



The Regulation and
Quality Improvement
Authority

Inspector: Colin Muldoon
Inspection ID: IN021736

Blair House
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**Announced Estates Inspection
of
Blair House**

26 May 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 26 May 2015 from 10.30 to 16.30. 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	11	0

The details of the QIP within this report were discussed with Ms Caron Conroy (Manager) and Mr Neil Shields (Regional 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: Priory (Watton) Ltd Mrs Caroline Denny	Registered Manager: Ms Caron Conroy
Person in Charge of the Home at the Time of Inspection: Ms Caron Conroy	Date Manager Registered: 03 December 2014
Categories of Care: NH-I NH-DE RC-DE	Number of Registered Places: 81
Number of Residents Accommodated on Day of Inspection: 79	Weekly Tariff at Time of Inspection: £616 – £645 Nursing £491 - £550 Residential

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

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 unannounced care inspection dated 05 March 2015. The completed QIP was returned and the responses were considered acceptable by the care inspector.

5.2 Review of Requirements and Recommendations from the last Estates Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 27.-(2)(c)</p>	<p>It should be confirmed that all the patient hoisting equipment is being serviced in accordance with the manufacturer's instructions.</p> <p>Action taken as confirmed during the inspection:</p> <p>There were current records relating to the servicing and thorough examination of the lifting equipment (to comply with the Lifting Operations and Lifting Equipment Regulations (NI) 1999)</p> <p>The last thorough examination report identified one hoist which was not safe to operate. The manager confirmed that this hoist had been disposed of.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulations 27.-(2)(c) 27.-(2)(q)</p>	<p>The thermostatic mixing valves should be maintained and set in accordance with the manufacturer's instructions.</p> <p>An urgent action notice was issued in relation to this requirement</p> <p>The ongoing performance of the thermostatic mixing valves should be verified by periodically checking the temperature of the water from resident accessible outlets.</p> <p>Reference should be made to the Health Guidance Note 'Safe' hot water and surface temperatures.</p> <p>Action taken as confirmed during the inspection:</p> <p>The response from the previous manager confirmed that "This issue has been addressed and has now been completed. Systems are in place for periodic checking of valves".</p> <p>There were no current records relating to the maintenance of the thermostatic mixing valves.</p> <p>There is a procedure in place to periodically check the safe temperature of blended hot water.</p>	Partially Met

<p>Requirement 3</p> <p>Ref: Regulation 27.-(2)(q)</p>	<p>The electrical installation should be tested and inspected by a competent person.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The home was built and opened in 2012. Design, Construction, Inspection and Testing certification for the electrical installation was issued at that time. The certification recommended that a further test and inspection be carried out in 12 months. This has not been followed up.</p>	<p>Not Met</p>
<p>Requirement 4</p> <p>Ref: Regulation 27.-(2)(c) 27.-(2)(q)</p>	<p>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.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The response from the previous manager confirmed that "Issue has been actioned and works completed"</p> <p>There were no current Gas Safe certificates on the day of inspection.</p>	<p>Not Met</p>
<p>Requirement 5</p> <p>Ref: Regulations 27.-(2)(b) 27.-(2)(d)</p>	<p>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.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The bathroom tiles have been repaired and a prioritised program of redecoration is ongoing.</p>	<p>Met</p>

<p>Requirement 6</p> <p>Ref: Regulations 13.-(7) 14.-(2)(a) and (c)</p>	<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>. An urgent action notice was issued in relation to this requirement.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There is a scheme of actions and monitoring measures in place towards the control of legionella. The records of the sentinel outlet temperatures indicated that they were outside the range expected for the effective control of legionella. This was investigated on the day of inspection and there may be an error in the procedure for taking the temperatures.</p> <p>The legionella risk assessment was carried out in September 2012 and requires to be reviewed.</p>		

<p>Requirement 7</p> <p>Ref: Regulation 27.-(4)(a)</p>	<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.</p> <p>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:</p> <p>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.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The fire risk assessment was reviewed a few days after the last Estates inspection although it could not be confirmed that the assessor had the accreditation recommended by RQIA.</p>		
<p>Requirement 8</p> <p>Ref: Regulation 27.-(4)(f)</p>	<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.</p> <p>An urgent action notice was issued in relation to this requirement.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There were records of frequent practice fire drills having taken place over the last year.</p>		

Requirement 9 Ref: 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.	Met
Requirement 10 Ref: Regulations 27.-(4)(c) 27.-(4)(d)(i)	Action taken as confirmed during the inspection: Addressed.	
	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.	Met
	Action taken as confirmed during the inspection: The previous manager confirmed in the last returned quality improvement plan that “fire doors have been checked and adjusted. Fire door are routinely checked also during weekly fire drills”.	

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.

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

There were no records relating to the maintenance of the thermostatic mixing valves.

It could not be confirmed that the electrical installations is currently in a safe and satisfactory condition.

There were no current Gas Safe certificates to verify that the gas appliances and installations are in a safe and satisfactory condition.

There is a gas barbecue on site which should be checked for safety by the Gas Safe engineer

The legionella risk assessment should be reviewed.

The procedure for measuring the sentinel outlet temperatures should be reviewed.

Whilst there is a procedure for flushing infrequently used water outlets this should be increased to twice a week in accordance with good practice.

There were no records to confirm that the lifts are being thoroughly examined in accordance with the Lifting Operations and Lifting Equipment Regulations (NI) 1999 (LOLER)

The last available report on the maintenance of the lifts was dated September 2014.

This report noted that the autodialer required to be reprogrammed. The lift alarm arrangements were discussed with the manager and maintenance officer.

It should be confirmed that the lifts are being maintained in accordance with the manufacturer's instruction.

Number of Requirements	6	Number Recommendations:	0
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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

The fire risk assessment is due for review and the current manager informed the inspector that arrangements had been made for this to be carried out by an accredited assessor.

Although there have been frequent fire drills over the last year it could not be confirmed that all staff have attended. The attendance at fire drills should be monitored and recorded to ensure that all staff participate.

The Northern Ireland Fire and Rescue Service carried out an audit in 2014. In correspondence they confirm that they found the home to be broadly compliant but that deficiencies were found. There was no information on site detailing the deficiencies or whether they had been addressed.

Although there were records relating to the servicing of the fire safety installations, such as the fire alarm system, it could not be confirmed it is line with the relevant code of practice.

The arrangements for evacuation from the first floor were unclear. This requires to be discussed with the fire risk assessor. The fire procedure should be reviewed, revised as necessary and staff trained and drilled in its implementation.

The main door into the kitchen and the corridor door at room 72 are fire doors which were not closing correctly and require repair or adjustment.

Number of Requirements	5	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 Caron Conroy (Manager) and Mr Neil Shields (Regional 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 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 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 27.-(2)(q)</p> <p>Stated: Second time</p> <p>To be Completed by: 26 June 2015</p>	<p>The thermostatic mixing valves should be serviced, set and fail safe tested in accordance with the manufacturer's instructions.</p> <p>Response by Registered Manager Detailing the Actions Taken: The TMV have been serviced and certificates have been attached.</p>
<p>Requirement 2</p> <p>Ref: Regulation 27.-(2)(c) 27.-(2)(q)</p> <p>Stated: Second time</p> <p>To be Completed by: 26 June 2015</p>	<p>A competent person should verify that the electrical installation is currently in a safe and satisfactory condition. This will be best achieved by submission of test certification complying with the provisions of British Standard (BS) 7671 by an electrical person or company holding valid National Inspection Council for Electrical Installation Contracting (NICEIC) registration.</p> <p>Response by Registered Manager Detailing the Actions Taken: Please see enclosed e mail confirming 5 year testing.</p>
<p>Requirement 3</p> <p>Ref: Regulation 27.-(2)(c) 27.-(2)(q)</p> <p>Stated: Second time</p> <p>To be Completed by: 26 June 2015</p>	<p>Valid Gas Safe certificates should be obtained. The certificates should verify that all the gas appliances and installations are in a safe and satisfactory condition.</p> <p>The gas barbecue should also be checked for safety by someone on the Gas Safe register.</p> <p>Response by Registered Manager Detailing the Actions Taken: Please see recent gas certificates, the bbq has been placed on the safety checks also for the next service date.</p>

<p>Requirement 4</p> <p>Ref: Regulation 13.-(7)</p> <p>Stated: First time</p> <p>To be Completed by: 26 June 2015 and ongoing</p>	<p>The procedure for checking the sentinel outlet water temperatures should be reviewed. It should be ensured that the sentinel outlet temperatures are in line with the approved code of practice (<i>L8 Legionnaires' disease - The control of legionella bacteria in water systems</i> with particular reference to <i>HSG 274 Part2</i>)</p> <p>The frequency of flushing infrequently used outlets should be increased to twice weekly.</p> <p>Response by Registered Manager Detailing the Actions Taken: This has been addressed and flushing increased to twice weekly</p>
<p>Requirement 5</p> <p>Ref: Regulation 13.-(7)</p> <p>Stated: First time</p> <p>To be Completed by: 26 July 2015</p>	<p>The legionella risk assessment should be reviewed by a competent person. The scheme of control arising from the risk assessment should be fully implemented.</p> <p>A program of work should be drawn up and actioned to address any remedial works identified in the risk assessment.</p> <p>Response by Registered Manager Detailing the Actions Taken: Legionella reviewed please find enclosed most recent certificates remedial works actioned.</p>
<p>Requirement 6</p> <p>Ref: Regulation 27.-(2)(c) 27.-(2)(q)</p> <p>Stated: First time</p> <p>To be Completed by: 26 June 2015</p>	<p>To comply with LOLER valid thorough examination reports should be obtained for the lifts. The reports should verify that the lifts are without defects.</p> <p>It should be confirmed that the lifts are being serviced in accordance with the manufacturer's instructions.</p> <p>The alarm and evacuation arrangements for the lifts should be reviewed by a competent person. There should be an adequate and reliable lift alarm system and suitable robust response arrangements.</p> <p>Response by Registered Manager Detailing the Actions Taken: Please find enclosed loler certificates in relation to servicing.</p>

<p>Requirement 7</p> <p>Ref: Regulation 27.-(4)(a)</p> <p>Stated: First time</p> <p>To be Completed by: 26 June 2015</p>	<p>The fire risk assessment should be reviewed by a competent person* in accordance with NIHTM84.</p> <p>Issues identified in the assessment should be addressed within timescales acceptable to the risk assessor.</p> <p>The arrangements for vertical evacuation should be discussed with the fire risk assessor. The fire procedure should be reviewed by the risk assessor, revised as necessary and staff trained and drilled in its implementation.</p> <p>*RQIA recommend that the person carrying out the next review of the fire risk assessment holds professional body registration or third party certification for fire risk assessment and be registered accordingly with the relevant body. Reference should be made to correspondence issued by RQIA to all registered homes on 02 April 2015 and the guidance contained in: 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> <p>Response by Registered Manager Detailing the Actions Taken: Fire risk assessment reviewed awaiting completed report, all issues identified currently being addressed.</p>
<p>Requirement 8</p> <p>Ref: Regulation 27.-(4)(f)</p> <p>Stated: First time</p> <p>To be Completed by: Ongoing</p>	<p>The attendance at fire drills should be monitored, recorded and arrangements made to ensure all staff participate.</p> <p>Response by Registered Manager Detailing the Actions Taken: Fire drills are being monitored and recorded and actions put in place so night staff and partime staff are participating in fire drills</p>
<p>Requirement 9</p> <p>Ref: Regulation 27.-(4)</p> <p>Stated: First time</p> <p>To be Completed by: 26 June 2015</p>	<p>It should be confirmed that the fire safety deficiencies identified by the Northern Ireland Fire and Rescue Service during their audit in 2014 have been fully addressed.</p> <p>Response by Registered Manager Detailing the Actions Taken: These issues have been addressed only three actions remain outstanding and are in process of becoming compliant.</p>

Requirement 10 Ref: Regulation 27.-(4)(d)(iv) Stated: First time To be Completed by: 26 June 2015	It should be confirmed that the servicing of the fire safety installations such as the detection and alarm system and the emergency lights is being carried out in accordance with good practice. (BS5839 for fire detection and alarm system and BS 5266 for emergency lighting).		
	Response by Registered Manager Detailing the Actions Taken: Please find attached certificates confirming testing of alarm systems and emergency lights.		
Requirement 11 Ref: Regulation 27.-(4)(c) 27.-(4)(d)(i) Stated: First time To be Completed by: 26 June 2015	A survey should be carried out of all fire doors and the necessary adjustments and repairs made which will ensure that they operate correctly and close to provide an effective fire seal. Doors found to require repair on the day of inspection were the main kitchen door and the corridor door beside room 72.		
	Response by Registered Manager Detailing the Actions Taken: Survey has been completed and approval requested for repair and fixing of fire doors.		
Registered Manager Completing QIP	Caron Conroy	Date Completed	07/07/15
Registered Person Approving QIP	Caroline Denny	Date Approved	08/07/2015
RQIA Inspector Assessing Response	Colin Muldoon*	Date Approved	25/09/2015 *

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

**Clarification or follow up is required on some items*