



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No: IN021019
Establishment ID No: 1174
Name of Establishment: Deanfield
Date of Inspection: 28 January 2015
Inspector's Name: P Cunningham

1.0 GENERAL INFORMATION

Name of Home:	Deanfield
Address:	19 Deanfield Limavady Road Londonderry BT47 6HY
Telephone number:	028 7134 4888
Registered organisation/provider:	Paul Steele Michael Curran
Registered manager:	Joy McLaughlin
Person in charge of the home at the time of Inspection:	Joy McLaughlin
Other persons consulted during the Inspection:	N/A
Type of establishment:	Nursing Home
Number of registered places:	28
Date and time of inspection:	28 January 2015 from 10:00am - 1.00pm
Date of previous estates inspection:	24 April 2013
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
- The 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 Joy McLaughlin.

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

Deanfield is a two-storey, purpose adapted Nursing Home situated on a residential site in the Waterside area. The home accommodates 28 people requiring a range of nursing care. There is limited car parking space and outdoor space for use by patients is also minimal.

8.0 SUMMARY

Following the Estates Inspection of Deanfield on 28 January 2015, improvements are required to comply with the Nursing Homes Regulations (Northern Ireland) 2005 and the criterion outlined in the following standards:

- Standard 32 - Premises and grounds
- Standard 35 - Safe and healthy working practices
- Standard 36 - Fire Safety.

This resulted in nine 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 Joy McLaughlin 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 24 April 2013. These are detailed below.

Item	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
9.1.1	14 (2)(a)	Item 1 on previous QIP Liaise with the legionellae risk assessor to ensure that the log sheets for use by the maintenance man for recording of temperature and other associated checks are suitable and clear.	Completed	N/A
9.1.2	14 (2)(a)	Item 2 on previous QIP Submit a programme of works to address the range of items identified during the servicing to the home's thermostatic mixing valves.	Completed	N/A
9.1.3	27 (4)(d)(i) 27 (4)(a)	Item 3 on previous QIP Provide automatic fire detection in the first floor linen store and ensure that the fire risk assessment has been otherwise addressed and signed off by the fire risk assessor.	Completed	N/A
9.1.4	27 (4)(a) 27 (4)(b)	Item 4 on previous QIP Submit a programme of works to address the items listed in 9.1.5, 9.1.6, 9.1.7 and 9.1.8 in report.	Completed	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. Decorative upgrading has been carried out in several areas since the previous inspection. This is an ongoing activity of the in-house maintenance man. Documentation in relation to the upkeep of the building was available for inspection.

The manager explained that plans for extensive refurbishment of the home including extension works are suspended due to Local Planning Authority issues.

- 9.2.2 The ground floor shower room and the first floor bathroom are to be upgraded over coming weeks.

Bedrooms seven and 16 are also to be upgraded including replacement doors to built-in wardrobes and new curtains.

See item 1 on the attached Quality Improvement Plan.

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 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 Works to service the home's thermostatic mixing valves were carried out since the previous inspection. The records of the works do not include all devices and do not indicate whether cleaning of the strainer was undertaken.
See item 2 on the attached Quality Improvement Plan.

- 9.3.3 Inspection and testing of the home's fixed wiring installation identified a number of items requiring attention.
See item 3 on the attached Quality Improvement Plan.

- 9.3.4 Washer detergent and other fluids were stored in the store on the link corridor. The store presented as untidy and poorly organized.
See item 4 on the attached Quality Improvement Plan.

- 9.3.5 The shower room on the ground floor contains an unused shower mixing valve. The valve is still connected to the plumbing system and is unused.
See item 5 on the attached Quality Improvement Plan.

- 9.3.6 Two electrical extension leads are used in bedroom 11a/11b to power one television set.
See item 6 on the attached Quality Improvement Plan.
- 9.3.7 The home's sluice rooms do not contain separate wash hand basins.
See item 7 on the 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. The fire risk assessor is included on a recognized register of fire risk assessors. There are however a number of issues 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 Documentation relating to the servicing of the home's fire alarm and detection system was incomplete at the time of inspection. The manager forwarded records of servicing which was carried out during November 2014 to RQIA following the inspection by e-mail on Thursday 5 February 2015. These indicated that the system is subjected to quarterly service visits. The records indicate that during the servicing in November 2014, zone four on the fire alarm system of the main building was disconnected leaving fire detection coverage in the lift shaft and roof space inoperative.
See item 8 on the attached Quality Improvement Plan.
- 9.4.3 Records indicate that the user weekly checks of the home's fire alarm and detection system have lapsed and are carried out approximately monthly since mid-2004. The inspector issued the registered manager with an 'urgent action notice' during the inspection requiring that the weekly checks be carried out. The manager subsequently forwarded confirmation to RQIA by e-mail on the day of the inspection confirming that the system was checked following the inspection and that weekly checks were now in place.
- 9.4.4 There is no automatic fire detection or fire door to the under-stairs store adjacent to the treatment room.
See item 9 on the attached Quality Improvement Plan.
- 9.4.5 Documentation relating to the servicing of the home's emergency lighting installation was incomplete at the time of inspection. The manager confirmed that the installation is serviced but the contractor had not left the service certification at the home.
See item 11 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 Joy McLaughlin 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

Announced Estates Inspection

Deanfield

28 January 2015

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.	x		x	P. Cunningham	1 April 2015

NOTES:

The details of the quality improvement plan were discussed with Joy McLaughlin, 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	Joy McLaughlin
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Paul Steele

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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)
1	27 (2)(b)	<p>Confirm completion dates for the refurbishing of the ground floor shower room and the first floor bathroom and bedrooms 7 and 16.</p> <p>The provider should consider a continuous programme of similar refurbishment to all bedrooms.</p> <p>See 9.2.2 in report</p>	Eight weeks	Awaiting quotes from two companies for bathroom/shower room. RM 7 and 16 completed and two further rooms in process.

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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)
2	27 (2)(q)	Provide confirmation that all the home's thermostatic mixing valves have been serviced and that this included cleaning of the strainers. See 9.3.2 in report.	Four weeks	same enclosed
3	27 (2)(q)	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. See 9.3.3 in report	As advised by the competent electrical person	Electrician spoken to and same to follow. Will email when confirmed
4	27 (2)(l)	Remove washer fluids and other containers from the store on the 'link' corridor to alternative appropriate storage area. Tidy the store. See 9.3.4 in report	Immediately	All completed
5	14 (2)(c)	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. The provider should liaise with the legionellae risk assessor accordingly.	As advised by the legionellae risk assessor	From inspection date valve is flushed twice weekly. Will be removed during shower room refurbishment.

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		See 9.3.5 in report		
6	14 (2)(c)	Remove the extension leads from bedroom 11a/11b. Suitable electrical socket outlets should be provided by a competent and qualified electrical person. See 9.3.6 in report.	Immediately	Same completed
Item	Standard Reference	Recommendation	Timescale	Details Of Action Taken By Registered Person (S)
7	35.1	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. See 9.3.7 in report	12 weeks	Advice sought from plumber. Awaiting ideas to provide same.

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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)
8	27.(4)(d)(iv)	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. See 9.4.2 in report.	As a matter of urgency	Same completed and all documents forwarded to RQIA from home provider Michael Curran
9	27.(4)(b)	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. See 9.4.4 in report.	As advised by the fire risk assessor	Fire detector fitted and awaiting manufacture of door.
10	27.(4)(d)(iv)	Forward confirmation of regular servicing of the home's emergency lighting installation. See 9.4.5 in report.	Four weeks	

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