

# Announced Premises Inspection Report 26 July 2016



## Whiteabbey

**Type of Service: Nursing Home**  
**Address: 104-106 Doagh Road, Newtownabbey, BT37 9QP**  
**Tel No: 028 9085 3021**  
**Inspector: Gavin Doherty**

## 1.0 Summary

An announced premises inspection of Whiteabbey Care Home took place on 26 July 2016 from 10:30 to 12:30.

### Is care safe?

On the day of the inspection the premises supported the delivery of safe care. However one issue was identified for attention by the registered provider. Refer to section 4.3 for further information.

### 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. However some issues were identified for attention by the registered provider. Refer to section 4.5 for further information.

### 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
<b>Total number of requirements and recommendations made at this inspection</b>	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Aleyamma George, registered manager and Mr Stevie McCormick, estates 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 previous QIP there were no further actions required to be taken following the last inspection.

## 2.0 Service Details

<b>Registered organisation/registered provider:</b> Four Seasons Healthcare/Dr Maureen Claire Royston	<b>Registered manager:</b> Mrs Aleyamma George
<b>Person in charge of the home at the time of inspection:</b> Mrs Aleyamma George	<b>Date manager registered:</b> 20 May 2011
<b>Categories of care:</b> RC-I, NH-I, NH-PH, NH-PH (E)	<b>Number of registered places:</b> 59

## 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 Mrs Aleyamma George, registered manager and Mr Stevie McCormick, estates manager for Four Seasons Health Care.

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 26 February 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector on 15 April 2016. This QIP will be validated by the specialist inspector at their next inspection.

### 4.2 Review of requirements and recommendations from the last premises inspection dated 18 April 2013

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 27 (2)(b),(d),(q)	Ensure that the detailed refurbishment and redecoration works, currently being implemented within the home are carried through to full completion.	<b>Met</b>

<b>Stated:</b> First time	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed that extensive redecoration and refurbishment had been undertaken at the time of inspection.	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 27 (2)(q) 14 (2)(a),(c)  <b>Stated:</b> First time	<p>Ensure that the significant findings contained within the most recent fire risk assessment are fully implemented and signed-off accordingly.</p> <p><b>Action taken as confirmed during the inspection:</b> Inspector confirmed that the significant findings from the most recent fire risk assessment undertaken on 12 April 2016 had been completed at the time of inspection.</p>	<b>Met</b>

### 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.

One issue was however identified for attention during this premises inspection. This is detailed in the 'areas for improvement' section below.

#### Areas for improvement

1. Ensure that the defect highlighted in the most recent LOLER Report for the home's passenger lift regarding the gap at the lift door, is suitably resolved with the lift's service engineer. (Refer to recommendation 1 in the attached Quality Improvement Plan)

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
-------------------------------	----------	-----------------------------------	----------

#### 4.4 Is care effective?

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance. Records were available for inspection outlining the scope of the work undertaken by the home's maintenance person and nursing staff. Service users are involved where appropriate in decisions around the upkeep of the premises. This supports the delivery of effective care.

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
-------------------------------	----------	-----------------------------------	----------

#### 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. The vanity units in many of the bedrooms have been replaced and replacement wardrobes and drawer units were also evidenced in many bedrooms. This supports the delivery of compassionate 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 floor finish in Laundry was in an unacceptable condition and should be replaced with a suitable slip resistant impervious sheet floor finish.  
(Refer to recommendation 2 in the attached Quality Improvement Plan)
2. The floor Finish in the first floor Staff Room was in very poor condition and should be replaced with a suitable slip resistant floor finish.  
(Refer to recommendation 2 in the attached Quality Improvement Plan)
3. The cupboard doors in the ground floor Domestic Store were badly water damaged and should be replaced without further delay.  
(Refer to recommendation 2 in the attached Quality Improvement Plan)

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
-------------------------------	----------	-----------------------------------	----------

#### 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.

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
-------------------------------	----------	-----------------------------------	----------

## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Aleyamma George, registered manager and Mr Stevie McCormick, estates manager for Four Seasons Health Care. 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 (Insert Service Type). 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 [estates.mailbox@rqia.org.uk](mailto: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

<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 44.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 20 September 2016</p>	<p>The registered provider should ensure that the defect highlighted in the most recent LOLER Report for the home's passenger lift regarding the gap at the lift door, is suitably resolved with the lift's service engineer.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> The Order for the repair has been placed with the lift contractor. We are awaiting a start date for the works to commence.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 44.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 20 September 2016</p>	<p>The registered provider should ensure that the floor finishes in the Laundry and Staff Room, and the water damaged cupboard doors in the Domestic Store are replaced in a timely manner.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> A full refurbishment of the laundry, staff room and domestic store is to be carried out. The works to be completed have been sent out to tender .</p>

*\*Please ensure this document is completed in full and returned to [estates.mailbox@rqia.org.uk](mailto: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](mailto:info@rqia.org.uk)

Web [www.rqia.org.uk](http://www.rqia.org.uk)

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