



The **Regulation** and
Quality Improvement
Authority

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**Announced Estates Inspection
of
Woodmount Nursing Home**

19 October 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 19 October 2015 from 10.00 to 13.15 hrs. 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 items 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 | 3 | 5 |

The details of the QIP within this report were discussed with the Mr Paddy Woods and Mr Lance Logue, (Maintenance Supervisors) as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

| | |
|---|--|
| Registered Organisation/Registered Person: Woodmount/ Alfred Lindsay Woods and Roberta Jilian Woods | Registered Manager: Mr Thomas Monteith |
| Person in Charge of the Home at the Time of Inspection: Mr Thomas Monteith | Date Manager Registered: 07 April 2014 |
| Categories of Care: NH-I, NH-PH and NH-PH(E) | Number of Registered Places: 32 |
| Number of Patients Accommodated on Day of Inspection: 29 | Weekly Tariff at Time of Inspection: £598.00 |

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 and statutory notifications over the past 12 month's period.

During the inspection the inspector met with Mr Paddy Woods and Mr Lance Logue.

The following records were examined during the inspection: Copies of service records, service user log books relating to the maintenance of the building and engineering services, legionellae risk assessment and fire risk assessment.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was a secondary unannounced care inspection dated 11 February 2015, ref IN016531. The completed QIP was returned, and approved by the care inspector on 5 March 2015.

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) | Submit a copy of space heating boiler maintenance engineer service certificate. | Met |
| | Action taken as confirmed during the inspection: Certificate submitted 15 May 2012. | |
| Requirement 2 Ref: Regulation 27(2)(b) | Clean and remove staining from resident smoker room extract grille. | Met |
| | Action taken as confirmed during the inspection: Implemented. | |
| Requirement 3 Ref: Regulation 27(2)(b) | Remove corrosion from sluice room "Belfast sink" support stands and apply suitable protective surface finish. | Met |
| | Action taken as confirmed during the inspection: Implemented. | |
| Requirement 4 Ref: Regulation 27(2)(b) | Replace cracked final exit door Georgian wired glass panes (two doors). | Met |
| | Action taken as confirmed during the inspection: Implemented. | |
| Requirement 5 Ref: Regulation 27(2)(b) | Replace cracked wall tiles on bathroom window wall. | Met |
| | Action taken as confirmed during the inspection: Implemented. | |
| Requirement 6 Ref: Regulation 27(2)(b) | Repair/replace kitchen final exit door/skirting junctions and ensure that any crevice/gap is sealed to prevent accumulation of dirt/dust. | Met |
| | Action taken as confirmed during the inspection: Implemented. | |

| | | |
|---|--|---------------------------------|
| Requirement 7 Ref: Regulation 27(2)(b) | Examine all bedroom floor/skirting junctions and ensure that any crevice/gap is sealed to prevent accumulation of dirt/dust. | |
| | Action taken as confirmed during the inspection: Implemented. | Met |
| Requirement 8 Ref: Regulation 14(2)(q) | Submit verification control test records confirming that water temperatures at `sentinel taps` are compliant with L8 HSE Approved Code of Practice Legionnaires Disease. | Met |
| | Action taken as confirmed during the inspection: Implemented and checked. | |
| Requirement 9 Ref: Regulation 27(4)(a) | Submit a copy of HTM84 fire risk assessment works action plan indicating actions completed and proposed time scales for works not yet complete. | Met |
| | Action taken as confirmed during the inspection: Implemented and checked. | |
| Previous Inspection Recommendations | | Validation of Compliance |
| Recommendation 1 Ref: Standard 32 | Consider installing patient bedroom door locks which may be opened easily by resident from room interior and if necessary in emergency from corridor side by care staff. | Not Met |
| | Action taken as confirmed during the inspection: No improvement works implemented. | |
| Recommendation 2 Ref: Standard 36.2 | Install `free-swing` self-closing devices on bedroom doors in compliance with NIHTM84. | Not Met |
| | Action taken as confirmed during the inspection: No improvements implemented | |

5.3 Standard 44: Premises

Is Care Safe? (Quality of Life)

A range of documents related to the maintenance of the premises was presented for review during this Estates inspection. This documentation included inspection and test reports for elements of the engineering services and risk assessments. This supports the delivery of safe care.

[There were no issues identified for attention during this Estates inspection.]

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.

[An issue was identified for attention during this Estates inspection; it is detailed in the 'areas for improvement' section below.]

Is Care Compassionate? (Quality of Care)

The accommodation reviewed during this Estates inspection was well maintained, clean and free from malodours. This supports the delivery of compassionate care.

[There were no issues identified for attention during this Estates inspection.]

Areas for Improvement

Bedroom doors are not fitted with door opening devices which may be locked by the patient and yet easily opened by care staff in an emergency situation.
Refer to Quality Improvement Plan, Recommendation 5.

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|------------------------|---|-------------------------|---|
| Number of Requirements | 0 | Number Recommendations: | 1 |
|------------------------|---|-------------------------|---|

5.4 Standard 47: Safe and Healthy Working Practices

Is Care Safe? (Quality of Life)

A range of documents related 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.

[A number of issues were identified for attention during this Estates inspection; they are detailed in the 'areas for improvement' section below.]

Is Care Effective? (Quality of Management)

The dependency 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.

[There were no issues identified for attention during this Estates inspection.]

Is Care Compassionate? (Quality of Care)

There are health and safety procedures/control measures in place which support the delivery of compassionate care.

[There were no issues identified for attention during this Estates inspection.]

Areas for Improvement

Electrical appliances were Portable Appliance Tested (PAT) on 14 October 2014; Mr Logue stated an electrical appliance PAT date had been arranged.
Refer to Quality Improvement Plan, Recommendation 1.

Medical equipment maintenance/test verification certificates were not presented for examination.
Refer to Quality Improvement Plan, Recommendation 2.

The kitchen gas appliance Gas Safe Register engineer safety inspection is due completion; Mr Logue states that the engineer has inspected the appliance and the home manager awaits receipt of the verification certificate.
Refer to Quality Improvement Plan, Requirement 1.

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|-------------------------------|----------|--------------------------------|----------|
| Number of Requirements | 1 | Number Recommendations: | 2 |
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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 identified for attention during this Estates inspection and are detailed in the 'areas for improvement' section below.]

Is Care Effective? (Quality of Management)

The standard used to determine the 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 identified for attention during this Estates inspection and are detailed in the 'areas for improvement' section below.]

Is Care Compassionate? (Quality of Care)

The standard used to determine the extent of fire safety protection recognises the need to maintain a homely, non-institutionalised environment. This supports the delivery of compassionate care.

[There were no issues identified for attention during this Estates inspection.]

Areas for Improvement

A number of corridor sub-compartment fire doors did not close to create an effective smoke seal.

Refer to Quality Improvement Plan, Requirement 2.

Bedroom numbers 25, 26, 27, 28 and 29 did not have self-closing devices fixed to corridor doors.

Refer to Quality Improvement Plan, Requirement 3.

There was no fire blanket located in the patient smokers' room.

Refer to Quality Improvement Plan, Recommendation 3.

Fire drill and staff fire safety awareness training events were not recorded in sufficient detail to easily identify any staff failing to comply with Northern Ireland Health Technical memorandum 84 (NIHTM84) staff training requirements.

Refer to Quality Improvement Plan, Recommendation 4.

| | | | |
|-------------------------------|----------|--------------------------------|----------|
| Number of Requirements | 2 | Number Recommendations: | 2 |
|-------------------------------|----------|--------------------------------|----------|

5.6 Additional Areas Examined

Not applicable.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Paddy Woods and Mr Lance Logue (Maintenance Supervisors) 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 | |
| Requirement 1 Ref: Regulations 14(2)(a), (b) and (c) Stated: First time To be Completed by: 14 December 2015 | <p>Submit verification that the kitchen gas appliances are certified as safe by a competent `gas safe register` engineer.</p> <hr/> Response by Registered Manager Detailing the Actions Taken: |
| Requirement 2 Ref: Regulation 27(4)(c) and (d)(i) Stated: First time To be Completed by: 23 November 2015 | <p>Complete a survey of all corridor fire doors, implement repairs to ensure that the doors form an effective barrier to `cold smoke`, in compliance with FD30S fire resistance specification.</p> <hr/> Response by Registered Manager Detailing the Actions Taken: |
| Requirement 3 Ref: Regulations 27(4)(c) and (d)(i) Stated: Second time To be Completed by: 14 December 2015 | <p>Complete a survey of all bedroom doors, ensuring self-closing devices are installed on all doors. Each self-closer device installed should be appropriate to the needs of the respective patient.</p> <hr/> Response by Registered Manager Detailing the Actions Taken: |
| Recommendations | |
| Recommendation 1 Ref: Standard 44.8 Stated: First time To be Completed by: 14 December 2015 | <p>Submit verification that electrical appliances are subjected to an inspection and maintenance regime compliant with the guidance contained within HSG 107, Maintaining Portable and Transportable Electrical Equipment.</p> <hr/> Response by Registered Manager Detailing the Actions Taken: |

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|--|--|-----------------------|--|
| Recommendation 2 Ref: Standards 45.5 and 45.6 Stated: First time To be Completed by: 14 December 2015 | Submit verification that all medical equipment is maintained and tested in accordance with The Medical Devices Regulations 1994 (SI 1994 No. 3017) Response by Registered Manager Detailing the Actions Taken: | | |
| Recommendation 3 Ref: Standard 48 Stated: First time To be Completed by: 14 December 2015 | Provide a fire blanket in resident smokers' room. Response by Registered Manager Detailing the Actions Taken: | | |
| Recommendation 4 Ref: Standards 48.6, 48.8 and 48.9 Stated: First time To be Completed by: 14 December 2015 | Arrange and record staff attendance at fire safety training and drills, verifying compliance with Northern Ireland Health Technical Memorandum (NIHTM84). Response by Registered Manager Detailing the Actions Taken: | | |
| Recommendation 5 Ref: Standard 32 Stated: Second time To be Completed by: 23 February 2016 | Consider installing patient bedroom door locks which may be opened easily by the resident from room interior and if necessary in emergency from corridor side by care staff. Response by Registered Manager Detailing the Actions Taken: | | |
| Registered Manager Completing QIP | | Date Completed | |
| Registered Person Approving QIP | | Date Approved | |
| RQIA Inspector Assessing Response | | Date Approved | |

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



A completed Quality Improvement Plan from the inspection of this service is not currently available. However, it is anticipated that it will be available soon.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk