



The Regulation and
Quality Improvement
Authority

Inspector: P Cunningham
Inspection ID: IN021469

Madelayne Court
RQIA ID: 11145
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**Announced Estates Inspection
of
Madelayne Court

13 October 2015**

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced estates inspection took place on 13 October 2015 from 10.00 to 13.30. Overall on the day of the inspection the premises supported the delivery of safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Care Standards for Nursing Homes 2015.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	0

The details of the QIP within this report were discussed with Mable Cole, Home Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Runwood Homes Ltd	Registered Manager: Mable Cole
Person in Charge of the Home at the Time of Inspection: Mable Cole	Date Manager Registered: 14 September 2015
Categories of Care: NH-TI, RC-I, NH-DE, NH-I, NH-MP(E), NH-PH(E)	Number of Registered Places: 64
Number of Patients Accommodated on Day of Inspection: 64	Weekly Tariff at Time of Inspection: Various (£470, £505, £593, £608, £728)

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 44: Premises

Standard 47: Safe and Healthy working Practices

Standard 48: Fire safety

4. Methods/Process

Specific methods/processes used in this inspection include the following:

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

During the inspection the inspector met with Mable Cole, Manager, Madelayne Court, Neil Shields, Estates Manager, Runwood Homes Ltd and Roger McFarland Maintenance Man, Madelayne Court.

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.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced medicines inspection dated 9 June 2015. The report on that inspection contained no requirements or recommendations for action by the registered persons.

5.2 Review of Requirements and Recommendations from the last Estates Inspection on 11 October 2012

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 14 (2)(c)</p>	<p>Undertake a comprehensive legionellae risk assessment in the home by a competent person. This should include an action plan to address all shortcomings as well as the provision of suitable training and instruction to the home's staff on their respective duties.</p> <p>It is further recommended that the record log sheets for ongoing control measures and checks are reviewed for ease of use by the home's maintenance man.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Legionellae risk assessment was subsequently carried out in the home and reviewed in February 2015. Records presented indicated that the routine control measures are carried out by the maintenance man.</p>	
<p>Requirement 2</p> <p>Ref: Regulation 27 (2)(c)</p>	<p>Carry out servicing to the thermostatic mixing valves in accordance with manufacturers guidelines.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Records were presented confirming that the thermostatic mixing valves were serviced.</p>	
<p>Requirement 3</p> <p>Ref: Regulation 27 (2)(c)</p>	<p>Replace the hot water temperature gauge at the storage cylinder.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Manager confirmed that the gauge was replaced.</p>	
<p>Requirement 4</p> <p>Ref: Regulation 14 (2)(c)</p>	<p>Record the hot water temperatures at thermostatically controlled showers. However see 5.4 item 2 below</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Records indicate that the maintenance man records the temperature of all the thermostatically controlled hot water outlets on a routine basis</p>	

Requirement 5 Ref: Regulation 27 (4)(c)	Liaise with the home's fire safety adviser/fire risk assessor regarding the suitability of the new under-stair stores. Consideration should be giving to relocating these to suitable alternative locations.	Partially Met
Action taken as confirmed during the inspection: Stores have been upgraded to fire resting construction and automatic fire detection installed.		
Requirement 6 Ref: Regulation 27 (4)(c)	Provide easy opening devices to the main kitchen and laundry exit doors.	Met
Action taken as confirmed during the inspection: Easy opening devices fitted to both doors.		
Requirement 7 Ref: Regulation 27 (4)(d)(i)	Provide an automatic self-closing device to the door leading from the main kitchen to the lobby.	Met
Action taken as confirmed during the inspection: Automatic self-closing device provided.		
Requirement 8 Ref: Regulation 27 (4)(d)(iv)	Record regular checks to all fire doors.	Met
Action taken as confirmed during the inspection: Records presented indicate that doors are checked on a routine basis.		
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 32.6	Replace the glass in the treatment room windows with obscure glass.	Partially Met
Action taken as confirmed during the inspection: Obscure glass not provided but blinds fitted to windows obscuring view of room from outside. The manager agreed to review this with a view to providing obscure finish to windows to enhance security around medicines storage.		

5.3 Standard 44: Premises

Is Care Safe? (Quality of Life)

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this Estates inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. This supports the delivery of safe care.

Is Care Effective? (Quality of Management)

A range of accommodation, facilities and support services is provided in the premises. This supports the delivery of effective care.

Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. This supports the delivery of compassionate care.

Areas for Improvement

Not applicable.

Number of Requirements	0	Number Recommendations:	0
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5.4 Standard 47: Safe and Healthy Working Practices

Is Care Safe? (Quality of Life)

A range of documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this Estates inspection. This supports the delivery of safe care.

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

Is Care Effective? (Quality of Management)

The nature and needs of the patients are considered as part of the risk assessment processes and this is reflected in the management of the home. This supports the delivery of effective care.

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

Is Care Compassionate? (Quality of Care)

There are health and safety procedures and control measures in place which support the delivery of compassionate care.

Areas for Improvement

1. The action plan of the legionellae risk assessment review lists several items requiring attention by the responsible person. See item 1. on the attached Quality Improvement Plan.
2. The home's six baths are not used by patients and are subject to regular flushing in line with legionellae control procedures. Records indicated that the temperature of the hot water at the six baths was not currently checked routinely in line with 'safe hot water' guidance. The maintenance man confirmed following the inspection (by telephone call to the inspector) that these checks were carried out immediately following the inspection and are now included in the monthly hot water checking routine.

Number of Requirements	1	Number Recommendations:	0
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5.5 Standard 48: Fire Safety

Is Care Safe? (Quality of Life)

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. This supports the delivery of safe care.

Is Care Effective? (Quality of Management)

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. It is understood that the person carrying out the fire risk assessment holds professional registration with an appropriate professional body for fire risk assessment. This supports the delivery of effective care.

Is Care Compassionate? (Quality of Care)

The standard used by the registered persons to determine the extent of fire safety protection measures that are appropriate for the premises recognises the need to maintain a homely, non-institutionalised environment. All staff have undertaken fire safety training by way of e-learning and on-site training and the manager stated that further in-house training was due to take place during the week following this inspection. This will see all staff having up to date fire safety training both by way of e-learning and practical on-site training.

A number of practice fire evacuations have been undertaken over recent weeks. This supports the delivery of compassionate care.

Areas for Improvement

Not applicable.

Number of Requirements	0	Number Recommendations:	0
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5.6 Additional Areas Examined

Not applicable.

6. Quality Improvement Plan (QIP)

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mable Cole, Home 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.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Persons

The QIP should 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 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 weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

Requirement 1 Ensure that appropriate actions are taken to address the action plan of the legionellae risk assessment.

Ref: Regulation 14
(2)(a)

Stated: First

To be Completed by:
8 December 2015

Response by Registered Manager Detailing the Actions Taken:

There is a well defined and documented chain of command showing responsibility for the management of Legionella.

Registered Manager Completing QIP	Mabel Cole	Date Completed	27/10/15
Registered Person Approving QIP	Logan Logeswaran	Date Approved	29/10/15
RQIA Inspector Assessing Response	P Cunningham	Date Approved	30/10/15

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