



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

ANNOUNCED ESTATES INSPECTION

Inspection No:	IN021065
Establishment ID No:	1045
Name of Establishment:	Ailsa Lodge Nursing Home
Date of Inspection:	06 January 2015
Inspector's Name:	Colin Muldoon

1.0 GENERAL INFORMATION

Name of Home:	Ailsa Lodge Nursing Home
Address:	6 Killaire Avenue, Carnalea, Bangor BT19 1EW
Telephone Number:	(028) 9145 2225
Registered Organisation/Provider:	Ailsa Lodge Mrs J Robinson (Responsible Person)
Registered Manager:	Mrs Jacqui Robinson
Person in Charge of the Home at the time of Inspection:	Mrs Jacqui Robinson
Other person(s) consulted during inspection:	Mr Clive Robinson
Type of establishment:	Nursing Home
Number of Registered Places:	41
Category of Care	NH-I, NH-PH, NH-PH(E), NH-TI
Date and time of inspection:	06 January 2015 10.00 – 14.15
Date of previous Estates inspection:	18/06/2013
Name of Inspector:	Colin Muldoon

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes.

This is a report of an announced inspection to assess the quality of the premises and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. The report details the extent to which the standards measured during inspection were met.

3.0 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the premises and grounds were safe, well maintained and remain suitable for their stated purpose in compliance with legislative requirements and current minimum standards. This was achieved through a process of evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards.

The aims of the inspection were to examine the estates related policies, practices and monitoring arrangements for the provision of Nursing Homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- Nursing Homes Minimum Standards (DHSSPS, 2008)

Other published standards which guide best practice may also be referenced during the Inspection process.

4.0 METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with Mrs Jacqui Robinson and Mr Clive Robinson.
- Examination of records
- Inspection of the home internally and externally. Resident's private bedrooms were only inspected when unoccupied and permission was granted.
- Evaluation and feedback

Any other information received by RQIA about this Registered Provider has also been considered by the Inspector in preparing for this inspection.

5.0 CONSULTATION PROCESS

During the course of the inspection, the Inspector spoke to Mrs Jacqui Robinson and Mr Clive Robinson.

6.0 INSPECTION FOCUS

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Nursing Homes Minimum Standards and to assess progress with the issues raised during and since the previous inspection:

Standards inspected:

- Standard 32 - Premises and grounds
- Standard 35 - Safe and healthy working practices
- Standard 36 - Fire Safety

7.0 PROFILE OF SERVICE

Ailsa Lodge was originally a substantial private dwelling which has been extended and adapted for use as a care home. The home is in a quiet residential setting in the Carnalea area of Bangor. The home sits on an elevated site overlooking Belfast Lough and many of the rooms benefit from sea views.

Resident accommodation of bedrooms, living rooms, toilets, bath and shower rooms are on both ground and first floors. There is a lift to facilitate movement between floors. The home has a garden and parking space.

8.0 SUMMARY

There was good evidence of maintenance activities and in general the building appeared to be in satisfactory condition although some matters relating to the environment were identified. Therefore, following the Estates Inspection of Ailsa Lodge Nursing Home on 06 January 2015 improvements are required to comply with the Nursing Homes Regulations (Northern Ireland) 2005 and the criteria outlined in the following standards:

- Standard 32 - Premises and grounds
- Standard 36 - Fire Safety

This resulted in six requirements and one recommendation. These are outlined in the Quality Improvement Plan appended to this report.

The Estates Inspector would like to acknowledge the assistance of Mrs Jacqui Robinson and Mr Clive Robinson during the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from previous Estates inspection on 18 June 2013.

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
9.1.1	Regulation 27.-(2)(q)	The electrical installation should be tested and inspected by a competent person in accordance with BS7671. The responsible person must ensure that issues identified during the inspection are fully addressed.	The electrical installation still requires to be tested and inspected. The inspector was informed that quotations have been received and the work is to proceed within the next few weeks.	It should be ensured that this matter is progressed and that issues identified during the test and inspection are fully addressed. (Item 1 in Quality Improvement Plan)
9.1.2	Regulation 27.-(2)(c)	It must be confirmed that the lift is being thoroughly examined in accordance with the Lifting Operations and Lifting Equipment Regulations (NI) 1999 and that the reports on the examinations verify that the lift is free from defects.	There was a thorough examination report for the lift which confirmed that it was free from dangerous defects. There are also arrangements for the lift to be serviced.	N/A The inspector drew attention to comments on the last lift service sheet regarding the age of the lift control panel.

9.1.3	Regulation 27.-(2)(c) 27.-(2)(q)	Valid Gas Safe certificates must be obtained. The certificates must verify that all the gas appliances and pipework installations are in safe and satisfactory condition.	There were valid gas safety certificates which made reference to all the appliances. However, the certificates appeared to apply to the installation pipework only and did not verify that the appliances had been checked and were safe to use.	Valid Gas Safe certificates should be obtained which verify that each of the gas appliances is safe to use. (Item 2 in Quality Improvement Plan)
9.1.4	Regulation 14.-(2)(c)	<p>The safety of the first floor windows requires to be reviewed. The opening windows must be restricted in line with safety alert MDEA(NI)2007/100 which says:</p> <p><i>1. All Healthcare organisations should re-visit the guidance on window restrictors contained in HTM 55.</i></p> <p><i>2. A review should be carried out on all installed window restrictors to ensure:</i></p> <ul style="list-style-type: none"> <i>• They meet the restricted opening cited in the HTM;</i> <i>• They are in good working order and have not been damaged or defeated;</i> <i>• Where problems are</i> 	Following the previous Estates inspection additional window restriction brackets were fitted. During this inspection the inspector reviewed random windows and found some with restrictors which could be disengaged.	All opening windows accessible to residents should be surveyed and the restriction arrangements brought into line with safety alert MDEA(NI)2007/100. (Item 3 in Quality Improvement Plan)

		<p><i>identified, a programme to repair or replace damaged restrictors is put in place.</i></p> <p><i>3. Where a single restrictor is fitted, consideration should be given to replacing it and / or fitting a second restrictor on the opposite side of the window if. For example:</i></p> <ul style="list-style-type: none"> <i>• the existing restrictor is assessed as being of inadequate strength for the situation;</i> <i>• the restrictor can be disengaged without the use of a special tool or key;</i> <i>• the maximum opening exceeds 100mm; or</i> <i>• the window is located within a mental health area where it could be subject to physical attack.</i> <p><i>4. Assess the need for window restrictors in those patient locations where none currently exist.</i></p> <p>Reference should be made to Health Technical Memorandum 55.</p>		
9.1.5	Regulation 27.-(2)(c)	The statutory examination of the steam press in the laundry must be brought up to date.	There was a valid thorough examination report which confirmed that the plant was without defects and was suitable for service.	N/A

9.1.6	Regulation 27.-(2)(c)	It should be confirmed that the patient hoisting equipment is being thoroughly examined in accordance with LOLER. The report on the thorough examination should be in accordance with schedule 1 of LOLER.	There were contractor's maintenance sheets dated July 2014 for the hoists. Although the sheets mention LOLER (Lifting Operations and Lifting Equipment Regulations (NI) 1999) they are titled "Service" sheet and do not confirm that a LOLER thorough examination was carried out.	The arrangements for the hoists and associated slings etc to be thoroughly examined to comply with LOLER should be clarified. (Item 4 in Quality Improvement Plan)
9.1.7	Regulation 14.-(2)(c)	The legionella risk assessment must be reviewed. The outcome of the review should be a scheme for the effective control of legionella. The responsible person must ensure that the scheme is fully implemented. Reference should be made to HSE approved code of practice and guidance L8 <i>Legionnaires's disease – the control of legionella bacteria in water systems</i> and Health Technical Memorandum 04-01 <i>The control of Legionella, hygiene, "safe" hot water, cold water and drinking water systems.</i>	The home has a valid legionella risk assessment and there are measures in place towards the control of legionella.	The measures being taken towards the control of legionella may not be fully in line with a scheme for the effective control of legionella. (Item 5 in Quality Improvement Plan)

9.1.8	Regulation 27.-(2)(l)	The arrangements for storing oxygen cylinders should be reviewed. Spare cylinders should be secured against toppling. Reference should be made to Estates and Facilities Alert EFA/2010/008	Oxygen cylinders are stored in stands.	N/A
9.1.9	Regulation 27.-(4)(e) and (f)	It must be ensured that all staff, including temporary and agency staff, receive suitable and adequate fire safety information, instruction and training at the start of their employment and at least twice a year. The training and drills should be in compliance with the fire plan, be specific to the premises and be led by a competent person. Reference should be made to Northern Ireland Firecode Health Technical Memorandum 84 <i>Fire risk assessment in residential care premises</i>	<p>The NIHTM 84 requirement for all staff to receive fire safety training twice a year was discussed with Mrs Robinson. Mrs Robinson informed the inspector that there are at least four fire safety training sessions held each year, that these are conducted by two specialist contractors and that a training matrix is used to manage staff attendance. It is also understood that one of the training contractors is used to provide ad hoc training sessions when staff cannot attend planned sessions and that fire safety is included in staff supervision meetings. Mrs Robinson confirmed that there are arrangements in place for fire safety to be included in induction training.</p> <p>There were records of frequent practice fire drills.</p>	<p>The inspector recommended that a matrix be maintained and used to ensure that all staff participate in practice drills.</p> <p>(Item 7 in Quality Improvement</p>

				Plan)
9.1.10	Regulation 27.-(4)(b) 27.-(4)(d)(ii) and (v)	The shortcomings in the fire detection and alarm system which have been identified by the service contractor must be fully addressed. The responsible person must ensure that the fire detection and alarm system and the testing of the system are in accordance with BS5839.	The fire detection and alarm system is maintained quarterly. Mrs Robinson confirmed that the previously identified shortcomings in the alarm and detection system have been addressed. The alarm maintenance contractor has recommended the fitting of an additional detector and Mrs Robinson confirmed to the inspector that this has been arranged.	N/A
9.1.11	Regulation 27.-(4)(d)(i)	Arrangements must be made which will ensure that the hoists parked in the recess in the ground floor corridor do not prevent the fire door from closing.	Addressed	N/A
9.1.12	Regulation 27.-(4)(a)	The emergency fire procedures should be posted at the fire panel.	Not complete	(Item 6 in Quality Improvement Plan)

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9.2 Standard 32 - Premises and grounds - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

9.2.1 No new issues were identified during this inspection

9.3 Standard 35 - Safe and healthy working practices - *The home is maintained in a safe manner*

9.3.1 No issues were identified during this inspection

9.4 Standard 36: Fire safety - *Fire safety precautions are in place that reduce the risk of fire and protect patients, staff and visitors in the event of fire.*

9.4.1 No new issues were identified during this inspection

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement plan appended to this report were discussed with Mrs Jacqui Robinson and Mr Clive Robinson as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the Quality Improvement Plan.

11.0 Enquiries

Enquiries relating to this report should be addressed to:

**Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT**

Quality Improvement Plan

Announced Estates Inspection

Ailsa Lodge Nursing Home

06 January 2015

QIP Position Based on Comments from Registered Persons (for RQIA use only)			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.	–	–	–	–	–
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.	X	X		C Muldoon	12 March 2015
C.	Clarification or follow up required on some items.	–	–	–	–	–

NOTES:

The details of the Quality improvement Plan were discussed with Mrs Jacqui Robinson and Mr Clive Robinson as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by patients.

The registered provider is required to record comments on the Quality Improvement Plan.

The quality improvement plan is to be completed by the registered provider and registered manager and returned to estates@rqia.org.uk.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Mrs J Robinson
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Mrs J Robinson

Announced Estates Inspection to Ailsa Lodge Nursing Home on 06 January 2015

Assurance, Challenge and Improvement in Health and Social Care

Standard 32 - Premises and grounds

The following requirements and recommendations should be noted for action in relation to Standard 32 - Premises and grounds

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
1	Regulation 27.-(2)(q)	The electrical installation should be tested and inspected by a competent person in accordance with BS7671. The responsible person should ensure that the installation is maintained in a satisfactory condition and that issues identified during the inspection are fully addressed. (Item 9.1.1 in report) This was a requirement in the previous Estates inspection report.	12 Weeks	The installation inspection was completed on 2nd February and the report is awaited. As soon as received it will be actioned as required.
2	Regulation 27.-(2)(c) 27.-(2)(q)	Valid Gas Safe certificates should be obtained which verify that each of the gas appliances is safe to use. (Item 9.1.3 in report) This was a requirement in the previous Estates inspection report.	1 Month	The certificates as required are in place.
3	Regulation 14.-(2)(a) and (c)	All opening windows accessible to residents should be surveyed and the restriction arrangements brought into line with safety alert MDEA(NI)2007/100. (Item 9.1.4 in report) This was a requirement in the previous Estates inspection report.	1 Month	A further review has been completed and any necessary action taken to ensure full compliance

4	Regulation 14.-(2)(c)	<p>Documentation which is in accordance with Schedule 1 of LOLER should be obtained for all the hoisting equipment.</p> <p>The schedules should verify that each piece of hoisting equipment is free from defects. (Item 9.1.6 in report)</p> <p>This was a requirement in the previous Estates inspection report.</p>	1 Month	All hoisting equipment is subject to an annual maintenance contract in accordance with Schedule 1 of Loler. This was last completed in January 2015 and the maintenance contractor has been contacted to ensure the resultant paperwork is in compliance with the RQIA's specific wording requirement.
5	Regulation 13.-(7)	<p>The legionella risk assessment should be revisited. The action plan and the scheme for the control of legionella arising from the assessment should be fully implemented.</p> <p>It is recommended that all the people responsible for the control and monitoring activities relating to legionella receive appropriate training from a competent person. (Item 9.1.7 in report)</p> <p>This was a requirement in the previous Estates inspection report.</p>	1 Month	The current risk assessment has been revisited and the current action plan reviewed. The Maintenance Contractor responsible for legionella risk assessments has been contacted to provide suitable training for all staff responsible for control and monitoring.

Standard 36 - Fire Safety The following requirements and recommendations should be noted for action in relation to Standard 36 - Fire Safety				
Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
6	Regulation 19.(2) Schedule 4 (15)	The emergency fire procedures should be posted at the fire panel. (Item 9.1.12 in report) This was a requirement in the previous Estates inspection report.	1 Month	This has been actioned as required.
Item	Standard	Recommendation	Timescale	Details Of Action Taken By Registered Person (S)
7	Standard 36	A matrix should be maintained and used to ensure that all staff participate in practice fire drills. (Item 9.1.9 in report)	Ongoing	This has been actioned to provide a matrix in addition to the existing master training matrix as recommended.

Announced Estates Inspection to Ailsa Lodge Nursing Home on 06 January 2015

Assurance, Challenge and Improvement in Health and Social Care