in Quality Improvement Plan.

3. A review of the legionella risk assessment was carried out by a specialist contractor on 06 May 2016. A report on the review was available for inspection but the actual risk assessment and written scheme of control were not available. The manager explained the measures in place towards the control of legionella. However, there were few formalised records available and it was not possible to relate the actions being taken to a scheme of control.
Refer to recommendation 1 in Quality Improvement Plan.
4. On discussion with the manager it could not be confirmed whether the hairdresser also brings their own equipment on the days they work at the home. It should be confirmed that all hairdressing equipment used for patient care is included in arrangements for maintaining portable electrical equipment in a safe condition.
Refer to requirement 3 in Quality Improvement Plan.
5. With reference to previous requirement 10 the manager confirmed to the inspector after the inspection that the laundry door had been adjusted.
6. With regard to the weekly test of the fire alarm system the records do not confirm that all the call points are included in rotation.
Refer to recommendation 2 in Quality Improvement Plan.
7. On the day of inspection there was no documentation relating to the maintenance of the emergency lighting. The manager informed the inspector that the installation has been serviced recently and that the service reports are pending.
Refer to recommendation 3 in Quality Improvement Plan.
8. There were records relating to the recent servicing of the thermostatic mixing valves. The records don't provide detail of the content of the service and therefore it was not possible to confirm if it is line with good practice.
Refer to recommendation 4 in Quality Improvement Plan.
9. There are arrangements in place for the fire alarm installation to be serviced by a specialist contractor. The last service visit was in February 2016 and the report on the service indicates that it covered the ground floor only. In the last fire risk assessment the assessor raised the servicing of the fire alarm system as a significant finding.
Refer to recommendation 5 in Quality Improvement Plan.

Number of requirements:	3	Number of recommendations:	5
--------------------------------	----------	-----------------------------------	----------

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
--------------------------------	----------	-----------------------------------	----------

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
--------------------------------	----------	-----------------------------------	----------

4.6 Is the service well led?

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

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
--------------------------------	----------	-----------------------------------	----------

5.0 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Leslie Stephens (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 should be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person should review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP should be returned to 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

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 27.-(2)(q)</p> <p>Stated: Second Time time</p> <p>To be Completed by: 12 June 2016</p>	<p>The finalised report on the condition of the electrical installation should be obtained and arrangements made to carry out the identified remedial work within appropriate timescales.</p> <p>Response by Registered Manager Detailing the Actions Taken: Full electrical installation carried out. Remedial work in report to be carried out by JB Solutions within the appropriate timescales.</p>
<p>Requirement 2</p> <p>Ref: Regulations 27.-(2)(c) 27.-(2)(q)</p> <p>Stated: Second time</p> <p>To be Completed by: 12 June 2016</p>	<p>A Gas Safe certificate should be obtained for the laundry installation. The certificate should verify that the installation is in safe and satisfactory condition.</p> <p>Response by Registered Manager Detailing the Actions Taken: Gas Safety in laundry carried out. Certificate in place confirming the system is in satisfactory condition.</p>
<p>Requirement 3</p> <p>Ref: Regulation 27.-(2)(c)</p> <p>Stated: Second time</p> <p>To be Completed by: 12 June 2016</p>	<p>It should be confirmed that all hairdressing equipment used for patient care is included in arrangements for maintaining portable electrical appliances in a safe condition.</p> <p>Response by Registered Manager Detailing the Actions Taken: All electrical appliances used by hairdresser have been PAT tested.</p>

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be Completed by: 12 June 2016</p>	<p>The arrangements for managing the control of legionella should be reviewed.</p> <p>The risk assessment and the written scheme of control should be obtained and it should be ensured that the control actions and monitoring measures are in line with these documents and HSG274 Part 2*.</p> <p>Records should be kept of all activities relating to the control of legionella.</p> <p>It is understood that a new maintenance officer has been appointed and it is recommended that they are provided with suitable training on legionella control.</p> <p>*HSG274 Part 2 is a guidance document which supports the code of practice (L8) <i>Legionnaires' disease. The control of legionella bacteria in water systems.</i></p> <p>Response by Registered Manager Detailing the Actions Taken: Maintenance man has had a meeting with the Legionella Officer and will receive training . Records and Full risk assessment in place.</p>
<p>Recommendation 2</p> <p>Ref: Standard 48</p> <p>Stated: Second time</p> <p>To be Completed by: Ongoing</p>	<p>The procedure for carrying out and recording the weekly test of the fire alarm should be reviewed to ensure that all call points are identified and tested in rotation.</p> <p>If necessary, advice should be sought from the fire safety advisor.</p> <p>Response by Registered Manager Detailing the Actions Taken: Maintenance mand carrying out weekly tests on a rotational basis on different call points and recorded are maintained of same.</p>
<p>Recommendation 3</p> <p>Ref: Standard 48</p> <p>Stated: First time</p> <p>To be Completed by: 12 June 2016</p>	<p>It should be ensured that the service report for the emergency lighting is obtained and that suitable arrangements are made to address any defects which have been identified.</p> <p>Response by Registered Manager Detailing the Actions Taken: All checks carried out on emergency lighting, certificate in place re same.</p>
<p>Recommendation 4</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be Completed by: 12 June 2016</p>	<p>Confirmation should be obtained that the thermostatic mixing valves are being maintained in accordance with HSG274 Part 2.</p> <p>Response by Registered Manager Detailing the Actions Taken: The mixing valves are checked by Adrian Brothers, more description to be included in future reports</p>

<p>Recommendation 5</p> <p>Ref: Standard 48</p> <p>Stated: First time</p>	<p>The arrangements for servicing the fire alarm system should be reviewed with the fire risk assessor and the servicing contractor. It should be ensured that the scope and frequency of service visits is in line with BS5839.</p>
<p>To be Completed by: 12 June 2016</p>	<p>Response by Registered Manager Detailing the Actions Taken: I have spoken to the Fire Risk Assessor and company who carries out alarm system maintenance, checks are now 3 monthly.</p>

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)