



The Regulation and
Quality Improvement
Authority

Springlawn Nursing Home
RQIA ID: 1213
44 Old Dromore Rd
Omagh
BT78 1RB

Inspector: Raymond Sayers
Inspection ID: IN021375

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**Announced Estates Inspection
of
Springlawn Nursing Home
Tuesday 14 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 14 April 2015 from 10.10am to 1.00pm. 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 HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- 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 was not commenced as a result of the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	5	0

The details of the QIP within this report were discussed with Mr Ciaran Donaghy (Maintenance Manager/Janitor) as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mrs Bernadette Kiernan O`Donnell	Registered Manager: Mrs Sharon Colhoun
Person in Charge of the Home at the Time of Inspection: Ms Jurgita Muraliene	Date Manager Registered: 1 April 2005
Categories of Care: NH-I, NH-PH, NH-PH(E),NH-LD(E), RC-I, RC-PH	Number of Registered Places: 40
Number of Residents/Patients Accommodated on Day of Inspection: 37	Weekly Tariff at Time of Inspection: As per Trust contract

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 and Grounds

Standard 47: Safe and healthy working practices

Standard 48: Fire safety

4. Methods/Process

Specific methods/processes used in this inspection include the following:

The following documents were examined during the inspection:

- Fire safety risk assessment plus records relating to the maintenance and inspection of the fire safety equipment;
- Legionella risk assessment plus records relating to the maintenance and inspection of the water storage and distribution services;
- Records relating to the maintenance and inspection of the building engineering services;
- Records relating to Lifting Operations and Lifting Equipment control measures;
- Records relating to general health and safety control measures.

During the inspection the inspector met with the Maintenance Manager/Janitor (Mr Ciaran Donaghy).

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 7 January 2015. The completed QIP was returned on 11 February 2015 and was approved by the care inspector.

The care inspector will verify the QIP response comments during the next care 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)(q)	Complete a visual inspection of all space heating radiators; implement repair/replacement of corroded radiators.	Met
	Action taken as confirmed during the inspection: Repair works completed.	
Previous Inspection Recommendations		Validation of Compliance
Requirement 2 Ref: Regulation 27.(2)(d)	Complete a decoration condition survey of all accommodation and implement corrective works where finishes have sustained surface damage.	Met
	Action taken as confirmed during the inspection: Decorative works implemented and works ongoing.	
Requirement 3 Ref: Regulation 27.(4)(a)	Submit verification that a valid statutory inspection/service of the kitchen Local Exhaust Ventilation (LEV) system has been completed in compliance with COSSH Reg. 8 and 9.	Met
	Action taken as confirmed during the inspection: Implemented; LEV last completed 1 May 2014.	
Requirement 4 Ref: Regulation 14.(2)(a)	Assess passenger lift LOLER 27/02/2012 thorough examination report recommendations, implement corrective /improvement works and procedures	Met
	Action taken as confirmed during the inspection: Self-closer device installed on smoker room door.	

Requirement 5 Ref: Regulation 14.(2)(a)	Inspect all window opening casements, adjust existing casement opening restrictors and ensure that all window opening casements are controlled to a safe point of opening of no more than 100mm, and cannot be overridden by residents. Action taken as confirmed during the inspection: Maintenance control checks ongoing.	Met
Requirement 6 Ref: Regulation 27.(4)(a)	Liaise with fire safety consultant and consider implementing additional fire safety control measures to reduce risk potential caused by location of electrical distribution board at ground floor level in Windymount access corridor. Action taken as confirmed during the inspection: Noted no issue raised in HTM 84 risk assessment.	Met
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 32.1	Seal crevice with silicone sealant at bathroom floor/wall junction. Action taken as confirmed during the inspection: Sealant applied to floor/wall junction.	Met
Recommendation 2 Ref: Standard 34.1	Liaise with RQIA care inspector to verify that infection control procedures implemented are compliant with recommended good practice where sluice rooms do not have separate wash-hand basins installed. Action taken as confirmed during the inspection: Implemented	Met
Recommendation 3 Ref: Standard 36.2	Install smoke seals on bedroom doors in compliance with NIHTM84. Action taken as confirmed during the inspection: Implemented.	Met
Recommendation 4 Ref: Standard 36.2	Display a ground and first floor fire alarm zone plan annotated to indicate structural fire safety control measures, adjacent Windymount fire alarm panel.	

	Action taken as confirmed during the inspection: Floor plan displayed.	Met
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5.3 Standard 44: Premises and Grounds

Is Care Safe? (Quality of Life)

A range of documents relating to the maintenance and inspection of the premises were presented for examination during this Estates inspection. The documents included inspection and test reports for various elements of the engineering services plus 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 are provided in the premises. 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 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

Bedroom 25 wall finish decoration was scratched and marked.

Bedroom 2 skirting and door architrave was scratched and damaged.

Ground floor sluice room painted wall surface was in a dilapidated condition.

Bedroom 30a en-suite ceiling/wall junctions were cracked and in poor decorative condition.

Bedroom 30 painted ceiling finish was cracked.

WC 31 ceiling had a water damage stain.

Some wall tile grout was soiled and defective in first floor sluice room.

Number of Requirements	1	Number Recommendations:	0
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5.4 Standard 47: Safe and Healthy Working Practices

Is Care Safe? (Quality of Life)

A range of documents relating to the safe operation of the premises, installations and engineering services was presented for examination during this Estates inspection. 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 abilities, needs and dependency levels of the residents/patients are considered in the risk assessment processes; this is reflected in the management of the home. 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)

There are health and safety procedures and control measures in place which support 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

The gas safe register engineer inspection report for the laundry gas appliances was dated 10 February 2014; the maintenance manager/janitor stated that a valid report would be submitted.

The annual medical equipment service certificate was not available for examination; the maintenance manager/Janitor stated that the equipment had been serviced on 31 March 2015 but the certificate had not yet been submitted by the inspection engineer.

The BS7671 Periodic Inspection Report of the electrical installation was completed on 2 May 2014; a number of code C3 recommended improvement works were listed for evaluation and inclusion on a prioritised works schedule.

Lifting Operations and Lifting Equipment (LOLER) Reg. 9 thorough examination certificates for hoists and slings were due completion in March 2015; the maintenance manager/janitor indicated that the inspections were completed on 31 March 2015 but the certificates had not yet been received by the home.

An emergency oxygen cylinder and trolley was stored in a cupboard containing activity supervisor board games and other combustible materials (location adjacent WC 16). There was potential risk of the cylinder falling whilst games, etc. were being removed from the cupboard. The maintenance manager/janitor stated he would arrange to move the emergency oxygen trolley to an appropriate location; improvement works action was confirmed by Mr.Ciaran Donaghy by telephone call dated 28 April 2015.

Number of Requirements	4	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.

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. This supports the delivery of effective care.

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.

Areas for Improvement

N/A

Number of Requirements	0	Number Recommendations:	0
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5.6 Additional Areas Examined

The fire risk assessment was reviewed by an accredited fire risk assessor on 27 May 2014.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Ciaran Donaghy 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 and 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 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 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: Regulation 27.(2)(d) Stated: First time To be Completed by: 30 June 2015	Undertake a decoration survey of the internal and external painted surfaces; plan and implement a prioritised redecoration programme to maintain good decorative finishes on all surfaces. Response by Registered Manager Detailing the Actions Taken:
Requirement 2 Ref: Regulations 14.(2)(a),(b) & (c) Stated: First time To be Completed by: 26 May 2015	Submit copies of laundry equipment gas safe register engineer inspection verification certificates. Response by Registered Manager Detailing the Actions Taken:
Requirement 3 Ref: Regulations 14.(2)(a),(b) & (c) Stated: First time To be Completed by: 26 May 2015	Submit copies of medical equipment annual service/inspection certificates. Response by Registered Manager Detailing the Actions Taken:
Requirement 4 Ref: Regulations 14.(2)(a),(b) & (c) Stated: First time To be Completed by: 09 June 2015	Evaluate and prioritise the BS7671 Periodic Inspection Report recommended works actions in compliance with the Electricity at Work Regulations. Response by Registered Manager Detailing the Actions Taken:
Requirement 5 Ref: Regulations 14.(2)(a),(b) & (c) Stated: First time To be Completed by: 26 May 2015	Submit copies of LOLER Regulation certificates dated 31 March 2015 for all hoists and slings. 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@rgia.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