

# Announced Premises Inspection (including Pre-registration) Report 23 January 2018



## Dunmurry Manor

**Type of Service: Nursing Home**  
**Address: Rowan Drive, Seymour Hill, Dunmurry, BT17 9PX**  
**Tel No: 028 9061 0435**  
**Inspector: Raymond Sayers**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

**1.0 What we look for**



**2.0 Profile of service**

This is a nursing home providing care for 76 patients/residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Runwood Homes Ltd  <b>Responsible Individual:</b> Mr Gavin O'Hare-Connolly (Registration Pending)	<b>Registered Manager:</b> Julie McKearney
<b>Person in charge at the time of inspection:</b> Julie McKearney	<b>Date manager registered:</b> 10/08/2017
<b>Categories of care:</b> RC-DE, NH-DE	<b>Number of registered places:</b> 76 (includes 36 beds on ground floor pending registration as a residential care home)

### 4.0 Inspection summary

An announced inspection took place on 23 January 2018 from 10.10 to 13.30.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

The inspection assessed progress with any issues requiring improvement identified during, and since the last premises inspection. The inspection evaluation determined if the service was well led, delivering safe, effective and compassionate care.

The purpose of the inspection was also to assess the suitability of the 36 bedded ground floor for registration as a residential care home as per an application made by the provider. This was found to be satisfactory and the application should be granted from an estates perspective.

Evidence of good practice was found in relation to the planned refurbishment of interior surface finishes and building services.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Julie McKearney (Registered Manager) and Jo Fowler (Runwood Homes Facilities Co-ordinator) as part of the inspection process. The timescales for completion commence from the date of inspection.

There was no enforcement action implemented from the findings of this inspection.

#### **4.2 Action/enforcement taken following the most recent medicines management inspection completed on 18 October 2017**

No further actions were required to be taken following the most recent inspection on 18 October 2017.

### **5.0 How we inspect**

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- recent inspection reports and returned QIPs
- recent correspondence with the service
- the establishment related incidents reported to RQIA since the last premises inspection.

The following records were examined during the inspection:

- 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.

During the inspection we met with Julie McKearney (Manager), Jo Fowler (Runwood Homes Facilities Coordinator), Bill McClure (Maintenance Supervisor/Janitor).

Areas for improvements identified at the last premises inspection were reviewed and the assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

### **6.0 The inspection**

#### **6.1 Review of areas for improvement from the most recent inspection dated 18 October 2017**

The most recent inspection of the service was an unannounced medicines management inspection. The inspection, IN028511 was completed on 18 October 2017 and was a follow up inspection. There were no areas for improvement made as a result of the inspection.

## 6.2 Review of areas for improvement from the last premises inspection dated 24 October 2016

Areas for improvement from the last premises inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005.		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 27(2)(q) <b>Stated:</b> First time	Completion of the works to address the issue in the home in relation to the temperature of the blended hot water and the water pressure at some outlets should be confirmed to RQIA.  <b>Action taken as confirmed during the inspection:</b> Confirmation was received that repairs have been implemented and the effectiveness of the gas boiler is being monitored.	<b>Met</b>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 47 <b>Stated:</b> First time  <b>To be completed by:</b> <b>16 December 2016</b>	The action plan in the legionella risk assessment should be reviewed and any remaining issues should be addressed and signed off.  <b>Action taken as confirmed during the inspection:</b> Control measures are implemented	<b>Met</b>
<b>Recommendation 2</b> <b>Ref:</b> Standard 48 <b>Stated:</b> First time  <b>To be completed by:</b> <b>16 December 2016</b>	Completion of the remedial works to the emergency lights should be confirmed to RQIA.  <b>Action taken as confirmed during the inspection:</b> Remedial works action has been implemented	<b>Met</b>
<b>Recommendation 3</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time  <b>To be completed by:</b> <b>16 December 2016</b>	The arrangements for the ongoing management of the premises should be reviewed and updated to ensure that there is continuity during times when the maintenance person is absent and to ensure that issues identified for attention such as the water temperature/pressure issue are addressed in a timely manner.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Management confirm that this will be implemented.</p>	
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### 6.3 Inspection findings

#### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

A range of documents related to the maintenance and inspection of the establishment was presented for review during this premises 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 establishments installations and engineering services was also presented for review during this premises inspection.

A range of fire protection measures are in place for the establishment. This includes: a fire detection and alarm system, emergency lighting installation, 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 level of fire safety within the establishment takes account of the interaction between the physical fire precautions, the fire hazards, the number of service users, 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.

These measures support the delivery of safe care.

#### Areas of good practice

Building services, building fabric and equipment are maintained to a good standard, in accordance with good practice.

#### Areas for improvement

1. The laundry facility emergency gas safety isolation valve was not located adjacent the laundry means of escape doorway, and was a manually operated lever rather than an interlock valve. An e-mail from Runwood Homes Group Facilities and Safety Manager Jim Fowler received on 1 February 2018 confirmed that an emergency gas interlock valve will be installed on the laundry gas service pipework, in accordance with a health & safety risk assessment.
2. A number of corridor double leaf fire doors had sustained some movement causing an increase in the gap between the door leaves meeting edges, potentially permitting the passage of "cold smoke" in a fire incident. The Maintenance Supervisor/Janitor stated he would check all doors and make the necessary repairs. An e-mail from Runwood Homes



Group Facilities and Safety Manager Jim Fowler received on 1 February 2018 confirmed that repair works had been completed.

3. An emergency lighting BS5266 maintenance inspection/test was completed on 8 December 2017, a number of defective emergency lighting units were noted for repair. The Maintenance Supervisor, Janitor stated that this work was currently in progress. An e-mail from Runwood Homes Group Facilities and Safety Manager Jim Fowler received on 1 February 2018 confirmed that repair works had been completed.
4. There were no maintenance service certificates presented for examination to verify that medical devices were maintained in accordance with manufacturer’s instructions.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

There are arrangements in place for planned maintenance works and inspections, as well as timely breakdown/repair works. Service users are involved where appropriate in decisions around the maintenance of their private bedroom accommodation.

This supports the delivery of effective care.

**Areas of good practice**

The Maintenance Supervisor/Janitor completes or arranges for completion of maintenance works.

**Areas for improvement**

There were no issues requiring improvement identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The accommodation reviewed during this premises inspection was well maintained, comfortable, clean, well ventilated and with adequate lighting levels. Service users are consulted about decisions relating to redecoration of their private accommodation.

This supports the delivery of compassionate care.

**Areas of good practice**

All accommodation is well maintained.

**Areas for improvement**

There were no issues requiring improvement identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.7 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

Premises related policies and documents are retained in a manner which is accessible to authorised persons.

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

The registered person has addressed 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.

This supports a well led service.

**Areas of good practice**

Maintenance issues are addressed and control checks implemented.

**Areas for improvement**

There were no issues requiring improvement identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0



## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Julie McKearney, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 47  <b>Stated:</b> First time  <b>To be completed by:</b> In accordance with health and safety risk assessment recommendations	The registered person shall complete the risk assessment and the installation of the gas service emergency interlock isolation valve adjacent to the laundry facility "means of escape" doorway as per the undertaking given to the RQIA estates inspector by Runwood Homes Group Facilities and Safety Manager by e-mail on 01 February 2018.  Ref: 6.4.1  <b>Response by registered person detailing the actions taken:</b>  1. Gas Safety system to the Laundry- wiring has been installed and works due for completion by 09/03/2018.

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 45</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall confirm that satisfactory arrangements are implemented to provide assurance that medical devices are maintained in accordance with manufacturer`s instructions.</p> <p>Ref: 6.4.4</p>
<p><b>To be completed by:</b> 20 March 2018</p>	<p><b>Response by registered person detailing the actions taken:</b></p> <p>2. The requirement for Medical equipment has been raised to the regional senior operational management team under the regional Environmental and Estates action plan. Runwood operational in - service check forms already in existence for various types of medical equipment.</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**



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