

Announced Premises Inspection Report 2 February 2017



County

Type of Service: Nursing Home
Address: 42 Tempo Road, Enniskillen BT74 6HR
Tel No: 02866323845
Inspector: Raymond Sayers

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of County Nursing Home took place on 2 February 2017 from 10:15 to 13:30.

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 well led, delivering safe, effective and compassionate care.

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. A number of issues were however identified by the inspector, and are to be addressed by the registered provider.

Refer to section 4.3.

Is care effective?

On the day of the inspection the premises supported the delivery of effective care. Some issues were however identified for attention, and are to be addressed by the registered provider.

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	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Tanya Taylor-Smith, Manager, and Mr Gerry Hegarty, 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.

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 most recent premises inspection on 4 September 2013.

2.0 Service Details

Registered organisation/registered provider: Four Seasons Healthcare/Maureen Claire Royston	Registered manager: Tanya Taylor-Smith
Person in charge of the home at the time of inspection: Ms Tanya Taylor-Smith	Date manager registered: 15 April 2016
Categories of care: RC-I, NH-DE, NH-I, NH-PH	Number of registered places: 58

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 two patients, kitchen staff, Mr Gerry Hegarty (Four Seasons Healthcare Maintenance Manager), Mr Neil Armstrong (Maintenance Supervisor), and Ms Tanya Taylor-Smith, Manager.

The following records were examined during the inspection:

- Copies of building services certificates
- Building user log books relating to the maintenance and inspection of the building
- Engineering services
- Legionellae risk assessment
- Fire risk assessment

4.0 The Inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 17 October 2016

The most recent inspection of the nursing home was an unannounced medicines management inspection. The completed QIP was returned, and approved by the Medicines Management inspector on 13 December 2016. This QIP will be validated by the Medicines Management inspector at their next inspection.

4.2 Review of requirements and recommendations from the last premises inspection dated 4 September 2013

Last premises inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 14(2)(a),(b) & (c)	Implement legionella risk assessment recommended improvement/control precautions. (Reference: Report sections 9.1.1 & 9.3.2).	Met
	Action taken as confirmed during the inspection: Legionella risk assessment controls implemented.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 32.1	Complete redecoration works to reinstate decorative condition of all interior surfaces. (Reference: Report sections 9.2.2, 9.2.3 & 9.2.4).	Met
	Action taken as confirmed during the inspection: Redecoration works implemented.	
Recommendation 2 Ref: Standard 32.1	Remove staining from kitchen flooring or consider installation of replacement floor covering. (Reference: Report section 9.2.5).	Met
	Action taken as confirmed during the inspection: New flooring installed.	
Recommendation 3 Ref: Standard 35.1	Instruct passenger lift maintenance service engineer to monitor condition of top floor lock in accordance with Lifting Operations and Lifting Equipment "thorough examination" report. (Reference: Report section 9.3.3).	Met

	Action taken as confirmed during the inspection: Control checks implemented.	
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4.3 Is care safe?

A range of documents related to the maintenance and inspection of the premises were 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 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, and are detailed in the 'Areas for improvement' section below.

Areas for improvement

1. The fire risk assessment action plan recommends that roof void sub-compartment fire barriers have been compromised by electrical conduits passing through the sub-compartment walling; the sub-compartment wall penetration should be fire stopped to maintain the integrity of the fire barrier.
Refer to Quality Improvement Plan Recommendation 1.
2. A number of corridor fire doors did not close effectively to create an effective cold-smoke barrier; Mr Armstrong (Maintenance Supervisor) stated that he would complete a condition check of all corridor fire doors, and implement repair works.
Refer to Quality Improvement Plan Recommendation 1.
3. The last portable appliance combined test/inspection was completed on 21 June 2015; Mr Hegarty stated that the maintenance supervisor completed monthly visual inspections of laundry and kitchen portable electrical appliances, and that annual combined inspection/testing of portable appliances would be implemented from 2017 onwards.

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 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.

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. The condition of the kitchen and laundry wall decoration has deteriorated. Refer to Quality Improvement Plan Recommendation 2.
2. The roof eaves fascia boarding adjacent the front entrance has deteriorated and requires redecoration/replacement. Refer to Quality Improvement Plan Recommendation 2.
3. The wall tiling in the bathroom opposite bedroom 11 had sustained some damage as a result of impact with hoisting equipment/wheelchairs; the bath side and end panels were damaged by impact with hoists etc. Refer to Quality Improvement Plan Recommendation 3.
4. Wall tile grout had deteriorated in sluice room opposite bedroom 9. Refer to Quality Improvement Plan Recommendation 3.

Number of requirements	0	Number of recommendations:	2
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4.5 Is care compassionate?

The accommodation reviewed during this premises inspection was well maintained, comfortable, clean, and well ventilated with adequate lighting levels.

Service users are consulted about decisions around décor and the private accommodation where appropriate. This supports the delivery of compassionate care.

There were no issues identified as requiring remedial attention during this premises 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 authorised 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.

There were no issues identified as requiring improvement during the inspection.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Gerry Hegarty, Four Seasons Health Care Maintenance Manager, and Ms Tanya Taylor-Smith, 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, 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 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 stated. The registered provider should confirm that these actions have been completed and return completed QIP to the [web portal](#) for review 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	
Recommendations	
Recommendation 1 Ref: Standard 48.1 Stated: First time To be completed by: 30 March 2017	Implement Fire Risk Assessment recommended action plan works/procedures. Response by registered provider detailing the actions taken: Fire Risk assessment has been reviewed and two outstanding areas will be completed by the estates MST team.
Recommendation 2 Ref: Standard 44.1 Stated: First time To be completed by: 30 June 2017	Complete a condition survey of interior and exterior decorated surfaces, and implement redecoration works as required. Response by registered provider detailing the actions taken: Registered manager plans to complete an environmental audit to include internal and external work. Outside painting has been placed on programme for 2017. Maintenance person currently repaints bedrooms as they are vacated. Repainting of kitchen has been placed on painting programme.
Recommendation 3 Ref: Standard 44.1 Stated: First time To be completed by: 30 March 2017	Inspect wall tiling in bathroom opposite Bedroom 11, and sluice room opposite Bedroom 9, and implement repair works as required to provide a safe environment. Response by registered provider detailing the actions taken: Refurbishment of identified bathroom and sluice room has been placed on 2017 refurb programme. In the interim Maintenance person has completed a visual check and will replace any tiles etc as they are required.



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