



The Regulation and
Quality Improvement
Authority

Three Islands
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**Announced Estates Inspection
of
Three Islands**

7 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 7 October 2015 from 10.30 to 13.00. 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 Mrs A McAteer, Registered Provider as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mr D McAteer and Mrs A McAteer	Registered Manager: Mr David Joseph McAteer
Person in Charge of the Home at the Time of Inspection: Mr David Joseph McAteer	Date Manager Registered: 7 May 2009
Categories of Care: NH-LD, NH-LD(E)	Number of Registered Places: 40
Number of Patients Accommodated on Day of Inspection: 40	Weekly Tariff at Time of Inspection: Not ascertained

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 Estate's inspection report
- Statutory notifications received over the past 12 months.

During the inspection the inspector did not meet with any patients, visiting professionals or patient's representatives.

The following records were examined during the inspection:

- Fire risk assessment
- Fire safety service records and in-house log books
- Electrical certificates & associated records.
- LOLER reports
- Legionella risk assessment and controls records.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced primary care inspection dated 26 September 2014. The completed QIP was returned and approved by the specialist inspector on 7 January 2015.

There were no areas to follow up or address.

5.2 Review of Requirements and Recommendations from *the last Estates Inspection*

The previous estates inspection was undertaken on 15 May 2012.

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 14(2)</p>	<p>Ensure that a suitable monitoring system is implemented with regards to the control measures required in the homes current legionella risk assessment. It is important that the;</p> <ul style="list-style-type: none"> • hot and cold water temperatures are monitored; • seldom used outlets are flushed through weekly; <p>and</p> <ul style="list-style-type: none"> • all shower heads and hoses are descaled and disinfected on a quarterly basis. <p>Suitable records for the above should be maintained and be available for inspection within the home.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The risk assessment, control measures and records associated with the Control of legionella bacteria in the home's hot and cold water systems were inspected and found to be satisfactory.</p>	
<p>Requirement 2</p> <p>Ref: Regulation 14(2)</p>	<p>Ensure that a suitably competent member of staff is nominated to log on to the NIAIC website at suitable frequencies (recommend at least weekly) and access MDAs and MDEAs. A log of all visits to the website should be maintained</p> <p>Further information may be obtained at: http://www.rgia.org.uk/what_we_do/registration_in_spection_and_reviews/medical_device_equipment_alerts_mdeas_cfm</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Process and records inspected and found to be satisfactory.</p>	

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

There were no areas identified for improvement as a result of this inspection. This is to be commended.

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.

One issue was however identified for attention during this Estates inspection. This is 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.

Is Care Compassionate? (Quality of Care)

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

Areas for Improvement

It is important that the Kitchen Extract system is thoroughly examined and cleaned in accordance with current legislation and best practice guidance (Control of substances Hazardous to Health Regulations (COSHH) 2002 and 2004 Amendment).

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. 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. This supports the delivery of compassionate care.

Areas for Improvement

There were no areas identified for improvement as a result of this inspection. This is to be commended.

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

No further areas were examined during this estates inspection of the home.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered provider, Mrs A McAteer 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
Ref: Regulation 27(2)
Stated: First time

It is important that the Kitchen Extract system is thoroughly examined and cleaned in accordance with current legislation and best practice guidance (Control of substances Hazardous to Health Regulations (COSHH) 2002 and 2004 Amendment).

**To be Completed by:
 2 December 2015**

Response by Registered Manager Detailing the Actions Taken:

The Kitchen Extract system has been thoroughly examined and cleaned in accordance with current legislation and best practice guidance.

Registered Manager Completing QIP	David Joseph McAteer	Date Completed	2/12/15
Registered Person Approving QIP	Anne McAteer	Date Approved	2/12/15
RQIA Inspector Assessing Response	Gavin Doherty	Date Approved	16/12/15

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