

Announced Premises Inspection Report 16 August 2016



Cregagh Nursing Home

Type of service: Nursing Home

Address: 2a Graham Gardens, Belfast, BT6 9FB

Tel No: 028 9045 1300

Inspector: Gavin Doherty

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Cregagh Nursing Home took place on 16 August 2016 from 10:30 to 12:30.

The inspection sought to assess progress with any issues raised during and since the last premises inspection and to determine if the nursing home was delivering safe, effective and compassionate care and if the service was well led.

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 provider. Refer to section 4.3 of the report.

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	6	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Donna Mawhinney, 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 actions detailed in the QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation/registered person: Spa Nursing Home Ltd/Mr Christopher Philip Arnold	Registered manager: Ms Donna Mawhinney
Person in charge of the home at the time of inspection: Ms Donna Mawhinney	Date manager registered: 10 March 2016
Categories of care: NH-I, NH-PH, NH-PH(E), NH-TI	Number of registered places: 40

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 Ms Donna Mawhinney, 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, and fire risk assessment.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 18/07/2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the specialist inspector on 04 August 2017. This QIP will be validated by the specialist inspector at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last premises inspection dated 08 March 2010

Last premises inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 27(4)(a) Stated: First time	The fire risk assessment for the home was completed on the 16/11/2009 and was available for inspection. Ensure that all the requirements flowing from this assessment are fully implemented. Assurances should be sought from the home's Fire Safety Advisor that the empty storage containers currently stored within the 1st floor stairwell do not constitute a fire hazard.	Met
	Action taken as confirmed during the inspection: Inspector confirmed at the time of inspection.	
Requirement 2 Ref: Regulation 27(4)(b) Stated: First time	Ensure that all portable fire-fighting equipment within the home is fully serviced annually in accordance with BS5306-3.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that this equipment was serviced on 21 March 2016 at the time of inspection.	
Requirement 3 Ref: Regulation 14(2)(a)(b)(c) Stated: First time	Ensure that a suitable and sufficient risk assessment regarding the 'Control of Legionella bacteria in hot and cold water systems' is in place within the home which fully complies with the HSE 'Approved Code of Practice L8'. This risk assessment will ascertain if the control measures currently in place are suitable, sufficient and satisfactory. Special attention should be given to the; <ul style="list-style-type: none"> • Regular flushing (twice weekly) of all infrequently used outlets. • Disinfection and de-scaling of all showerheads (quarterly). Records of all required control measures should be maintained and available for inspection.	Partially Met
	Action taken as confirmed during the inspection: Refer to Requirement 3 in section 4.3 of this report and the attached 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

1. A fire risk assessment was undertaken on 25 January 2016. It is essential that the significant findings highlighted in this report are fully implemented within the stated time scales and signed off by the registered manager.
(Refer to requirement 1 in the attached Quality Improvement Plan.)
2. The most recent certification available for the annual inspection and test of the premises emergency lighting was dated 29 June 2015. This inspection is now overdue and should be completed without any further delay.
(Refer to requirement 2 in the attached Quality Improvement Plan.)
3. A risk assessment in relation to the 'Control of Legionella bacteria' in the home's water systems was undertaken on 16 February 2016. It is essential that the significant findings and control measures outlined in this report are fully implemented and maintained within the stated time scales and signed off by the registered manager. Further guidance and information in relation to the implementation and maintenance of these control measures is available in the document 'HSG274 Part 2: The control of legionella bacteria in hot and cold water systems', which is downloadable at:
<http://www.hse.gov.uk/pubns/priced/hsg274part2.pdf>
(Refer to requirement 3 in the attached Quality Improvement Plan.)
4. The most recent report for the 'thorough examination' of the premises passenger lift (in accordance with the Lifting Operations and Lifting Equipment Regulations) was unavailable at the time of the inspection. A copy of this report should be forwarded to RQIA for inspection.
(Refer to requirement 4 in the attached Quality Improvement Plan.)

5. The most recent certification for the premises 'Fixed electrical installation' was unavailable at the time of the inspection. A copy of this report should be forwarded to RQIA for inspection.
(Refer to requirement 5 in the attached Quality Improvement Plan.)
6. The most recent gas safe certification for the premises 'gas powered appliances' was unavailable at the time of the inspection. A copy of this certification should be forwarded to RQIA for inspection.
(Refer to requirement 6 in the attached Quality Improvement Plan.)
7. It was noted at the time of the inspection that the temperature of the water supplied to the premises hairdressing sinks was uncontrolled. It is recommended that a thermostatic mixing valve should be installed at these sinks to safeguard service users.
(Refer to recommendation 1 in the attached Quality Improvement Plan.)
8. It was noted at the time of the inspection that several upper floor window openings in non-patient areas were unrestricted. It is recommended that all window openings throughout the home are inspected to ensure they comply with the guidance outlined in the document 'HSIS5: Falls from windows or balconies in health and social care', which is downloadable at: <http://www.hse.gov.uk/pubns/hsis5.pdf>
(Refer to recommendation 2 in the attached Quality Improvement Plan.)
9. It is recommended that a suitable risk assessment is undertaken for the wardrobes and bedroom furniture throughout the premises with regards to ensuring they are secured and could not be pulled over by service users. All identified furniture should be securely fixed using appropriate fixings.
(Refer to recommendation 3 in the attached Quality Improvement Plan.)

Number of requirements	6	Number of recommendations:	3
-------------------------------	----------	-----------------------------------	----------

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.

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.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Donna Mawhinney, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 nursing home. 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 provider meets legislative requirements based on 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 provider/manager may enhance service, quality and delivery.

5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to Estates.Mailbox@rqia.org.uk for assessment 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 provider 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 provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 27(4) Stated: First time To be completed by: As stipulated in Fire Risk Assessment	<p>The registered provider must ensure that the significant findings highlighted in the fire risk assessment undertaken on 25 January 2016, are fully implemented within the stated time scales and signed off accordingly.</p> <p>Response by registered provider detailing the actions taken: The significant findings highlighted in the fire risk assessment have been confirmed as completed by Spa Group Maintenance Department.</p>
Requirement 2 Ref: Regulation 27(4) Stated: First time To be completed by: 30 September 2016	<p>The registered provider must ensure that the annual inspection and test of the premises emergency lighting installation is undertaken without any further delay.</p> <p>Response by registered provider detailing the actions taken: The inspection of the emergency lighting installation has been completed on the 12/08/16</p>
Requirement 3 Ref: Regulation 14(2) Stated: Second time To be completed by: 30 September 2016	<p>The registered provider must ensure that the significant findings and control measures outlined in the legionella risk assessment are fully implemented and maintained within the stated time scales and signed off accordingly.</p> <p>Response by registered provider detailing the actions taken: Clear flow will visit the premises on the 13/10/16 to review their risk assessment with the maintenance man to ensure compliance.</p>
Requirement 4 Ref: Regulation 14(2) Stated: First time To be completed by: 30 September 2016	<p>The registered provider must ensure that the most recent report for the 'thorough examination' of the premises passenger lift (in accordance with the Lifting Operations and Lifting Equipment Regulations) is in place and a copy forwarded to RQIA for inspection.</p> <p>Response by registered provider detailing the actions taken: This was completed on 29/08/16 by ThyssenKrupp Elevator UK.</p>
Requirement 5 Ref: Regulation 27(2) Stated: First time To be completed by: 30 September 2016	<p>The registered provider must ensure that the most recent certification for the premises 'Fixed electrical installation' is in place and a copy of this report forwarded to RQIA for inspection.</p> <p>Response by registered provider detailing the actions taken: The Spa group have confirmed this was completed in 2013, they have had a new survey completed on the 26th September 2016 and are waiting for work to be completed.</p>

Requirement 6 Ref: Regulation 27(2) Stated: First time To be completed by: 30 September 2016	The registered provider must ensure that the most recent gas safe certification for the premises 'gas powered appliances' is in place and a copy of this certification forwarded to RQIA for inspection. Response by registered provider detailing the actions taken: The gas inspection was completed on 26/06/16
Recommendations	
Recommendation 1 Ref: Standard 44.8 Stated: First time To be completed by: 11 October 2016	It was noted at the time of the inspection that the temperature of the water supplied to the premises hairdressing sinks was uncontrolled. It is recommended that a thermostatic mixing valve should be installed at these sinks to safeguard service users. Response by registered provider detailing the actions taken: The thermostatic mixing valves are now in place.
Recommendation 2 Ref: Standard 44.8 Stated: First time To be completed by: 11 October 2016	It was noted at the time of the inspection that several upper floor window openings in non-patient areas were unrestricted. It is recommended that all window openings throughout the home are inspected to ensure they comply with the guidance outlined in the document 'HSIS5: Falls from windows or balconies in health and social care', which is downloadable at: http://www.hse.gov.uk/pubns/hsis5.pdf Response by registered provider detailing the actions taken: The windows have been restricted in upper floor areas.
Recommendation 3 Ref: Standard 44.8 Stated: First time To be completed by: 11 October 2016	It is recommended that a suitable risk assessment is undertaken for the wardrobes and bedroom furniture throughout the premises with regards to ensuring they are secured and could not be pulled over by service users. All identified furniture should be securely fixed using appropriate fixings. Response by registered provider detailing the actions taken: The wardrobes are now secured to the bedroom walls.

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