



The Regulation and
Quality Improvement
Authority

Clifton Nursing Home
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**Announced Estates Inspection
of
Clifton Nursing Home**

12 May 2015

The Regulation and Quality Improvement Authority
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Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced estates inspection took place on 12 May 2015 from 10.00 to 15.30. 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	2	2

The details of the QIP within this report were discussed with Ms Nicola Scovell (Nurse Manager), Mr Radan Mauremmootoo (Manager), Mr Jim Fowler (Estates and H&S Manager) and Mr Gary McCartney (Maintenance Officer) as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Runwood Homes Ltd Mr Logan Logeswaran	Registered Manager: Ms Nicola Scovell
Person in Charge of the Home at the Time of Inspection: Ms Nicola Scovell	Date Manager Registered: Registration pending
Categories of Care: NH-I, NH-PH, NH-DE	Number of Registered Places: 100
Number of Patients Accommodated on Day of Inspection: 80	Weekly Tariff at Time of Inspection: £593.00 - £637.00

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 and Grounds

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:

- The last returned Estates Quality Improvement Plan
- The last care inspection Quality Improvement Plan.

The following records were examined during the inspection:

- Fire and legionella risk assessments.
- Fire safety installation test and maintenance records.
- Water safety records.
- Engineering services records eg gas, electric, lifts etc.
- Fire training records

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an announced care inspection dated 05 May 2015. The inspection findings were that compliance had been achieved regarding two failure to comply notices issued in December 2014.

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

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27.-(2)(d)	All painted surfaces should be maintained to provide a smooth cleanable finish.	Met
	Action taken as confirmed during the inspection: There has been significant work undertaken to improve the décor in the home.	
Requirement 1 Ref: Regulation 27.-(2)(l)	The stock of oxygen cylinders in treatment rooms should be reviewed. Arrangements should be made to secure medical gas cylinders. Reference should be made to Estates and Facilities Alert EFA/2010/008.	Met
	Action taken as confirmed during the inspection: The small number of oxygen cylinders evident were secured in purpose made trolley stands.	
Requirement 1 Ref: Regulation 27.-(4)(f)	The registered person must review the effectiveness of fire drills. It must be ensured that all staff actively participate in drills which are in compliance with the fire plan. The registered person must ensure that the drills confirm understanding of the fire training, are a realistic test of the procedures and confirm that the procedures and evacuation strategy can be effectively implemented with the minimum staffing level. It is recommended that the advice of the fire safety advisor and the fire safety trainer be sought. Reference should be made to NIHTM84.	Partially Met
	Action taken as confirmed during the inspection: Practice fire drills have been carried out over the last year. An assessment of recent drills showed that there were gaps in the training and a lack of understanding of procedures among staff.	

<p>Requirement 1</p> <p>Ref: Regulation 27.-(4)(d)(iii)</p>	<p>The registered person should ensure that the personal emergency evacuation plans (PEEPs) are completed and kept updated. Staff should be provided with the advice and training required to effectively implement the plans.</p>	<p>Partially Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The manager informed the inspector that:</p> <ol style="list-style-type: none"> 1. the PEEP's are up to date, and 2. the PEEP's and evacuation procedures are included in revised fire safety training. The first session of the updated fire training took place on 07 May 2015. 		
<p>Requirement 1</p> <p>Ref: Regulation 27.-(4)(d)(i)</p>	<p>It should be confirmed with the fire risk assessor that the use of an acoustic type of stand open device on the laundry door is satisfactory.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspector was informed that the fire risk assessor found this arrangement acceptable.</p>		
<p>Previous Inspection Recommendations</p>		<p>Validation of Compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 32.</p>	<p>A programme should be implemented to replace, clean or paint the stained ceiling tiles.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The stained tiles have been replaced.</p>		

5.3 Standard 44: Premises and Grounds

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.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

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.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

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.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Areas for Improvement

The home has a current legionella risk assessment which was carried out by a specialist contractor. Legionella was not detected in water samples tested in February 2015. There is a scheme in place for the control of legionella. The legionella risk assessment notes that the thermostatic mixing valves may be more than 2.0 metres from the outlet and suggests either moving the tmv's or implementing a higher frequency flushing routine. There is a procedure for checking the sentinel outlet temperatures although some of the readings appear to be blended water temperatures.

There were valid Gas Safe certificates for the gas catering appliances. The certificates confirmed that the appliances were safe to use but recommended new hoses.

There has been a program of redecoration which has improved the appearance of the home. The inspector was informed that there are also plans to upgrade some of the lighting and some of the floor covering. During the walk round some minor maintenance issues were identified. For example; some baths had chips in the enamel, some tiling and trim repairs were required in Benn suite, the area behind the laundry washers and the frames of the kitchen extract units required to be cleaned.

Number of Requirements	1	Number Recommendations:	2
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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.

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 and safety procedures and control measures in place which support the delivery of compassionate care.

Areas for Improvement

No issues identified during this inspection.

Number of Requirements	0	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.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

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.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

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.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Areas for Improvement

In early May, the manager carried out an assessment of the fire training and practice drills after shortcomings were identified in the knowledge staff had of procedures to be followed. An action plan was drawn up which included supervision sessions to convey the evacuation plan to staff, the update of guidance and procedures for the nurse in charge, a review of training and a review of the way drill outcomes are recorded. The inspector was informed that the first session of the revised face to face training by the fire safety advisor took place on 07 May and 44 staff participated.

The inspector discussed with the manager the need for all staff to get the updated training and drills as quickly as possible and management confirmed that the training planned for 29 May would be brought forward and that a concentrated program of drills would take place within the next week.

Following the inspection the manager confirmed to the inspector on 18 May 2015 that several further drills had been carried out. An updated matrix was provided which shows that a high proportion of staff participated in drills during May.

Number of Requirements	1	Number Recommendations:	0
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5.6 Additional Areas Examined

Not applicable.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Nicola Scovell (Nurse Manager), Mr Radan Mauremmootoo (Manager), Mr Jim Fowler (Estates and H and S Manager) and Mr Gary McCartney (Maintenance Officer) 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 Manager/Registered Person

The QIP will 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

<p>Requirement 1</p> <p>Ref: Regulation 13.-(7)</p> <p>Stated: First time</p> <p>To be Completed by: 12 June 2015</p>	<p>The frequency and procedure for flushing water outlets should be reviewed.</p> <p>The review should take into account the guidance in the Approved Code of Practice (L8 HSG274 Part 2) and the recommendations in the legionella risk assessment regarding additional flushing necessary because of the distance of the tmv's from the outlets.</p> <p>Necessary actions identified in the review should be fully implemented and records kept.</p> <p>The procedure for checking the sentinel outlet temperatures should be reviewed to ensure that unblended water temperatures are being monitored.</p>
	<p>Response by Registered Manager Detailing the Actions Taken:</p>
<p>Requirement 2</p> <p>Ref: Regulation 27.-(4)(e) and (f)</p> <p>Stated: Second time</p> <p>To be Completed by: 12 June 2015 and ongoing</p>	<p>It should be ensured that all staff, including temporary and agency:</p> <ul style="list-style-type: none"> • are given appropriate information about, and instruction and training in, the fire precautions to be taken in the premises, including the action to be taken in case of fire. The content and scope of the fire training should be reviewed. • participate in practice fire drills which confirm that, using the emergency procedure and apparatus and the information in PEEPs, an effective evacuation can be carried out at any time including when the minimum number of staff are on duty. It should be ensured that all staff participate in drills based on up to date training. Records should be kept of all drills including the outcome of post drill debriefs. The learning points gained during drills and debriefs should be included in subsequent training and team meetings. <p>The fire training and practice drills should be in line with NIHTM84.</p>
	<p>Response by Registered Manager Detailing the Actions Taken:</p>

Recommendations			
Recommendation 1 Ref: Standard 44 Stated: First time To be Completed by: Within timescale acceptable to Gas Safe engineer	The recommendations in the Gas Safe certificates for the catering equipment should be followed up.		
	Response by Registered Manager Detailing the Actions Taken:		
Recommendation 2 Ref: Standard 44 Stated: First time To be Completed by: 12 June 2015 and ongoing	A survey of the home should be carried out to identify maintenance work necessary to fittings, fixtures, equipment and fabric. A program of remedial work should be implemented.		
	Response by Registered Manager Detailing the Actions Taken:		
Registered Manager Completing QIP		Date Completed	
Registered Person Approving QIP		Date Approved	
RQIA Inspector Assessing Response		Date Approved	

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



A completed Quality Improvement Plan from the inspection of this service is not currently available. However, it is anticipated that it will be available soon.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk