

Announced Premises Inspection Report 09 August 2016



St. Josephs

Type of service: Nursing Home
Address: 16 Princes Street, Warrenpoint, BT34 3NH
Tel No: 028 4175 3572
Inspector: K. Monaghan

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of St. Joseph's Nursing Home took place on 09 August 2016 from 10:25 to 14:00hrs.

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. However one issue was identified for attention by the registered provider. Reference should be made 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	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs. Jacqueline Rooney, Registered 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 on 18 March 2014

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 18 March 2014.

2.0 Service details

Registered Provider / Responsible Individual: Kilmorey Care Ltd / Mrs. Peggy O'Neill	Registered manager: Mrs. Jacqueline Rooney
Person in charge of the home at the time of inspection: Mrs. Jacqueline Rooney, Registered Manager	Date manager registered: 29 April 2008
Categories of care: NH-LD, NH-I, NH-LD(E), NH-PH, NH-PH(E), RC-I, RC-PH, RC-PH(E)	Number of registered places: 50

3.0 Methods/processes

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

- The previous premises inspection report
- The statutory notifications over the past 12 months
- The concerns log.

During this premises inspection discussions took place with Mrs. Jacqueline Rooney, Registered Manager.

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 fire risk assessment report
- The legionella bacteria risk assessment report.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection on 25 February 2016

The most recent inspection to this home was an unannounced care inspection IN022094 on 25 February 2016. No requirements or recommendations were made during this inspection.

4.2 Review of requirements and recommendations from the last premises inspection on 18 March 2014

Last premises inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulations 27(2)(b) 27(2)(l)</p> <p>Stated: First time</p>	<p>The windows in bedrooms 68 and 77 should be replaced to prevent the ingress of moisture adjacent to these windows. The walls at these windows should also be made good. Additional shelving should be provided in store room 59. In addition the kitchen units should be reviewed and a plan of improvement should be taken forward.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>The installation of further new windows and replastering had been carried out to address this issue. Mrs. Rooney also confirmed that all of the windows to the front of the premises had now been replaced. Store room 59 was not reviewed during this premises inspection. The detail provided in the completed Quality Improvement Plan returned to RQIA for the last premises inspection however confirmed that this issue had been addressed. New stainless steel units had been provided in the kitchen.</p>	

Last premises inspection statutory requirements		Validation of compliance
<p>Requirement 2</p> <p>Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)</p> <p>Stated: Second time</p>	<p>The plumbing system should be reviewed with the legionella risk assessor and the plumber to clarify the location for all of the sentinel outlets. An updated list of the sentinel outlets should be drawn up and used for the ongoing monthly checks.</p> <hr/> <p>Action taken as confirmed during the inspection: The detail provided in the completed Quality Improvement Plan returned to RQIA for the last premises inspection confirmed that all of the sentinel outlets had been identified. A new legionella risk assessment was also completed in June 2014 following the previous premises inspection. Mrs. Rooney confirmed that all of the recommendations included in the report for this risk assessment had been addressed. It was agreed that the recommendation section of this legionella risk assessment report should be signed off.</p>	<p>Met</p>
<p>Requirement 3</p> <p>Ref: Regulations 14(2)(a) 14(2)(c)</p> <p>Stated: Second time</p>	<p>A further check should be carried out to all of the window openings and additional controls should be installed as required. Particular attention should be given to the window openings in the sensory room on the third floor in this regard.</p> <hr/> <p>Action taken as confirmed during the inspection: New windows had been provided in the sensory room on the third floor. The openings for these windows were not however controlled. These windows and the door to the sensory room were locked during this premises inspection and Mrs. Rooney undertook to ensure that all of the window openings throughout the premises are checked again and that they all are adequately controlled. Subsequent to this premises inspection Mrs. Rooney confirmed to RQIA that arrangements had been made for a window company to fit restrictors on the third floor windows, the windows in room 40 and the top lights in the bungalow area on 11 August 2016. In addition Mrs. Rooney confirmed that maintenance are gradually going around reviewing the restrictors on the sash windows and lowering the window openings where required.</p>	<p>Met</p>

Last premises inspection statutory requirements		Validation of compliance
<p>Requirement 4</p> <p>Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(c)</p> <p>Stated: First time</p>	<p>The remedial works required to the thermostatic mixers should be completed. The new bath should be included in the ongoing monthly checks to the hot water temperatures.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: Completion of the remedial works to the thermostatic mixing valves was confirmed in the completed Quality Improvement Plan returned to RQIA for the previous premises inspection. The bath is included in the ongoing water temperature checks.</p>	
<p>Requirement 5</p> <p>Ref: Regulations 14(2)(a) 14(2)(c)</p> <p>Stated: First time</p>	<p>The risk assessments in relation to hot surfaces should be reviewed, updated and actioned as required. Particular attention should be given to situations where beds are located close to radiators.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: The risk assessments in relation to hot surfaces were reviewed in April 2016. Mrs. Rooney also confirmed that at present no patients would be considered to be at significant risk from hot surfaces. During the review of the premises it was noted that the beds in bedrooms 33 and 35 were close to the radiators. Mrs. Rooney however made immediate arrangements to have these beds moved back into the correct positions away from the radiators. Continued vigilance should be maintained in relation to the ongoing management of the risks associated with hot surfaces.</p>	

Last premises inspection statutory requirements		Validation of compliance
Requirement 6 Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(c) Stated: First time	The gas safety report for the installation of the new dryers should be followed up and retained in the home available for review at future inspections. The report for the most recent gas safety inspection to the catering equipment which was completed the previous week should also be followed up and retained in the home available for future inspections.	Met
	Action taken as confirmed during the inspection: The most recent gas safety inspections to the kitchen and laundry gas pipework were carried out on 20 May 2016. The most recent gas safety inspections to the laundry equipment were carried out on 18 July 2016. Subsequent to this premises inspection Mrs. Rooney forwarded details in relation to the service of the gas cooker that was carried out on 08 February 2016. This information should be followed up by obtaining a proforma gas safety inspection certificate.	
Requirement 7 Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(c) Stated: First time	The reports for the most recent thorough examinations to the lifting equipment that was carried out on 16 October 2013 should be followed up and retained in the home for future inspections.	Met
	Action taken as confirmed during the inspection: The reports for the most recent thorough examinations to the lifting equipment and the passenger lift were available for review during this premises inspection.	

Last premises inspection statutory requirements		Validation of compliance
<p>Requirement 8</p> <p>Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)</p> <p>Stated: First time</p>	<p>The cold water storage tanks should be reviewed and the legionella risk assessment should be updated and actioned as necessary. The action plan in the report for the legionella risk assessment should also be reviewed and signed off by the registered manager. The documentation to support the results for the most recent testing of the water samples for the presence of legionella bacteria should be followed up and retained in the home available for future inspections. The 'dead leg' to the plumbing pipework in the archive store should be removed from the system.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The cold water storage tanks were reviewed following the last premises inspection. There are four cold water storage tanks and these were inspected and disinfected on 08 December 2015. A certificate for this works was forwarded to RQIA subsequent to this premises inspection. Following the last premises inspection a new legionella risk assessment was completed on 20 June 2014 and the 'dead leg' pipework in the archive store was checked by the plumbers who confirmed that it did not contain any water and was no longer linked to the system. Water samples were also tested in June 2014 with satisfactory results.</p>	<p style="text-align: center;">Met</p>

Last premises inspection statutory requirements		Validation of compliance
<p>Requirement 9</p> <p>Ref: Regulations 27(4)(b) 27(4)(d)(iv)</p> <p>Stated: First time</p>	<p>The documentation in relation to the completion of the remedial works to the emergency lights should be followed up and retained in the home available for review at future inspections. The boiler room should be kept free from storage.</p> <hr/> <p>Action taken as confirmed during the inspection: The most recent inspection and test to the emergency lighting was completed on 15 June 2016. The report for this inspection and test confirmed that the emergency lighting was in a satisfactory condition. A number of items of storage were noted in the boiler room during this premises inspection. Mrs. Rooney however made arrangements during this premises inspection to have the boiler room cleared. Subsequent to this premises inspection RQIA received confirmation that the boiler house had been completely cleared out as had the roof space on the third floor.</p>	<p>Met</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 'areas for improvement' section below.

Areas for improvement

1. The report for the most recent inspection and service of the fire detection and alarm system was not presented for review during this premises inspection. Subsequent to this premises inspection this report was forwarded to RQIA. This report noted that the system was showing a fault. Subsequent to this premises inspection RQIA received confirmation from Mrs. Rooney that the part to repair this fault had been received and would be fitted on 11 August 2016.
2. The door to the laundry and a number of other doors on the ground floor required attention to ensure effective self-closing and smoke sealing. Subsequent to this premises inspection RQIA received confirmation from Mrs. Rooney that these doors had been adjusted.
3. The final exit door from the bedroom at the end of the corridor in the ground floor annex area had a key operated fastening. Subsequent to this premises inspection RQIA received confirmation that the keys for this door and for another final exit door had been fitted with chains to secure them in place to provide for easy egress in the event of an emergency.
4. The fire risk assessment was reviewed and updated on 03 December 2015. Mrs. Rooney also confirmed that the recommendations in the report for this risk assessment had been addressed. It was agreed that the recommendation section of the fire risk assessment report should be signed off. Fire drills were carried out on 21 April 2016, 16 May 2016 and 29 July 2016. It was agreed that the time taken for these exercises should be noted on the record for the fire drills. Fire safety training was provided in December 2015 and again on February 2016. Subsequent to this premises inspection Mrs. Rooney confirmed that further fire safety training had been arranged for 16 August 2016.
5. The door to the medical room on the ground floor should not be propped open. If this door needs to be kept open, an appropriate hold open device should be fitted. Subsequent to this premises inspection RQIA received confirmation that the medical room door has a keypad and all staff have been advised that it must remain closed and not be held open.
6. The thermostatic mixing valves were serviced on 24 December 2015. Mrs. Rooney also confirmed that there were currently four issues to be addressed in relation to the thermostatic mixing valves. Subsequent to this premises inspection RQIA received confirmation from Mrs. Rooney that the plumbers were on site on 11 August 2016 carrying out the repairs.
7. The procedure for flushing the water outlets that are not in frequent use had ceased due to sickness absence. Subsequent to this premises inspection RQIA received confirmation from Mrs. Rooney that this issue had been addressed. It was also agreed that the legionella risk assessment should be reviewed and updated at this stage. The redundant fire hoses should be considered within this review. Subsequent to this premises inspection RQIA received confirmation that arrangements had been made for a specialist company to carry out a review of the legionella assessment on 15 September 2016 and that the redundant fire hoses had previously been disconnected from the water systems. The outcome of the legionella risk assessment should be confirmed to RQIA. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.

Areas for improvement continued

8. It was noted during this premises inspection that a number of the nurse call units in the bedrooms were not provided with leads. Some of the face plates also required minor repairs. Subsequent to this premises inspection RQIA received confirmation from Mrs. Rooney that all missing call bells had been replaced and the two broken call bells had been repaired. A report for the most recent inspection and test of the nurse call system that was completed on 10 August 2016 was also received by RQIA.
9. The heating boilers were serviced on 31 July 2015 and again on 10 August 2016. In addition the heating controls were serviced on 10 May 2016. The report for this service identified a number of issues for attention. These issues should be reviewed with the service engineers to establish what action needs to be taken re same. The outcome of this review should be confirmed to RQIA. Reference should be made to recommendation 2 in the attached Quality Improvement Plan.
10. It is good to report that a new passenger lift had been installed since the last premises inspection. This lift was serviced on 27 July 2016 and thoroughly examined on 04 April 2016. It was noted during this premises inspection that there was a small level difference between the lift car floor level and the landing area on the ground floor. Subsequent to this premises inspection RQIA received confirmation that the lift had been adjusted on 22 August 2016.
11. The most recent thorough examinations to the hoists and slings were completed in April 2016. Subsequent to this premises inspection Mrs. Rooney also confirmed to RQIA that the repairs to the hoists and slings had been completed.
12. It was not clear if all of the alerts issued through the Safety Alert Broadcast System were being checked each week. Subsequent to this premises inspection RQIA forwarded information to Mrs. Rooney in relation to how this issue should be managed. Following receipt of this information Mrs. Rooney confirmed to RQIA that the alerts back as far as 2003 had been examined and any relevant alerts had been actioned.
13. The window openings in bedrooms 42 and 43 were fixed shut to prevent excessive draughts during inclement weather conditions. Subsequent to the premises inspection RQIA received confirmation that these windows had been opened again. These window openings should also be effectively draught proofed. Reference should be made to recommendation 3 in the attached Quality Improvement Plan.
14. It was noted that the cleaner's store was not locked. All stores containing hazardous items should be kept locked. Subsequent to this premises inspection RQIA received confirmation that the cleaner's store was now locked. It was also noted that a small spray dispensing bottle on one of the cleaning trolleys was not labelled. A member of the cleaning staff confirmed that the staff were fully aware of the contents of this bottle. It was nevertheless agreed that this bottle and any other similar containers should be clearly labelled at all times. Reference should be made to recommendation 4 in the attached Quality Improvement Plan.

Areas for improvement continued

15. The small section of hand rail to the stairs at bedroom 67 should be resecured. The stairs between the first and second floors should be redecorated following the repairs to the guttering and replastering. Subsequent to this premises inspection RQIA received confirmation that the small section of hand rail had been repaired and that the repainting would be completed by the end of September 2016.

Number of requirements	0	Number of recommendations:	4
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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.

It was noted that shower room 69 was being used for the storage of commodes. Consideration should be given to providing an alternative location for the storage of this equipment.

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.

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.

One area for improvement was identified during the inspection as follows:

Areas for improvement

1. As noted in section 4.3 of this report a significant number of premises issues were identified for improvement during this inspection. As also noted in section 4.3 of this report many of these issues were actioned promptly subsequent to this premises inspection with relevant follow up information being provided to RQIA. It is recommended however that a review in relation to the procedures in place for the ongoing management of the premises should be carried out to identify areas where improvement should be made to make the systems more robust and effective. Reference should be made to recommendation 5 in the attached Quality Improvement Plan.

Number of requirements	0	Number of recommendations:	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs. Rooney, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered persons 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 persons 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 in respect of this nursing home. 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered persons meet the 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 persons may enhance service, quality and delivery.

5.3 Actions taken by the registered provider

The QIP should be completed by the registered manager to detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to 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 persons 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 persons with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 47</p> <p>Stated: First time</p> <p>To be completed by: 07 October 2016</p>	<p>The outcome of the legionella risk assessment review scheduled for 15 September 2016 should be confirmed to RQIA.</p> <p>Response by registered provider detailing the actions taken: Legionella risk assessment was completed on 15th September. The report has not been compiled by HBE to date. I will forward same on receipt..</p>
<p>Recommendation 2</p> <p>Ref: Standard 47</p> <p>Stated: First time</p> <p>To be completed by: 07 October 2016</p>	<p>The issues identified for attention in the report for the service of the heating controls on 10 May 2016 should be reviewed with the service engineers to establish what action needs to be taken re same. The outcome of this review should be confirmed to RQIA.</p> <p>Response by registered provider detailing the actions taken: All repairs to heating controls were completed on 6/7/16.</p>
<p>Recommendation 3</p> <p>Ref: Standard 47</p> <p>Stated: First time</p> <p>To be completed by: 07 October 2016</p>	<p>The window openings in bedrooms 42 and 43 should be effectively draught proofed.</p> <p>Response by registered provider detailing the actions taken: Replacement windows have been ordered, the existing windows have been adjusted to allow them to open..</p>
<p>Recommendation 4</p> <p>Ref: Standard 47</p> <p>Stated: First time</p> <p>To be completed by: Ongoing</p>	<p>All containers with cleaning chemicals should also be clearly labelled and kept secure.</p> <p>Response by registered provider detailing the actions taken: All cleaning chemicals are clearly identified and a label attached to same.</p>
<p>Recommendation 5</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 04 November 2016</p>	<p>It is recommended that a review in relation to the procedures in place for the ongoing management of the premises should be carried out to identify areas where improvement should be made to make the systems more robust and effective.</p> <p>Response by registered provider detailing the actions taken: The maintenance files and folders have been reviewed and reorganised. This should assist in ensuring all documentation is completed on time and kept together..</p>

****Please ensure this document is completed in full and returned to Estates.Mailbox@rqia.org.uk from the authorised email address****



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