



**THE REGULATION AND QUALITY IMPROVEMENT  
AUTHORITY**

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**ANNOUNCED ESTATES INSPECTION**

<b>Inspection No:</b>	IN016940
<b>Establishment ID No:</b>	1204
<b>Name of Establishment:</b>	Greenhaw Lodge Care Centre
<b>Date of Inspection:</b>	25 November 2014
<b>Inspector's Name:</b>	P Cunningham

## 1.0 GENERAL INFORMATION

<b>Name of Home:</b>	Greenhaw Lodge Care Centre
<b>Address:</b>	42 Racecourse Road Derry BT48 8DA
<b>Telephone number:</b>	028 7135 4725
<b>Registered organisation/provider:</b>	Larchwood Care Homes (NI) Ltd
<b>Registered manager:</b>	Ronagh McCall
<b>Person in charge of the home at the time of Inspection:</b>	Ronagh McCall
<b>Type of establishment:</b>	Nursing Home
<b>Number of registered places:</b>	43
<b>Date and time of inspection:</b>	25 November 2014 from 10:00 13:30
<b>Date of previous estates inspection:</b>	11 April 2013
<b>Name of inspector:</b>	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
- 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 Ronagh McCall.

## **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**

Greenhaw Lodge Care Centre is a single storey, purpose built Nursing Home situated in a residential area in the greater Shantallow area. The home provides care for 43 people maximum suffering from dementia with five places registered for persons with past or present alcohol dependence.

## **8.0 SUMMARY**

Following the Estates Inspection of Greenhaw Lodge Care Centre on 25 November 2014 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 seven requirements and one recommendation. These are outlined in the Quality Improvement Plan appended to this report.

Works to replace the home's heating system are nearing completion. This includes heating boilers which are to be replaced with gas-fired units as well as the distribution pipework and heat emitters throughout the home. Plans for comprehensive redecoration and refurbishment are planned to commence once these works are completed and the manager hoped that this will commence in January 2014 lasting for an estimated period of approximately six months.

The Estates Inspector would like to acknowledge the assistance of Ronagh McCall 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 **11 April 2013**. These are detailed below.

Item	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
9.1.1	Regulation 27 (2)(b)	<b>Item 1 on previous QIP</b> Consult with local council Environmental Health Department, inspect and evaluate potential infection control issues resulting from cracked terrazzo kitchen flooring, implement repair works to eliminate/minimize infection control risk.	The Floor covering in the Kitchen has been replaced and the Local Council Food Hygiene Inspector had inspected the home rating the catering facilities at a level of five stars.	N/A
9.1.2	Regulation 27.(4)(b) & (d)	<b>Item 6 on previous QIP</b> "Implement fire risk assessment report recommendations." The fire risk assessment report must be examined and evaluated by facility management; temporary management control measures must be implemented to safeguard patients prior to the completion of the recommended corrective/improvement works/procedures.	The fire risk assessment has been reviewed since the previous inspection (review date 12 June 2014) and the manager explained that the issues identified on the assessment report action plan have been addressed. The report has been re-evaluated by the fire risk assessor and confirmation given that the risk in the home is now assessed as tolerable.	N/A

	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Comments
9.1.3	Standard 32.1	<b>Item 2 on previous QIP</b> “Complete an external redecoration works programme” & continue with interior redecoration.	Various redecoration works had been carried out since the last inspection. Currently, works to replace the home's heating system (including radiators and distribution pipework throughout the home) are nearing completion. The manager explained that immediately following this work, plans are in place to carry out extensive redecoration and refurbishment of the home. This is to include for replacement furniture in patients' bedrooms as well as floor coverings. The Inspector discussed this with the manager and added that the door furniture throughout the home should be replaced within the scope of this refurbishment.	See 9.2.1 below and item 1 in attached Quality Improvement Plan
9.1.4	Standard 35.1	<b>Item 3 on previous QIP</b> Verify that a contract arrangement has been established to provide emergency generation equipment within a specified minimum period, during any potential electrical mains power failure, as considered necessary by a suitable and sufficient risk assessment.	The manager explained that there is a contractual arrangement in place for provision of starting of the home's existing generator in the event of a mains electrical supply failure and that this can take up to two hours. These arrangements should be clarified and the suitability of the two hour time period reviewed. Consideration should be given to providing automatic start-up and changeover facilities on the existing standby generator.	See item 2 in attached Quality Improvement Plan

	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Comments
9.1.5	Standard 35.1	<b>Item 4 on previous QIP</b> Inspect all inspection chamber covers; implement repairs & replacements to reduce health & safety trip hazards.	While a number of covers had been replaced, one cover was found to be in need of replacement during this inspection.	See item 3 in attached Quality Improvement Plan
9.1.6	Standard 35.1	<b>Item 5 on previous QIP</b> Eliminate corridor floor covering/skirting junction crevice.	The manager explained that work had been carried out to repair floor coverings following the previous inspection although more extensive replacement is now due as part of the refurbishment works mentioned in 9.1.3 above.	See item 1 in attached Quality Improvement Plan

**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 As described above, Extensive redecoration is planned to commence following completion of the current works to replace the heating system. This should include door furniture of a suitable and robust type throughout the home which has become worn and damaged.

The provider should forward details of the proposed plan of decorative refurbishment works to RQIA.

See item 1 on the attached Quality Improvement Plan.

9.2.2 It is understood that at least one bathroom is not used for the intended purpose. Consideration should be given to converting this room to a shower room as part of the planned refurbishment works.

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 (including those mentioned in section 9.1 above) 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 The manager confirmed that the legionellae risk assessment is currently under review and that the report will be available on completion.

See item 4 on the attached Quality Improvement Plan.

9.3.3 Details of flushing of all seldom used outlets should be recorded including those in the unused section of the home (formerly the day centre).

See item 5 on the attached Quality Improvement Plan.

9.3.4 The review of the legionellae risk assessment should include for on-site training of the maintenance man and other relevant personnel in the home with roles and responsibilities in the control of legionellae.

See item 6 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. 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 Records indicate that servicing of the home's fire alarm and detection system is carried out over two 6-monthly visits. This should be reviewed with a view to carrying out the servicing over four quarterly visits  
See item 7 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 Ronagh McCall 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**

## Quality Improvement Plan

### Announced Estates Inspection

#### Greenhaw Lodge Care Centre Nursing Home

**25 November 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.	X		X	<i>P Cunningham</i>	<b>22/12/2014</b>

## **NOTES:**

The details of the quality improvement plan were discussed with Ronagh McCall, 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](mailto: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:**

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Ronagh Mc Caul
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Ciaran Sheehan

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**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)(a) 27 (2)(b)	Forward plan of refurbishment/redecoration including timescales to RQIA. The replacement of door furniture should be included in this. Consideration should also be given to the refurbishment of one of the currently unused bathrooms to a shower room. See 9.1.3, 9.1.6, 9.2.1 and 9.2.2 in report	4 weeks	Refurbishment/redecoration will begin with 10 rooms in January, 9 in February, then 6 every other month which will be complete by the end of June. The majority will be complete by the end of February; consideration will be given to refurbish one of the unused bathrooms to a shower room.

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### **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**

<b>Item</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Timescale</b>	<b>Details Of Action Taken By Registered Person (S)</b>
2	27 (2)(s)	Carry out review of the arrangements for the contingency measures in the event of a mains electrical supply failure with particular focus on the suitability of the two hour timescale. Consideration should be given to providing automatic start-up and change-over facilities on the existing on-site generator. Details of this review should be forwarded to RQIA See 9.1.4 in report	4 weeks	The contingency arrangements have been reviewed in the event of an electric failure, the original arrangements will remain in place. The care provider has also registered on the NIE critical risk register as a further support mechanism in the event of an electrical power failure.
3	27 (2)(b)	Replace the defective cover to the 'man-hole' inspection chamber on the pathway to the right hand side of the home. See 9.1.5 in report	2 weeks	The defective cover to the "man hole" on the path way to the right hand side of the home has been replaced.
4	14 (2)(c)	Ensure that the issues identified in the legionellae risk assessment are addressed accordingly in a timely manner. See 9.3.2 in report.	On completion of risk assessment review	The issues identified in the legionella risk assessment have been addressed; date 05.12.14
5	14 (2)(a)	Ensure that all seldom used outlets are flushed twice weekly and details recorded See 9.3.3 in report.	8 weeks	All seldom used outlets are flushed twice weekly and details are recorded, these can be reviewed at home level.

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6	14 (2)(b)	The review of the legionellae risk assessment should include on-site training of the home's maintenance man and other relevant persons in the home. See 9.3.4 in report.	As part of review of legionellae risk assessment	The independent legionella risk assessor has provided mandatory training for the maintenance man, he will also provide an individual session on site for the relvelant persons.
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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)
7	27.(4)(d)(iv)	Carry out review of the arrangements for servicing of the home's fire alarm and detection system. This should be carried out over four quarterly visits. See 9.4.2 in report.	4 weeks	The home's fire alarm and detection system will be serviced twice per year by the care providers registered contractor.
Item	Regulation Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
8	36.1	Ensure that when the fire risk assessment is next reviewed, the person carrying out the review holds professional body registration or third party certification for fire risk assessment and is registered accordingly with the relevant body. Reference should be made to correspondence issued by RQIA to all registered homes on 13 January 2013 and the guidance contained therein: <a href="http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf">http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf</a> <a href="http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf">http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf</a>	On review of the fire risk assessment	The person carrying out the fire risk assessment holds professional body registration which has been submitted to the RQIA by the registered care provider.

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