



The **Regulation** and
Quality Improvement
Authority

Dunlady House Nursing Home
RQIA ID: 1078
18 Dunlady Road
Dundonald
Belfast
BT16 1TT

Inspector: Kieran Monaghan
Inspection ID: IN021642

Tel: 028 90 48 10 02
Email: dunladyhouse@o2.co.uk

**Announced Estates Inspection
of
Dunlady House Nursing Home, Dundonald
08 September 2015**

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced estates inspection took place on 08 September 2015 from 10.30am. to 12.45pm. Overall on the day of the inspection the premises supported the delivery of safe, effective and compassionate care. Areas for improvement identified 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	8	0

As part of the inspection process, the details of the QIP within this report were discussed with Ms. O'Neill, Registered Manager and Mr. Mark Wilson who deals with the premises issues in connection with the home. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: DUNLADY HOUSE LIMITED / Mr. William Hugh Wilson	Registered Manager: Ms. Lilian Jane O'Neill
Person in Charge of the Home at the Time of Inspection: Ms. Lilian Jane O'Neill, Registered Manager	Date Manager Registered: 01 April 2005
Categories of Care: NH-I, NH-PH, NH-PH(E), NH-TI	Number of Registered Places: 68
Number of Patients Accommodated on Day of Inspection: 66	Weekly Tariff at Time of Inspection: £593 - £618

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the last estates inspection and to determine if the following standards have been met:

Standard 44: Premises

Standard 47: Safe and Healthy working Practices

Standard 48: Fire safety

4. Methods/Process

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

Prior to inspection the following records were analysed: Previous estates inspection report and statutory notifications over the past 12 months.

During the inspection the inspector met with Ms. O'Neill, Registered Manager and Mr. Mark Wilson who deals with the premises issues in connection with the home.

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.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The last inspection of this home was an unannounced primary care inspection on 01 July 2015. The completed QIP for this inspection was returned to RQIA on 25 July 2015 and approved by the care inspector on 29 July 2015.

5.2 Review of Requirements and Recommendations from the last Estates Inspection on 05 September 2012

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulations 14(2)(a) 14(2)(c)	The window openings should be checked to ensure that they are all controlled to a safe point of opening with a maximum clear opening of 100mm. Particular attention should be given to the window openings in the staircase in the most recent section of the premises. The restrictors should not be easy to disengage without the use of a key or a specialist tool. Reference should be made to the recent correspondence from RQIA in relation to this issue.	Partially Met
	Action taken as confirmed during the inspection: A restrictor had been fitted to the window opening in the staircase in the most recent section of the premises. The completed QIP that was returned to RQIA following the last estates inspection indicated that the window openings in two rooms that were to be removed during the next extension to the premises did not have restrictors in place. Mr. Wilson advised that the plans for the next extension were currently being developed. Subsequent to this estates inspection RQIA received confirmation that restrictors had been fitted to these two window openings. Confirmation that the restrictors are not easy to disengage without the use of a key or a specialist tool should also be provided to RQIA. Reference should be made to requirement 1 in the attached Quality Improvement Plan.	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 2 Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(c) 27(2)(q)	The issue noted on the certificate for the gas cooker should be addressed. In addition the next routine inspection and test to the electrical equipment should be followed up (in hand).	Met
	Action taken as confirmed during the inspection: The most recent safety inspection to the gas cooker was completed on 06 August 2014 with no issues. Subsequent to this estates inspection RQIA also received a copy of the reports for the most recent gas safety inspections to the catering equipment and the heating boilers. No issues were identified for attention in these reports. Mr. Wilson confirmed that the next routine inspection and test to the electrical equipment was ongoing at the time of this estates inspection.	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 3 Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)	<p>Following the completion of the review of the legionella risk assessment (ongoing at time of Estates inspection) any issues identified for attention should be resolved and signed off. The maintenance procedures in relation to the prevention or control of legionella bacteria in the water systems should also be reviewed and updated to ensure ongoing compliance with the standards set out in the 'APPROVED CODE OF PRACTICE AND GUIDANCE L8 Legionnaires disease the control of legionella bacteria in water systems' available from the Health and Safety executive and 'Health Technical Memorandum 04-01: The control of Legionella, hygiene, "safe" hot water, cold water and drinking water systems' issued by the Department of Health. Water samples should be tested for legionella bacteria to assist with the validation of the control measures. The water temperature checking procedure should also include the blended hot water outlets accessible to patients in relation to the scalding controls.</p>	Partially Met
	<p>Action taken as confirmed during the inspection:</p> <p>Mr. Wilson confirmed that the issues in relation to the water storage tanks identified by the previous legionella risk assessment had been addressed, the water systems were disinfected on 09 June 2015 and a new legionella risk assessment was also completed on 26 August 2015. The report for this new risk assessment was pending at the time of this estates inspection. Mr. Wilson also confirmed that revised procedures for monthly checking of the water temperatures and for descaling/cleaning / disinfecting the showers on a quarterly basis were currently being implemented on the advice for the legionella risk assessor. The results for water samples were not presented for review during this estates inspection. A copy of the report for the legionella risk assessment that was completed on 26 August 2015 should be forwarded to RQIA. Confirmation in relation to the revised procedures and the position in relation to testing water samples should also be confirmed to RQIA. Reference should be made to requirement 2 in the attached Quality Improvement Plan.</p>	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 4 Ref: Regulation 27(2)(c)	<p>The reports for the six monthly thorough examinations to the patient's lifting equipment should include the information set out in Schedule 1 of the Lifting Operations and Lifting Equipment Operations Regulations. The issues identified for attention in the report for the thorough examination of the passenger lift on 19 June 2012 should be followed up (in hand).</p>	Partially Met
	<p>Action taken as confirmed during the inspection:</p> <p>The most recent thorough examination of the patient's lifting equipment was completed on 24 June 2015. Ms. O'Neill also confirmed that there were no outstanding issues to be addressed in relation to this equipment. The reports for the thorough examinations that were completed on 24 June 2015 did not appear to include all of the information set out in Schedule 2 of the Lifting Operations and Lifting Equipment (Northern Ireland) Regulations 1999. The report for the most recent thorough examination of the passenger lift was not presented for review during this Estates inspection. The reports for the thorough examinations of the lifting equipment should be reviewed to ensure that all of the information included in Schedule 2 of the Lifting Operations and Lifting Equipment (Northern Ireland) Regulations 1999 is included. A copy of the report for the most recent thorough examination of the passenger lift should also be forwarded to RQIA. Reference should be made to requirement 3 in the attached Quality Improvement Plan.</p>	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 5 Ref: Regulation 27(4)(e)	Fire Safety training was carried out in February 2012 and a further session had been arranged for September 2012. It is important that there is a continued focus on fire safety training to ensure that all staff attend at least two fire training sessions each year.	Met
	Action taken as confirmed during the inspection: Ms. O'Neill confirmed that the fire risk assessor for the home provides between four and six fire safety training sessions each year in the home. The most recent of these sessions was completed on 02 September 2015.	
Requirement 6 Ref: Regulation 27(4)(b)	The lift plant rooms and the electrical switchgear store should be kept clear of storage. Reference should be made to requirement 3 in the attached Quality Improvement Plan.	Partially Met
	Action taken as confirmed during the inspection: There were some items of storage in the plant rooms. These were however removed during the inspection. The switchgear room should also not be used for storage. Reference should be made to requirement 4 in the attached Quality Improvement Plan.	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 7 Ref: Regulations 27(4)(a) 27(4)(d)(iv)	The action plan in the report for the most recent review of the fire risk assessment should be signed off. A check should be carried out to ensure that the two issues identified for attention in the report for the inspection and test of the fire alarm system on 15 July 2012 have been addressed.	Met
	Action taken as confirmed during the inspection: It is good to report that the fire risk assessments for the home are carried out in accordance with the recommendation from RQIA in relation to the competency of fire risk assessors. The report for the most recent fire risk assessment was not however presented for review during this estates Inspection. Subsequent to this estates inspection a copy of this report was forwarded to RQIA along with confirmation that all work had been undertaken. The most recent inspection and service of the fire detection and alarm system was completed on 16 July 2015 with no issues identified for attention.	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 8 Ref: Regulations 27(4)(b) 27(4)(c)	<p>The fire protection measures for the new service lift from the kitchen to the first floor corridor should be reviewed and enhanced as required to ensure that complete ½ hour fire and smoke separation between the kitchen and the first floor corridor is achieved. The benefits of providing a fire blanket adjacent to the area used for smoking should also be considered. In addition the fire exit route at the end of the ground floor bedroom corridor should be reinstated. The Fire Safety Advisor for the home should be consulted in relation to these issues.</p>	Partially Met
	<p>Action taken as confirmed during the inspection:</p> <p>The fire protection measures for the new service lift from the kitchen to the first floor corridor had been reviewed with the fire risk assessor and additional half hour fire door protection had been provided in the first floor corridor. Ms. O'Neil confirmed that at present only one patient smokes and this patient is provided with assistance to light the cigarettes. A fire blanket had been provided outside the exit doors at the laundry. Patients may however smoke at the front of the home. An additional fire blanket in a convenient location to the front of the home should be considered. An alternative fire exit route from the ground floor bedroom corridor was being used. The path from the final exit door on this alternative exit route to the assembly point should be reviewed and improved to ensure ease of use, particularly for wheelchair users. Reference should be made to requirement 5 in the attached Quality Improvement Plan.</p>	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 35.1	It is recommended that a procedure should be implemented for checking all of the extract fans throughout the home on a regular basis to ensure that they remain clean and in good working order. A record for these checks should also be kept in the home.	Met
	Action taken as confirmed during the inspection: There was a procedure in place for checking the fans in the home. The most recent check was carried out on 21 August 2015.	

5.3 Standard 44: Premises

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.

No issues were identified for attention during this Estates inspection.

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.

No issues were identified for attention during this Estates inspection.

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.

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

Areas for Improvement

1. The corner of the ceiling in the locker store at the kitchen area on the ground floor should be made good. Reference should be made to requirement 6 in the attached Quality Improvement Plan.

Areas for Improvement Continued

2. The floor covering in the medicine store at the back of the reception should be replaced as it was not in good order. Reference should be made to requirement 6 in the attached Quality Improvement Plan.
3. The remaining remedial works to the building fabric following the installation of the new nurse call system should be completed. Reference should be made to requirement 6 in the attached Quality Improvement Plan.

Number of Requirements	1	Number Recommendations:	0
-------------------------------	----------	--------------------------------	----------

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.

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 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.

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)

There are health and safety procedures and control measures in place which support 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

1. The fixed wiring installation was inspected and tested on 28 April 2011. Mr. Wilson confirmed that the one issue identified for attention during this inspection and test had been addressed with the recent upgrading of the switchgear panels. The date for next inspection and test should be confirmed with the engineers as this was stated as one year on the report. Reference should be made to requirement 7 in the attached Quality Improvement Plan.

Areas for Improvement Continued

2. Subsequent to this Estates inspection copies of the reports for the most recent gas safety inspections to the catering equipment and the heating boilers were forwarded to RQIA. A copy of the report for the most recent gas safety inspection of the laundry equipment should also be forwarded to RQIA. Reference should be made to requirement 7 in the attached Quality Improvement Plan.
3. The maintenance of the thermostatic mixing valves should be reviewed to ensure that this is in line with the manufacturer's recommendations and current good practice for the prevention or control of legionella bacteria in water systems. Reference should be made to requirement 7 in the attached Quality Improvement Plan.
4. The electrical earth link to the radiator in the ground floor bathroom opposite bedroom 17 should be refixed in position. Reference should be made to requirement 7 in the attached Quality Improvement Plan.
5. The wardrobes in bedrooms 40 and 42 were not fixed to the walls. A check of the wardrobes throughout the home should be carried out and the wardrobes should be fixed in position as required. The extension leads in bedroom 36 should also be rerouted to ensure that they do not present a trip hazard. Reference should be made to requirement 7 in the attached Quality Improvement Plan.

Number of Requirements	1	Number Recommendations:	0
-------------------------------	----------	--------------------------------	----------

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.

No issues were identified for attention during this Estates inspection.

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.

No issues were identified for attention during this Estates inspection.

Areas for Improvement

1. Ms. O'Neill confirmed that fire drills are carried out as part of the fire training sessions that are provided by the fire risk assessor. A template should be drawn up to record the details in relation to the fire drills. These details should include the scenario covered during each drill, the names of the staff who attend and any points of learning that should be carried forward into future practice. Reference should be made to requirement 8 in the attached Quality Improvement Plan.
2. The partition walls to the small clinical room on the ground floor opposite bedroom 18 should be sealed to provide half hour fire and smoke protection to the corridor. Reference should be made to requirement 8 in the attached Quality Improvement Plan.
3. The door to the galley kitchen should be kept closed when this facility is not in use. Reference should be made to requirement 8 in the attached Quality Improvement Plan.
4. An appropriate fire safety notice should be fitted to the kitchen hatch doors at bedroom 36. One bar on these doors should also be adjusted. Advice should be sought from the fire risk assessor in relation to these issues. Reference should be made to requirement 8 in the attached Quality Improvement Plan.

Number of Requirements	1	Number Recommendations:	0
-------------------------------	----------	--------------------------------	----------

5.6 Additional Areas Examined

No additional areas were examined during this estates inspection.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms. O'Neill, Registered Manager and Mr. Paul Wilson 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 Persons

The QIP should 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 persons 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 persons with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 Ref: Regulations 14(2)(a) 14(2)(c) Stated: Second time To be Completed by: 06 November 2015	<p>Confirmation that the window restrictors are not easy to disengage without the use of a key or a specialist tool should be provided to RQIA</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: All windows are fitted with restrictors.</p>
Requirement 2 Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q) Stated: First time To be Completed by: 06 November 2015	<p>A copy of the report for the legionella risk assessment that was completed on 26 August 2015 should be forwarded to RQIA. Confirmation in relation the revised legionella control procedures and the position in relation to testing water samples should also be confirmed to RQIA.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: Copy of the 2015 Legionella Risk assessment has been forwarded to RQIA.</p>
Requirement 3 Ref: Regulation 27(2)(c) Stated: Second time To be Completed by: 06 November 2015	<p>The reports for the thorough examinations of the lifting equipment should be reviewed to ensure that all of the information included in Schedule 2 of the Lifting Operations and Lifting Equipment (Northern Ireland) Regulations 1999 is included. A copy of the report for the most recent thorough examination of the passenger lift should also be forwarded to RQIA.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: Report for passenger lift sent to RQIA. Clarity from S&E regarding Loler certificate attached to this report.</p>
Requirement 4 Ref: Regulation 27(4)(b) Stated: Second time To be Completed by: Ongoing	<p>The switchgear room should also not be used for storage.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: All remaining items of storage now removed and the room secured to prevent re-occurrence.</p>

Quality Improvement Plan

Statutory Requirements

<p>Requirement 5</p> <p>Ref: Regulations 27(4)(b) 27(4)(c)</p> <p>Stated: First time</p> <p>To be Completed by: 06 November 2015</p>	<p>An additional fire blanket in a convenient location to the front of the home should be considered. The path from the final exit door on the alternative exit route from the ground floor bedroom corridor to the assembly point should be reviewed and improved to ensure ease of use particularly for wheelchair users.</p> <p>Response by Registered Manager Detailing the Actions Taken: Fire blanket situated by fire extinguisher at front entrance.</p>
<p>Requirement 6</p> <p>Ref: Regulations 13(7) 27(2)(b) 27(2)(d)</p> <p>Stated: First time</p> <p>To be Completed by: 04 December 2015</p>	<p>The corner of the ceiling in the locker store at the kitchen area on the ground floor should be made good. The floor covering in the medicine store at the back of the reception should be replaced. The remaining remedial works to the building fabric following the installation of the new nurse call system should be completed.</p> <p>Response by Registered Manager Detailing the Actions Taken: Ceiling has been made good. Plans in place to replace floor covering in medicine room and insulation of nurse call system.</p>

Quality Improvement Plan

Statutory Requirements

Requirement 7
Ref: Regulations

14(2)(a)

14(2)(c)

27(2)(c)

27(2)(q)

Stated: First time

To be Completed by:
06 November 2015

The date for next inspection and test to the fixed wiring installation should be confirmed with the engineers. A copy of the report for the most recent gas safety inspection of the laundry equipment should also be forwarded to RQIA. The maintenance of the thermostatic mixing valves should be reviewed to ensure that this is in line with the manufacturer's recommendations and current good practice for the prevention or control of legionella bacteria in water systems. The electrical earth link to the radiator in the ground floor bathroom opposite bedroom 17 should be refixed in position. A check of the wardrobes throughout the home should be carried out and the wardrobes should be fixed in position as required. The extension leads in bedroom 36 should also be rerouted to ensure that they do not present a trip hazard.

Response by Registered Manager Detailing the Actions Taken:

Mixing valves maintenance has been reviewed and complies with current recommendations. Radiator earth has now been re-established. Schedule has been set to ensure all wardrobes at all times are attached to walls. The extensive lead removed from Room 36. Information sought from electrical engineers.

Quality Improvement Plan

Statutory Requirements

Requirement 8 Ref: Regulations 27(4)(b) 27(4)(c) Stated: First time To be Completed by: 06 November 2015	<p>A template should be drawn up to record the details in relation to the fire drills. These details should include the scenario covered during each drill, the names of the staff who attend and any points of learning that should be carried forward into future practice. The partition walls to the small clinical room on the ground floor opposite bedroom 18 should be sealed to provide half hour fire and smoke protection to the corridor.</p> <p>The door to the galley kitchen should be kept closed when this facility is not in use. An appropriate fire safety notice should be fitted to the kitchen hatch doors at bedroom 36. One bar on these doors should also be adjusted. Advice should be sought from the fire risk assessor in relation to these issues.</p>
	<p>Response by Registered Manager Detailing the Actions Taken:</p> <p>Template attached to this document. The partition walls has been re-established. Door to gallery kitchen - signage and instruction in place to ensure door is keep closed. Bar adjusted.</p>

Registered Manager Completing QIP	Lilian O'Neill	Date Completed	02/11/15
Registered Person Approving QIP	Neil Wilson	Date Approved	02/11/15
RQIA Inspector Assessing Response	K. Monaghan	Date Approved	*06/11/15

* Clarification or follow up required on some items.

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