

Announced Premises Inspection Report 14 March 2017



Our Mother of Mercy

Type of Service: Nursing Home
Address: 1 Home Avenue, Newry, BT34 2DL
Tel No: 02830262086
Inspector: Kieran Monaghan

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Our Mother of Mercy Nursing Home took place on 14 March 2017 from 10:00 to 13:05.

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. Reference should be made to section 4.3.

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	3	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Peggy O'Neill, Responsible Individual, 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 most recent premises inspection on 29 January 2015.

2.0 Service Details

Registered Provider/Responsible Individual: Kilmorey Care Ltd/Mrs Peggy O'Neill	Registered manager: Mrs Elizabeth Doran
Person in charge of the home at the time of inspection: Mrs Peggy O'Neill, Responsible Person	Date manager registered: 04 November 2013
Categories of care: NH-DE, NH-I, NH-PH, NH-PH(E), RC-I, RC-MP, RC-MP(E), NH-LD, NH-LD(E)	Number of registered places: 48

3.0 Methods/processes

Prior to this premises inspection, the following records were reviewed:

- The report for the previous premises inspection on 29 January 2015
- The statutory notifications over the past 12 months (No notifications logged)
- The concerns log

During this premises inspection discussions took place with the following people:

- Mrs Peggy O'Neill, Responsible Individual
- Mr Frances O'Hare who is responsible maintenance issues in relation to the premises

During this premises inspection, the following records were reviewed:

- A range of service records and in-house records relating to the maintenance and upkeep of the premises
- The legionella bacteria risk assessment report
- The fire risk assessment report

4.0 The Inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 16 February 2017

The most recent inspection of this nursing home was an unannounced care inspection IN024901 on 19 January 2017. The completed QIP for this inspection was returned to RQIA on 08 March 2017 and approved by the care inspector on 10 March 2017. This QIP will be validated by the care inspector at their next inspection.

4.2 Review of requirements and recommendations from the last premises inspection on 29 January 2015

Last premises inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 13(7) 14(2)(a) 14(2)(c) 27(2)(q) Stated: First time	Temperature gauges should be fitted at the hot water cylinders to assist with monitoring the temperature of the unblended hot water in the secondary return pipework. Reference should be made to section 9.2.5 in the report. Action taken as confirmed during the inspection: Temperature gauges had been fitted to the hot water cylinders.	Met
Requirement 2 Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q) Stated: First time	Further water samples should be taken by 21 February 2015. These samples should include pre and post flush samples. Any outlets where previous samples indicated the presence of legionella bacteria should be resampled along with a representative number of other outlets throughout the premises. The results for these samples should be closely monitored. Five day indicative results should be confirmed to RQIA for these samples by 26 February 2015. Any further action that may be required will be determined on the basis of these results. Advice should be sought from the legionella risk assessor in relation to the procedure, number and location for these samples. Reference should be made to section 9.2.6 in the report. Action taken as confirmed during the inspection: Further water samples were tested following the last premises inspection and the results for these were shared with the legionella risk assessor and RQIA.	Met

Last premises inspection statutory requirements		Validation of compliance
<p>Requirement 3</p> <p>Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)</p> <p>Stated: First/Second/Third time</p>	<p>Following the completion of the remedial works to the water systems, the schematic drawing should be updated to ensure that it fully reflects the system as installed, including all recent alterations. In addition, the overall arrangements in place for the ongoing management of the water systems should be reviewed and revised as required to ensure that the following are in place and up to date:</p> <ol style="list-style-type: none"> 1. Policy 2. Schematic drawing 3. Scheme of control 4. Legionella risk assessment (signed off) 5. Comprehensive records 6. Training programme 7. Review and audit procedures <p>Reference should be made to section 9.2.8 in the report.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Mrs O'Neill confirmed that there was a policy in place in relation to the management of the water systems (not reviewed). The schematic drawing had been updated and the legionella risk assessment had been reviewed and updated on 20 October 2016. It was agreed that the action plan in the report for this most recent legionella risk assessment would be reviewed to check for completion and signed off. Comprehensive records in relation to the scheme of control were presented for review during this premises inspection and training was provided on 21 February 2014. In addition Mrs O'Neill confirmed that the existing audit procedures were being now being reviewed and updated.</p>	

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 in line with the guidance issued by RQIA in relation to the competency of 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 'comments and areas for improvement' section below.

Comments and Areas for improvement

1. The surfaces of the drop down rails at some of the toilets had deteriorated. These should be reviewed and repaired or replaced as required. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.
2. The floor covering in the nurse station on the second floor should be replaced. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.
3. The window openings in the home were controlled. There is however a range of different types of window controls in place. The fixings for the window openings should be reviewed and improved as required to ensure that they are tamper proof. Additional controls should also be fitted to the gable window in bedroom 56 on the second floor. Reference should be made to requirement 1 in the attached Quality Improvement Plan.
4. The beds in some of the bedrooms, for example; bedrooms 47 and 49 were located adjacent to the radiators. Guards should be fitted to the radiators in bedrooms where the beds are located adjacent to the radiators. The risk assessments in relation to hot surfaces should also be reviewed to ensure that they are up to date. In addition a programme of work should be drawn up to achieve compliance with the current standards in relation to safe hot surfaces. Reference should be made to requirement 2 in the attached Quality Improvement Plan.

5. Advice and guidance on the management of the water systems in relation to the prevention or control of legionella bacteria is provided by a specialist company. The most recent review of the legionella risk assessment was completed by this specialist company on 20 October 2016. The water systems were disinfected on 02 February 2017 and the showers are disinfected on a monthly basis. In addition the water temperatures are checked each month and the thermostatic mixing valves were serviced by an outside plumber on 19 August 2016. Mrs O'Neill agreed to check the previous advice in relation to testing water samples to ensure that this is still current. During this premises inspection it was noted that the temperature readings on the gauges that had been fitted to the hot water cylinders were below the current 55°C standard for uncontrolled hot water. This should be investigated and actioned accordingly. Reference should be made to recommendation 2 in the attached Quality Improvement Plan.
6. The emergency lights were inspected and tested on 08 January 2017 with a satisfactory outcome. The fire detection and alarm system was also inspected and serviced on 16 October 2016 and again on 16 February 2017 with satisfactory outcomes. In addition the fire alarm is tested each week and a record is kept for same. It was agreed that the break glass used each week for the testing would be noted in the record.
7. At present there are three patients who smoke. Mrs O'Neill confirmed that risk assessment had been carried out in relation to this activity as part of the care planning (not review during this premises inspection). It was agreed that an additional fire blanket would be provided bedside the existing fire extinguishers at the front entrance. In addition the call facility in smoking room should be repaired and the extract fan should be replaced. Reference should be made to requirement 3 in the attached Quality Improvement Plan.
8. The fixed wiring installation was inspected and tested on 11 August 2016 with a satisfactory outcome. The electrical equipment was also inspected and tested in September 2016.
9. Fire safety training was provided by the fire risk assessor on 02 and 28 February 2017. Further fire safety training sessions had also been arranged for April 2017. Mr O'Hare confirmed that monthly fire drills are carried out with the most recent having been completed on 01 March 2017 with a satisfactory outcome. Records for the fire drills are kept. It was however agreed that these records would be amended to include a brief description of the scenarios covered and a section to record any learning points.
10. Mr. O'Hare confirmed that the inlet and outlet points for the kitchen extract system are cleaned on a regular basis. It was agreed that the short section of ductwork between the inlet and outlet points would be checked to ensure that this is also clean.
11. Smoke seals had been fitted to the door to the small store on the ground floor in the staircase. It was also agreed that a door stop would be fitted along the top edge of this door to ensure that the smoke sealing is more robust. Minor adjustment should also be carried out to the double doors to the Oratory on the first floor to ensure fully effective smoke sealing.

12. The most recent thorough examination of the passenger lifts were carried out on 14 November 2017. The lift service company were in the home at the time of this premises inspection addressing the remaining issue that was identified for attention in the reports for these thorough examinations.
13. The nurse call system was serviced on 17 August 2016 and again on 18 March 2017. In addition weekly in-house checks are carried out to the nurse call system. Sample checks to the nurse call system carried out during this premises inspection were also satisfactory.
14. It was noted that some further remedial works were required in relation to the plasterwork in the stairs.

Number of requirements	3	Number of recommendations:	2
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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.

Number of requirements	0	Number of recommendations:	0
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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
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4.6 Is the service well led?

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

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
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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 Mrs Peggy O'Neill, Responsible Individual, 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 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	
Statutory requirements	
<p>Requirement 1</p> <p>Ref: Regulations 14(2)(a) 14(2)(c)</p> <p>Stated: First time</p> <p>To be completed by: 14 April 2017</p>	<p>The fixings for the window openings should be reviewed and improved as required to ensure that they are tamper proof. Additional controls should also be fitted to the gable window in bedroom 56 on the second floor.</p> <p>Response by registered provider detailing the actions taken: Room 56: A tamper proof fitting has been ordered and will be fitted in early April 17. New windows have been ordered for all remaining bedrooms. These windows will be fitted tamper proof openings. Delivery date is expected to be the end of April 2017.</p>
<p>Requirement 2</p> <p>Ref: Regulations 14(2)(a) 14(2)(c)</p> <p>Stated: First time</p> <p>To be completed by: a) 09 June 2017 b) Ongoing</p>	<p>a) Guards should be fitted to the radiators in bedrooms where the beds are located adjacent to the radiators. b) The risk assessments in relation to hot surfaces should also be reviewed to ensure that they are up to date. In addition a programme of work should be drawn up to achieve compliance with the current standards in relation to safe hot surfaces.</p> <p>Response by registered provider detailing the actions taken: A) Identified rooms 47 & 49 plus room 27. Radiator cabinets to be fitted by the end of April 17. B) Risk assessment for hot surfaces are in place. A programme of work to cover radiators has been implemented and over the next 24 months all radiators will be covered as necessary.</p>
<p>Requirement 3</p> <p>Ref: Regulations 27(2)(c) 27(2)(q)</p> <p>Stated: First time</p> <p>To be completed by: 14 April 2017</p>	<p>The call facility in smoking room should be repaired and the extract fan should be replaced.</p> <p>Response by registered provider detailing the actions taken: A) Call bell replaced on 15.03.17 B) Extractor fan replaced 30.03.17 C) Fire Blanket put in place as requested on 15.03.17.</p>

Quality Improvement Plan

Recommendations

Recommendation 1

Ref: Standard 44

Stated: First time

To be completed by:
09 June 2017

The drop down rails at toilets should be reviewed and repaired or replaced as required. The floor covering in the nurse station on the second floor should be replaced.

Response by registered provider detailing the actions taken:

- A) All rails reviewed and repairs carried out. Damaged rails replaced.
- B) Floor in Nurses station was professionally cleaned 30.03.17.

Recommendation 2

Ref: Standard 47

Stated: First time

To be completed by:
a) 14 April 2017
b) immediately and ongoing

- a) The previous advice in relation to testing water samples should be reviewed with the legionella risk assessor to ensure that this is still current.
- b) The reason for the reduced temperature reading on the hot water cylinder gauges should be investigated and any necessary remedial actions required should be taken.

Response by registered provider detailing the actions taken:

- A) Previous advise reviewed and management will consult with the legionella risk assessor April 17.
- B) Plumbing Contractor requested to investigate the issue on 15.03.17. Issue resolved. Inspections on 22.03.17 & 27.03.17 confirmed temperatures in excess of 60c



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