

Announced Premises Inspection Report 15 April 2016



Deanfield

**19 Deanfield, Limavady Road, Londonderry, BT47 6HY:
Tel No 028 7134 4888
Inspector: P Cunningham**

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Deanfield took place on 15 April 2016 from 10:00 to 13:30hrs

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. However some areas for improvement were identified for attention by the registered person. Refer to section 4.3.

Is care effective?

On the day of the inspection the premises supported the delivery of effective care. Refer to section 4.4.

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care. Refer to section 4.5.

Is the service well led?

On the day of the inspection the management of the premises was considered to be well led. Refer to section 4.6.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015:

- Standard 44: Premises
- Standard 47: Safe and Healthy working Practices
- Standard 48: Fire Safety

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	5

Details of the QIP within this report were discussed with Joy McLaughlin, Home Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent premises inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service Details

Registered organisation/registered person: Loughview Homes Ltd	Registered manager: Mrs Joy McLaughlin
Person in charge of the home/establishment/agency at the time of inspection: Joy McLaughlin	Date manager registered: 13 December 2007
Categories of care: NH-I	Number of registered places: 29

3.0 Methods/processes

Prior to inspection the following records were analysed: Previous estates inspection report, statutory notifications over the past 12 months, duty call log.

During the inspection the inspector met with Mrs Joy McLaughlin, Home Manager.

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.

4.0 The Inspection

4.1 Review of requirements and recommendations from the previous inspection dated 29/09/2015

The previous inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector on 24 November 2015.

4.2 Review of requirements and recommendations from the last estates inspection dated 28/01/2015

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 287 (2)(b) Stated: First time	Confirm completion dates for the refurbishing of the ground floor shower room and the first floor bathroom and bedrooms 7 and 16. The provider should consider a continuous programme of similar refurbishment to all bedrooms.	Met
	Action taken as confirmed during the inspection: Listed rooms refurbished following last inspection. The registered manager confirmed that there was an ongoing programme of phased refurbishment in place in the home.	
Requirement 2 Ref: Regulation 27 (2)(q) Stated: First time	Provide confirmation that all the home's thermostatic mixing valves have been serviced and that this included cleaning of the strainers.	Met
	Action taken as confirmed during the inspection: Documentation received by RQIA following last inspection confirming servicing of TMVs	
Requirement 3 Ref: Regulation 27 (2)(q) Stated: First time	Carry out remedial measures as deemed necessary by the competent electrical person to address the items listed on the report of the testing and inspection of the fixed wiring installation.	Met
	Action taken as confirmed during the inspection: The registered manager confirmed that electrical had tended to the defects listed on the report of the testing and inspection of the fixed wiring installation.	

<p>Requirement 4</p> <p>Ref: Regulation 27 (2)(l)</p> <p>Stated: First time</p>	<p>Remove washer fluids and other containers from the store on the 'link' corridor to alternative appropriate storage area. Tidy the store.</p> <p>Action taken as confirmed during the inspection: Items removed and store tidy at time of inspection. However see section 4.3 item 2 below</p>	<p>Met</p>
<p>Requirement 5</p> <p>Ref: Regulation 14 (2)(c)</p> <p>Stated: First time</p>	<p>Remove the redundant shower mixing valve and associated distribution pipework in the ground floor shower room. In the meantime, ensure that the valve is flushed through twice weekly as per other seldom used water outlets.</p> <p>The provider should liaise with the legionellae risk assessor accordingly.</p> <p>Action taken as confirmed during the inspection: Redundant shower mixing valve removed.</p>	<p>Met</p>
<p>Requirement 6</p> <p>Ref: Regulation 14 (2)(c)</p> <p>Stated: First time</p>	<p>Remove the extension leads from bedroom 11a/11b. Suitable electrical socket outlets should be provided by a competent and qualified electrical person.</p> <p>Action taken as confirmed during the inspection: Extension lead removed.</p>	<p>Met</p>
<p>Requirement 7</p> <p>Ref: Regulation 27.(4)(d)(iv)</p> <p>Stated: First time</p>	<p>Carry out remedial works as necessary to the home's fire alarm and detection system to ensure that the detection in zone four has been reinstated. Written confirmation from the competent fire alarm specialist that this has been achieved should be forwarded to RQIA.</p> <p>Action taken as confirmed during the inspection: Remedial works completed following last estates inspection. Correspondence with the registered person following the last estates inspection relating to this issue resulted in timely actions to address same.</p>	<p>Met</p>

Requirement 8 Ref: Regulation 27.(4)(b) Stated: First time	Provide fire detector and fire resisting door to the under stairs store adjacent to the treatment room. The provider should liaise with the fire risk assessor accordingly.	Met
	Action taken as confirmed during the inspection: Completed.	
Requirement 9 Ref: Regulation 27.(4)(d)(iv) Stated: First time	Forward confirmation of regular servicing of the home's emergency lighting installation.	Met
	Action taken as confirmed during the inspection: Relevant documentation presented indicating servicing of installation.	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 35.1 Stated: First time	Consider the provision of separate hand wash basins in the home's sluice rooms in line with current good practice for infection prevention and control.	Not Met
	Action taken as confirmed during the inspection: The registered manager stated that his had been considered although limited space in one sluice room rendered it impracticable. The registered manager agreed to consider of wash hand basin in the larger sluice room following this inspection.	

4.3 Is care safe?

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. Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this estates inspection.

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.

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 which was carried out by a risk assessor holding professional body registration for fire risk assessors. 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.

Areas for improvement

1. The window of the ground floor treatment/medicines storage room was found to be unrestricted. See requirement number 1 on the attached Quality Improvement Plan.
2. The store on the link corridor while tidy was used to store pressure relieving mattresses and other items directly below the electrical fuse board. The fire detector in the room appeared to be a heat detector. See requirement number 2 on the attached Quality Improvement Plan.
3. Records relating to the servicing and validation of the home's washer disinfectors were not presented during the inspection. See requirement number 3 on the attached Quality Improvement Plan.
4. The manager stated that the home's fire alarm system was to be upgraded later in the year. See recommendation number 1 on the attached Quality Improvement Plan.
5. While there were records of documentation relating to routine checks to the home's domestic water system, checks to the home's 'sentinel' taps appeared to indicate readings outside expected parameters. It is noted that sampling for legionellae bacteria is carried out in the home and this reports that the system is 'clear' as of January 2015. It is also noted that the home's maintenance man is scheduled to attend specialist training for legionella control measures in May 2016. See recommendation number 2 on the attached Quality Improvement Plan.
6. The home's kitchen received a three star rating as a result of the last the Local Authority Food Hygiene inspection. The kitchen has since been subject to refurbishment and the home awaits a further inspection by that authority. See recommendation number 3 on the attached Quality Improvement Plan.

Number of requirements:	3	Number of recommendations:	3
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4.4 Is care effective?

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the premises.
This supports the delivery of effective care.

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

The areas of the premises reviewed during this estates inspection were well presented, comfortable, clean, free from malodours and adequately lit
Service users are consulted about decisions around décor and the private accommodation where appropriate.
This supports the delivery of compassionate care.

One issue was however identified for attention during this estates inspection. These are detailed in the 'areas for improvement' section below.

Areas for improvement

1. The mechanical extract fan in the ground floor smoking room was switched off during the inspection. When switched on, the fan was found to be noisy. See recommendation number 4 on the attached Quality Improvement Plan.

Number of requirements:	0	Number of recommendations:	1
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4.6 Is the service well led?

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

Arrangements are in place for managing premises related incidents/notifiable events and Medical Device and Equipment Alerts.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.
This supports a well led service.

One issue was however identified for attention during this estates inspection. These are detailed in the 'areas for improvement' section below.

Areas for improvement

1. Procedures to access and monitor medical device and equipment alerts as listed on the DHSSPS Northern Ireland Adverse Incident Centre (NIAIC) database (in accordance with RQIA correspondence of December 2009 and May 2013) were not fully in place. A system was in place to receive various alerts from external sources but access to the NIAIC website was not routinely carried out. The manager undertook to implement this immediately and the NIAIC website was accessed during the inspection for reference purposes. See recommendation number 5 on the attached Quality Improvement Plan.

Number of requirements:	0	Number of recommendations:	1
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5.0 Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Joy McLaughlin, Home Manager 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/manager meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

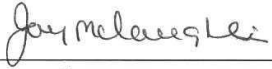
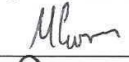

5.3 Actions taken by the registered manager/registered person

The QIP will 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 [Regulation and Quality Improvement Authority, Hilltop, Tyrone and Fermanagh Hospital, Omagh, BT79 0NS](#) 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 areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

<div style="text-align: center;"> Quality Improvement Plan </div> <div style="text-align: right; border: 1px solid black; padding: 5px; transform: rotate(-5deg);"> RQIA, HILLTOP 30 JUN 2016 TYRONE & FERMANAGH HOSPITAL OMAGH, CO. TYRONE BT79 0NS </div>	
Statutory Requirements	
Requirement 1 Ref: Regulation 13 (4)(a) Stated: First time To be Completed by: 13 May 2016	Provide suitable robust restrictor to the treatment/medicines storage room window. Consideration should be given to providing obscure glazing to the window to increase security. Response by Registered Manager Detailing the Actions Taken: Window made obscure and robust chain put on window to restrict the opening.
Requirement 2 Ref: Regulation 27 (4)(b) Stated: First time To be Completed by: a. immediately b. 13 May 2016	In relation to the store room on the link corridor a. Review storage arrangements and remove items of storage from below the electrical distribution board. b. The manager should ensure that a review of the fire detection in the store is undertaken to ensure that the appropriate category of device is provided. The fire safety advisor/fire risk assessor should be consulted accordingly. Response by Registered Manager Detailing the Actions Taken: All items removed from below electrical board. Fire advisor spoken to and detector replaced.
Requirement 3 Ref: Regulation 13 (7) Stated: First time To be Completed by: 3 June 2016	Provide confirmation that the home's washer disinfectant is subject to routine checks and validation in accordance with the provision of HTM 2030. Response by Registered Manager Detailing the Actions Taken: Placed on maintenance persons routine checklist Yearly checked by qualified person. All documentation in place.

Recommendations	
Recommendation 1 Ref: Standard HTM 84 Stated: First time To be Completed by: during and subsequent upgrade works to the AFD	<p>Consideration should be given to upgrading the home's automatic fire alarm and detection (AFD) system to an analogue addressable system as part of any upgrading works to it.</p> <p>Response by Registered Manager Detailing the Actions Taken:</p>
Recommendation 2 Ref: Standard 44.8 Stated: First time To be Completed by: 3 June 2016	<p>Liaise with the legionella risk assessor regarding the adequacy of the checks to the sentinel taps and implement appropriate measures as advised.</p> <p>Response by Registered Manager Detailing the Actions Taken:</p> <p>Risk assessor contacted reviewed documentation, Spoke with maintenance person. New note in place</p>
Recommendation 3 Ref: Standard 44.7 Stated: First time To be Completed by: As determined by Local Authority Food Hygiene Inspector.	<p>Liaise with the local Authority around the adequacy of the refurbished catering facilities.</p> <p>Response by Registered Manager Detailing the Actions Taken:</p> <p>Environment Inspector visited home - Documented all refurb, will visit again to review star rating.</p>
Recommendation 4 Ref: Standard 44.14 Stated: First time To be Completed by: 3 June 2016	<p>Replace the noisy fan in the smoking room and review control of same so that it cannot be switched off by patients. Consideration should be given to providing automatic control by means of presence sensor.</p> <p>Response by Registered Manager Detailing the Actions Taken:</p> <p>Fan replaced (up graded)</p>

Recommendation 5 Ref: Standard 47.4 Stated: First time To be Completed by: ongoing	Ensure that access and monitoring of medical device and equipment alerts as listed on the DHSSPS Northern Ireland Adverse Incident Centre (NIAIC) database in accordance with RQIA correspondence remains fully in place and that records are retained to this effect. Response by Registered Manager Detailing the Actions Taken: Monitoring guidelines and records of same completed - Records in place		
Registered Manager Completing QIP		Date Completed	6/6/16
Registered Person Approving QIP		Date Approved	6/6/16
RQIA Inspector Assessing Response		Date Approved	7/7/16

**Please ensure this document is completed in full and returned to Regulation and Quality Improvement Authority, Hilltop, Tyrone and Fermanagh Hospital, Omagh, BT79 0NS **

Follow up required regarding several issues



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