



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No:	17976
Establishment ID No:	11104
Name of Establishment:	Blair House Care Home
Date of Inspection:	10 April 2014
Inspector's Name:	Colin Muldoon

1.0 GENERAL INFORMATION

Name of Home:	Blair House Care Home
Address:	107 Dakota Avenue, Newtownards. BT23 4QX
Telephone Number:	02891 824450
Registered Organisation/Provider:	Priory (Watton) Ltd Mrs Caroline Denny
Registered Manager:	Mrs Leigh Patience
Person in Charge of the Home at the time of Inspection:	Mrs Leigh Patience
Other person(s) consulted during inspection:	N/A
Type of establishment:	Nursing and Residential Home
Number of Registered Places:	81
Categories of Care	NH-I, NH-DE, RH-DE
Date and time of inspection:	10 April 2014 10.00 – 13.45 A follow up meeting was held with the manager on 11 April 2014 approximately 12.30 – 13.15
Date of previous Estates inspection:	N/a
Name of Inspector:	Colin Muldoon accompanied by Ms Gemma Mulholland (RQIA Estates Support Officer)

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 and Residential 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 Leigh Patience
- 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 Mrs Leigh Patience.

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

Blair House is a modern two storey purpose built care home which was opened in 2012. It is set within a residential development on the outskirts of Newtownards.

The accommodation for residents is on both floors and there are two lifts to facilitate access. Blair House sits on a level site and there are enclosed garden areas for residents and good car parking space.

8.0 SUMMARY

There was evidence of maintenance activities and the home was generally well presented. However, a number of matters relating to the environment were identified, some of which were noted as requiring urgent action. The current manager has taken up post very recently.

Therefore, following the Estates Inspection of Blair House on 10 April 2014, 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 35 - Safe and healthy working practices
- Standard 36 - Fire Safety

This resulted in 10 requirements. These are outlined in the Quality Improvement Plan appended to this report.

The Estates Inspector would like to acknowledge the assistance of Mrs Leigh Patience during the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from previous inspection

This was the first scheduled Estates inspection since the opening of the home.

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 has a number of patient hoists and there was documentation to confirm that they have been thoroughly examined to comply with the Lifting Operations and Lifting Equipment Regulations. On the day of inspection it could not be verified if the hoists have also been serviced.

(Item 1 in Quality Improvement Plan)

9.2.2 On the day of inspection the inspector was informed that there was no documentation on site relating to the maintenance of the thermostatic mixing valves.

(Item 2 in Quality Improvement Plan)

9.2.3 The original electrical Design, Construction and Test and Inspection certificate, issued in 2012, recommended that a further test and inspection of the electrical installation be carried out in twelve months.

(Item 3 in Quality Improvement Plan)

9.2.4 The inspector was shown documentation to confirm the safety of the various gas appliances.

(Item 4 in Quality Improvement Plan)

9.2.5 During the walk round some general maintenance issues were identified and included;

Some communal area carpets which are in poor condition. The manager was able to confirm that firm arrangements have been made to replace the dining room and lounge floor coverings.

Damage and wear to paint surfaces, particularly around light switches. It is good to note that action is being taken to repair and protect these areas.

There are some broken wall tiles in the first floor bathroom.

(Item 5 in Quality Improvement Plan)

These issues are detailed in the section of the attached Quality Improvement Plan entitled Standard 32 – Premises and grounds.

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

9.3.1 It is good to report that the home has a current legionella risk assessment. The risk at the time of assessment was considered to be low. The risk assessor has subsequently carried out audits at six monthly intervals. However, some of the measures set out in the scheme for the control of legionella do not appear to have been carried out. Examples are; the monthly monitoring of calorifier and sentinel temperatures, the testing of water samples and the disinfection of showers. Although there is a routine to flush infrequently used outlets it could not be verified that all such outlets are included on each occasion.
(Item 6 in Quality Improvement Plan)

These issues are detailed in the section of the attached Quality Improvement Plan entitled 'Standard 35 - Safe and healthy working practices

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 The fire risk assessment presented on the day of inspection was dated August 2012. There were a number of significant findings arising from the assessment. Whilst it was thought these matters had been addressed the action plan had not been marked up and it could not be verified. The inspector made reference to the RQIA expectation that, from 01 April 2014, fire risk assessments should be carried out by accredited assessors.
(Item 7 in Quality Improvement Plan)

9.4.2 The records available indicate that not all staff have participated in practice fire drills. The need for all staff to be involved in drills and the subsequent report on each occasion was discussed with the manager. It was agreed that all staff would participate in a practice fire drill within one week.
(Item 8 in Quality Improvement Plan)

9.4.3 Although there were service sheets relating to six monthly duration tests of the emergency lights the inspector was informed that there were no records of the emergency lights being function tested monthly.
(Item 9 in Quality Improvement Plan)

9.4.4 During the walk round it was observed that a number of fire doors require attention to ensure that they close correctly and provide an effective fire and smoke seal. Examples are; the main kitchen door, the laundry door which was wedged open, and the corridor doors beside the main lift .
(Item 10 in Quality Improvement Plan)

These issues are detailed in the section of the attached Quality Improvement Plan entitled 'Standard 36: Fire safety'.

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement plan appended to this report were discussed with Mrs Leigh Patience 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
Quality Improvement
Authority

Quality Improvement Plan

- for -

Announced Estates Inspection

- of -

Blair House Care Home

- on -

10 April 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.				
C.	Clarification or follow up required on some items.				

NOTES:

The details of the Quality Improvement Plan were discussed with Mrs Leigh Patience 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	PP Leigh Patience/ M Mitchell
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	

Announced Estates Inspection to Blair House Care Home on 10 April 2014

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)(c)	It should be confirmed that all the patient hoisting equipment is being serviced in accordance with the manufacturer's instructions. (Item 9.2.1 in report)	1 Month	I can confirm that hoists and hoist equipment is serviced by contractors on a bi annual basis. Certificates are held in the home.
2	Regulation 27.-(2)(c) 27.-(2)(q)	The thermostatic mixing valves should be maintained and set in accordance with the manufacturer's instructions. An urgent action notice was issued in relation to this requirement The ongoing performance of the thermostatic mixing valves should be verified by periodically checking the temperature of the water from resident accessible outlets. Reference should be made to the Health Guidance Note 'Safe' hot water and surface temperatures. (Item 9.2.2 in report)	2 Weeks and ongoing	This issue has been addressed and has now been completed. Systems are in place for periodic checking of valves.
3	Regulation 27.-(2)(q)	The electrical installation should be tested and inspected by a competent person. (Item 9.2.3 in report)	3 Months	I Can confirm PAT Testing was carried out 7 th July 14 and due again on the 7 th July 2015.

Announced Estates Inspection to Blair House Care Home on 10 April 2014

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)
4	Regulation 27.-(2)(c) 27.-(2)(q)	Whilst there are safety certificates for the gas appliances it should be confirmed that someone on the Gas Safe register has verified that the gas pipework installation, valves, controls etc are in a safe and satisfactory condition. (Item 9.2.4 in report)	1 Month	Issue has been actioned and works completed
5	Regulation 27.-(2)(b) 27.-(2)(d)	With regard to general maintenance: The wall tiles in the first floor bathroom should be repaired and a survey should be carried out of all internal surfaces and a program of repair and redecoration implemented. It is recommended that consideration be given to the use of a wall paint more suited to frequent cleaning in a high wear environment. (Item 9.2.5 in report)	Ongoing	Bathroom tiles have now been repaired, and a program of repair and decoration is in place. Appropriate paint is also now used and a contracted painter is carrying out repainting as required.

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Assurance, Challenge and Improvement in Health and Social Care

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)
6	Regulation 13.-(7) 14.-(2)(a) and (c)	<p>The scheme for the control of legionella should be fully implemented.</p> <p>It should be ensured that all sporadically used outlets are flushed twice a week.</p> <p>It should be ensured that water being tested to confirm the absence of legionella includes sufficient samples from the currently unused wing of the home.</p> <p>Reference should be made to: Health and Safety Executive document L8 <i>Legionnaires' disease - The control of legionella bacteria in water systems</i> and the Department of Health document Health Technical Memorandum 04-01: <i>The control of Legionella, hygiene, "safe" hot water, cold water and drinking water systems</i>.</p> <p>An urgent action notice was issued in relation to this requirement. (Item 9.3.1 in report)</p>	Immediate and ongoing	<p>Subsequent to the inspection the inspector was provided with the results of an audit carried out by the legionella risk assessor on 26 March 2014. The audit appeared to confirm that most aspects of water hygiene checked were satisfactory except for the showers.</p> <p>The cleaning and descaling and disinfecting of shower heads are carried out 3 monthly</p>

Announced Estates Inspection to Blair House Care Home on 10 April 2014

Assurance, Challenge and Improvement in Health and Social Care

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)
7	Regulation 27.-(4)(a)	<p>The fire risk assessment should be reviewed by an accredited* fire risk assessor. It must be ensured that the action plan arising from the assessment is fully addressed within the timescales set by the assessor. Reference should be made to the current version of Northern Ireland Firecode document HTM84.</p> <p><i>*(the person carrying out the fire risk assessment should hold professional body registration or third party certification for fire risk assessment and be registered accordingly with the relevant body.</i></p> <p>Reference should be made to correspondence issued by RQIA to all registered homes on 13 January 2013 and the guidance contained in: http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf</p> <p>http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf</p> <p>An urgent action notice was issued in relation to this requirement. (Item 9.4.1 in report)</p>	Not exceeding 1 Month	A review of the fire risk assessment was carried out on 17 April and a copy forwarded to the inspector on 23 April 2014.

Announced Estates Inspection to Blair House Care Home on 10 April 2014

8	Regulation 27.-(4)(f)	<p>All staff must participate in practice fire drills. The drills should verify the effectiveness of the emergency plan and use the information in the personal emergency evacuation plans (PEEP's). Comprehensive records should be kept of each occasion including the outcome of on-the-spot debriefs. Learning points should be included in fire safety training and reviews of procedures. An urgent action notice was issued in relation to this requirement. (Item 9.4.2 in report)</p>	1 Week	<p>The manager confirmed to the inspector on 17 April 2014 that a program of practice fire drills had begun.</p>
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Announced Estates Inspection to Blair House Care Home on 10 April 2014

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)
9	Regulation 27.-(4)(d)(v)	The emergency lights should be function tested monthly. Each test should be recorded. Reference should be made to BS 5266. (Item 9.4.3 in report)	1 Month and ongoing	Emergency lights are checked monthly as part of the routine maintenance checks and recorded.
10	Regulation 27.-(4)(c) 27.-(4)(d)(i)	All fire doors should be surveyed and adjusted as necessary so that they operate correctly and close to provide an effective fire and smoke seal. It is recommended that a monthly routine be established to check the condition, fit and operation of all fire doors. (Item 9.4.4 in report)	1 Month	Fire doors have been checked and adjusted. Fire door are routinely checked also during weekly fire drills.

Announced Estates Inspection to Blair House Care Home on 10 April 2014

Assurance, Challenge and Improvement in Health and Social Care



Quality Improvement Plan sign off sheet for estates inspectors

Name of Home	Blair House
Date of Inspection	10 April 2014
	C Muldoon

QIP Position Based on Comments from Registered Persons			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.					
C.	Clarification or follow up required on some items.	√		√	C Muldoon	24/12/2014

Estates Inspection – QIP sign off sheet

Informing and Improving Health and Social Care