



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No: IN016945
Establishment ID No: 10916
Name of Establishment: Rush Hall Nursing Home
Date of Inspection: 16 December 2014
Inspector's Name: P Cunningham

1.0 GENERAL INFORMATION

Name of Home:	Rush Hall Nursing Home
Address:	51 Brighter Road Limavady BT49 9DY
Telephone number:	(028) 7776 9326
Registered organisation/provider:	Four Seasons Health Care (FSHC)
Registered manager:	Jane Bell
Person in charge of the home at the time of Inspection:	Jane Bell
Other persons consulted during the Inspection:	Gerry Hegarty, Estates Officer, FSHC, Nigel Craig, Maintenance Man, Rush Hall Nursing Home
Type of establishment:	Nursing Home
Number of registered places:	66
Date and time of inspection:	16 December 2014 from 10:00 13:00
Date of previous estates inspection:	17 May 2011
Name of inspector:	P Cunningham

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 the person in charge
- Examination of records
- Inspection of the home internally and externally. Patients' private bedrooms were only inspected when unoccupied and permission was granted.
- Evaluation and feedback

Any other information received by RQIA about this regulated establishment 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 Jane Bell.

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

Rush Hall is a two-storey, purpose built Nursing Home situated in a rural setting several miles from Limavady. The home provides care for 66 people requiring a range of nursing care including 32 beds located on the ground floor for people suffering from dementia. There is a good range of outdoor space for residents including a secure garden area which is readily accessible from the dementia section of the ground floor. There are ample car parking spaces.

8.0 SUMMARY

Following the Estates Inspection of Rush Hall on 16 December 2014 improvements are required to comply with the Nursing Homes Regulations (Northern Ireland) 2005 and the criterion outlined in the following standards:

- Standard 35 - Safe and healthy working practices
- Standard 36 - Fire Safety

This resulted in three 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 Jane Bell, Gerry Hegarty and Nigel Craig during the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from previous inspection

A number of issues raised in the report of the previous estates inspection on **17 May 2011**. These are detailed below.

Item	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
9.1.1	14.(2)(c)	Item 2 on previous QIP Carry out legionellae risk assessment in accordance with the provisions of the approved code of practice L8 and ensure that the range of ongoing control measures as identified in the assessment and as outlined in the approved code of practice L8 are put in place at suitable intervals.	Completed	N/A
9.1.2	27.(4)(a)	Item 5 on previous QIP Complete the fire risk assessment and implement all subsequent remedial actions. The risk assessment should make reference to the provisions of Health technical Memorandum (HTM) 84	The fire risk assessment has been reviewed since the previous inspection (latest review date 12 December 2014).	See 9.4.2 below and item 3 in attached Quality Improvement Plan
9.1.3	27.(4)(d)(iv)	Item 6 on previous QIP Carry out monthly functional checks to the home's emergency lighting installation and retain records of same.	Completed	N/A

Item	Standard Ref.	Recommendations	Action taken - as confirmed during this inspection	Inspector's Comments
9.1.4	27.(4)(d)(iv)	<p>Item 7 on previous QIP Carry out routine checks to the home's fire resisting doors and retain records of same. Carry out remedial works and repairs as necessary. This should include repairs to the automatic self-closers on the manager's office and the administration office doors.</p>	Completed	N/A
9.1.5	32.5	<p>Item 1 on previous QIP Clear out main electrical switch room and other plant room areas of inappropriate materials and equipment.</p>	Completed	N/A
9.1.6	32.8	<p>Item 3 on previous QIP Review the frequency of checks to the homes thermostatic mixing valves with consideration to carrying out checks to baths and showers on a monthly basis.</p>	Completed	N/A
9.1.7	32.8	<p>Item 4 on previous QIP Liaise with the health and safety officer in respect of the suitability of items which are mounted to the wall in the corridors of the left hand side of the ground floor.</p>	Health and safety officer consulted. Items remaining treated for fire retardency.	N/A

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 The home appeared in relatively good decorative order and free from odours. Documentation in relation to the upkeep of the building was available for inspection.

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

9.3.1 By in large, safe and healthy working practices appear evident in the home in accordance with this standard although some issues (including those mentioned in section 9.1 above) have been identified for attention by the user. These are detailed in the section of the attached quality improvement plan titled '**Standard 35 - Safe and healthy working practices**'.

9.3.2 The hot water outlets at the hair dressing sinks in the home's hairdressing room do not appear to be provided with thermostatic mixing devices. See item 1 on the attached Quality Improvement Plan.

9.3.3 There were no records to support the servicing and validation of home's bedpan washer disinfectors. Records of monthly temperature checks by staff were available adjacent to the units. See item 2 on attached Quality Improvement Plan.

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 Fire Safety procedures in the home are, in the main, generally in line with this standard. There are however a number of issues (including 9.1.2 above) which need to be addressed. These are detailed in the section of the attached quality improvement plan titled '**Standard 36: Fire safety**'.

9.4.2 The Fire risk assessor rates the risk in the premises as '*moderate*' and a range of items are included in the action plan which will reduce the risk to a '*tolerable*' level. The Estates Officer confirmed that the action plan had been addressed and the significant items and issues have been actioned.

The provider should make arrangements for the fire risk assessor to reevaluate the assessment report based upon these remedial actions and confirm that the risk is now rated as '*tolerable*'.

See 9.1.2 above and item 3 on the attached Quality Improvement Plan.

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement plan appended to this report were discussed with Jane Bell 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.

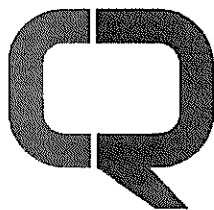
Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by residents.

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**



The Regulation and
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Quality Improvement Plan

Announced Estates Inspection

Rush Hall Nursing Home

16 December 2014

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.	✓	✓		P. Cunningham	7/7/15
C.	Clarification or follow up required on some items.					

Standard 35 - Safe and healthy working practices

The following requirements and recommendations should be noted for action in relation to Standard 35 - Safe and healthy working practices

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
1	27 (2)(q) 14 (2)(a)	Provide thermostatic mixing valves to the hot water outlets at the hair dressing sink in the home's hairdressing room See 9.3.2 in report.	4 weeks	No mixing valve on inspection. Thermosttic mixing valve fitted to sink 22.12.14. Temperature now 41 degrees maximum.
2	27(2)(c) 13 (7)	Put in place arrangements to ensure that the home's bedpan washer disinfectors are maintained in line with the provisions of HTM 2030. See 9.3.3 in report.	As soon as practically possible and ongoing	Aqualiant care serviced bed pan washer 31.1.2.14. No faults found. Temperature correct on testing.

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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)
3	27.(4)(a)	The provider should make arrangements for the fire risk assessor to re-evaluate the assessment report based upon these remedial actions and confirm that the risk is now rated as 'tolerable'. See 9.1.2 and 9.4.2 in report.	As soon as is reasonably possible	Barry Mc Dermott to complete January 2015 . Actions addressed and risk now redefined as tolerable.
Item	Regulation Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
4	36.1	<p>Ensure that when the fire risk assessment is next reviewed, the person carrying out the review holds professional body registration or third party certification for fire risk assessment and is registered accordingly with the relevant body.</p> <p>Reference should be made to correspondence issued by RQIA to all registered homes on 13 January 2013 and the guidance contained therein: http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf</p>	On review of the fire risk assessment	This will be in place when the FRA is reviewed in January 2015

Announced Estates Inspection to Rush Hall Nursing Home on 16 December 2014

Assurance, Challenge and Improvement in Health and Social Care

NOTES:

The details of the quality improvement plan were discussed with Jane Bell, Registered Manager Registered Provider as part of the inspection process.

The timescales commence from the date of inspection.

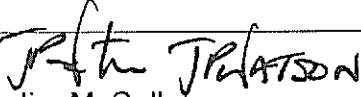
Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

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	Jane Bell
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	 Jim McCall DIRECTOR OF OPERATIONS 6.1.15

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