



The Regulation and
Quality Improvement
Authority

Daleview House
RQIA ID: 1164
Shepherds Way
Dungiven Road
Londonderry
BT47 2AL

Inspector: Phil Cunningham
Inspection ID: IN021399

Tel: 02871348015
Email: m.mccorkell@apexhousing.org

**Announced Estates Inspection
of
Daleview House Nursing Home**

21 April 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 21 April 2015 from 10.00 to 13.00. 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	5	3

The details of the QIP within this report were discussed with Marcella McCorkell, Registered Manager, Daleview House Nursing Home as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Gerald Kelly, Apex Housing Ltd	Registered Manager: Marcella McCorkell
Person in Charge of the Home at the Time of Inspection: Marcella McCorkell	Date Manager Registered: 31 December 2008
Categories of Care: NH-I	Number of Registered Places: 25
Number of Patients Accommodated on Day of Inspection: 25	Weekly Tariff at Time of Inspection: <i>Total £606</i> <i>£581 WHSC Trust rate plus £25</i> <i>Provider top up</i>

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:

- previous estates inspection report
- statutory notifications over the past 12 months.

During the inspection the inspector did not meet with residents, care staff, staff, visiting professionals or residents visitors/representative. The inspector met the Apex Housing Property Services Officer, Mr Christopher Doherty.

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
- legionellae risk assessment
- fire risk assessment.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home (IN020803) was an unannounced medicines management monitoring inspection dated 26 January 2015. The completed QIP was returned and approved by the pharmacist inspector on 13 March 2015. The QIP responses to the two requirements and three recommendations were assessed as satisfactory and will be examined again during the next medicines management inspection.

5.2 Review of Requirements and Recommendations from the last Estates Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27 (2)(l)	Clear lower ground floor nurses' station of all excess archive records. Note: if this room is to be utilized as a permanent archive record store, an application for variation should be submitted to RQIA for the change of use of the room and suitable adaptations carried out to facilitate this. Action taken as confirmed during the inspection: Inspector confirmed during this inspection that this was completed. The registered manager had confirmed that this was completed in the QIP returned following the previous inspection.	Met
Requirement 2 Ref: Regulation 27 (2)(c)	Forward copy of report of thorough examination of home's passenger lift to RQIA. Action taken as confirmed during the inspection: Inspector confirmed during this inspection that this was completed. The registered manager had confirmed that this was completed in the QIP returned following the previous inspection and had forwarded copy of records.	Met
Requirement 3 Ref: Regulation 27 (2)(c)	Forward copy of service report in respect of home's thermostatic mixing valves to RQIA Action taken as confirmed during the inspection: Inspector confirmed during this inspection that this was completed. The registered manager had confirmed that this was completed in the QIP returned following the previous inspection and had forwarded copy of records.	Met

<p>Requirement 4</p> <p>Ref: Regulation 14 (2)(c)</p>	<p>Record checks to hot and cold 'sentinel' taps for legionellae control purposes in the appropriate log book.</p> <p>Appropriate instruction and training should be afforded to staff carrying out the checks where deemed necessary.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The manager confirmed during this inspection that relevant training was put in place for maintenance staff in the QIP returned following the previous inspection. However, records relating to checking of water temperatures at 'sentinel' taps were not presented for review during this inspection.</p>	<p>Partially Met</p>
<p>Requirement 5</p> <p>Ref: Regulation 27 (2)(c)</p>	<p>Implement routine and validation checks to the home's washer disinfector in line with current good practice. Retain record of same.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed during this inspection that this was completed although the washer disinfector was found to be currently out of service. The manager outlined that the use of the washer disinfector was under review and may not be required. The registered manager had confirmed that this was completed in the QIP returned following the previous inspection and had forwarded copy of records.</p>	<p>Met</p>
<p>Previous Inspection Recommendations</p>		<p>Validation of Compliance</p>
<p>Recommendation 1</p> <p>Ref: Regulation 14 (2)(c)</p>	<p>Carry out remedial repairs to floor coverings in the home where appropriate.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed during this inspection that this was completed. The registered manager had confirmed that this was completed in the QIP returned following the previous inspection.</p>	<p>Met</p>

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.

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

1. The décor in bedroom 42 was defective and requires upgrading. See requirement no.1 in the Quality Improvement Plan.
2. Records relating to the checking of 'sentinel' taps for the control of legionellae purposes were not available during the inspection. The Property Services Officer stated that these were undertaken regularly and agreed to discuss with the maintenance man responsible for the task. See requirement no.2 in the Quality Improvement Plan.
3. The legionellae risk assessment was reviewed in February 2015 and a number of issues were identified in an action plan. Confirmation is sought that these have been afforded suitable attention. See requirement no.3 in the Quality Improvement Plan.
4. The home's emergency standby generator is run by the maintenance man monthly although it was not clear whether this is an 'on-load' run. See recommendation no.1 in the Quality Improvement Plan.
5. There are no separate wash hand basins in the home's sluice rooms or the laundry. See recommendation no.2 in the Quality Improvement Plan.

Number of Requirements	3	Number Recommendations:	2
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5.4 Standard 47: Safe and Healthy Working Practices

Is Care Safe? (Quality of Life)

A range of documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this Estates inspection. This supports the delivery of safe care.

Is Care Effective? (Quality of Management)

The nature and needs of the residents 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 were identified.

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 residents, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment and the fire risk assessor holds relevant professional registration on a recognised fire risk assessor register. 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

1. Records relating to the monthly function testing of the emergency lighting were inspected. Details in the records were unclear. See recommendation no.3 in the Quality Improvement Plan.
2. Fire training is delivered in the home by a combination of 'on-line' learning and face to face training carried out by the home manager. The manager has received specific training to this effect. Training is supplemented by practice fire evacuation drills which are carried out approximately monthly. The home should review the adequacy of these arrangements with a view to considering the need for on-site training by a fire safety specialist. See requirement no.4 in the Quality Improvement Plan.
3. Doors to bedrooms are not fitted with automatic self-closing devices in line with correspondence from RQIA in 2013. Correspondence from the APEX Director of Property Services to RQIA on 08 May 2015 confirmed that there was now a programme in place to provide closing devices to all bedroom doors within a six week period. See requirement no.5 in the Quality Improvement Plan.

Number of Requirements	2	Number Recommendations:	1
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5.6 Additional Areas Examined

No additional areas were examined.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Marcella McCorkell 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)(d)</p> <p>Stated: First time</p> <p>To be Completed by: 19 June 2015</p>	<p>Upgrade the décor in bedroom 42. Check all other bedrooms for decorative condition and upgrade as required.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: The work is ongoing to upgrade the décor in bedroom 42. Job order number A0267959 and A0267566</p>
<p>Requirement 2</p> <p>Ref: Regulation 27 (2)(q)</p> <p>Stated: Second time</p> <p>To be Completed by: 19 June 2015</p>	<p>Forward copy of records relating to the checking of 'sentinel' taps for the control of legionellae purposes which were not available during the inspection.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: Records relating to the sentinel checks are attached. The template for recording details updated and checks will be carried out going forward from the 19th of each month.</p>
<p>Requirement 3</p> <p>Ref: Regulation 14 (2)(c)</p> <p>Stated: First time</p> <p>To be Completed by: 19 June 2015</p>	<p>Provide confirmation that the action plan of the legionellae risk assessment has been suitably addressed.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: Work order A0260170 has been raised to address the action plan.</p>
<p>Requirement 4</p> <p>Ref: Regulation 27 (4)(e)</p> <p>Stated: First time</p> <p>To be Completed by: 19 June 2015</p>	<p>Carry out a review of the staff fire safety training arrangements. Consideration should be given to the use of a person(s) who is competent in fire prevention to deliver on-site awareness training.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: Apex health & Safety advisor has now the full responsibility to carry out fire safety training to staff annually. Staff will complete E-Learning fire training module every six months.</p>
<p>Requirement 5</p> <p>Ref: Regulation 27 (4)(b)</p>	<p>Carry out a works to provide automatic self-closing devices to bedroom doors in line with correspondence from RQIA in 2013 and as agreed by the APEX Director of Property Services.</p>

<p>Stated: First time</p> <p>To be Completed by: 11 August 2015</p>	<p>Response by Registered Manager Detailing the Actions Taken: Automatic self-closing devices have been fitted to all bedroom doors.</p>		
Recommendations			
<p>Recommendation 1</p> <p>Ref: Standard 47.1</p> <p>Stated: First time</p> <p>To be Completed by: 20 May 2015 and ongoing</p>	<p>Review the monthly running of the home's emergency standby generator to ensure that this includes 'on-load' running.</p> <p>Response by Registered Manager Detailing the Actions Taken: Template amended to state that the generator will run on-load for 1 hour</p>		
<p>Recommendation 2</p> <p>Ref: Standard 46.11</p> <p>Stated: First time</p> <p>To be Completed by: 11 August 2015</p>	<p>Consider the provision of separate wash hand basins in the home's sluice rooms and laundry room.</p> <p>Response by Registered Manager Detailing the Actions Taken: Work order raised under our reference A0268260 to install wash hand basins in 2 sluice rooms, laundry room and to remove old bed pan washer from sluice room 1</p>		
<p>Recommendation 3</p> <p>Ref: Standard 48.9</p> <p>Stated: First time</p> <p>To be Completed by: 20 May 2015 and ongoing</p>	<p>Review the recording of the emergency lighting monthly function tests to clarify the extent and details of the testing.</p> <p>Response by Registered Manager Detailing the Actions Taken: Amended recording sheets circulated to staff for the property services diary. Emergency lighting procedures now include the instruction to insert I for pass and x for fail on each light fitting. Failed fitting details will be recorded on an additional sheet so there is a clear record of work carried out on each fitting.</p>		
<p>Registered Manager Completing QIP</p>	<p>Marcella Mc Corkell</p>	<p>Date Completed</p>	<p>25/06/15</p>
<p>Registered Person Approving QIP</p>	<p>Muriel Sands</p>	<p>Date Approved</p>	<p>25/06/15</p>
<p>RQIA Inspector Assessing Response</p>	<p>P Cunningham</p>	<p>Date Approved</p>	<p>* 18/9/15</p>

**Items requiring follow up or clarification*