



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No: IN017927
Establishment ID No: 1261
Name of Establishment: Kingsway
Date of Inspection: 5 September 2014
Inspector's Name: Mr Gavin Doherty

1.0 GENERAL INFORMATION

Name of Home:	Kingsway
Address:	299 Kingsway Dunmurry Belfast BT17 9EP
Telephone Number:	9060 9930
Registered Organisation/Provider:	Mr Ciaran Sheehan Care Circle Limited
Registered Manager:	Mrs Sharon Loane
Person in Charge of the Home at the time of Inspection:	Mrs Sharon Loane
Other person(s) consulted during inspection:	Mr Pat Heskitt, maintenance manager
Type of establishment:	Nursing Home
Number of Registered Places:	69 (NH-I, NH-PH, NHPH(E), NH-TI)
Date and time of inspection:	5 September 2014 from 10:30 – 13:00
Date of previous inspection:	8 February 2012
Name of Inspector:	Mr Gavin Doherty

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 registered manager and staff
- Examination of records
- Inspection of the home internally and externally. Patient's private bedrooms were only inspected when unoccupied and permission was granted.
- Evaluation and feedback

Any other information received by RQIA about this Registered Provider 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 Mrs Sharon Loane, Home manager and Mr Pat Heskitt, Maintenance manager.

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

Kingsway is a 69 bedded purpose built Nursing Home situated on the main Belfast to Lisburn Road on the outskirts of Dunmurry village. A range of single and double bedrooms, some with en-suite facilities are provided in the original building. The bedrooms in the new extension are all single and have en-suite facilities. These two areas of the home are staffed separately, although patients may use any area of the home. There are a range of sitting rooms, some provided for quiet reflection and two dining rooms. Bathroom and toilet facilities are well positioned throughout the home. The home provides a high standard of accommodation.

8.0 SUMMARY

Following the Estates Inspection of Kingsway on 5 September 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 six requirements and two recommendations. These are outlined in the quality improvement plan appended to this report.

The Estates Inspector would like to acknowledge the assistance and hospitality of Mrs Sharon Loane, Mr Pat Heskitt and the Home's staff throughout the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from previous inspection

No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Comments
1	32.1	Consideration should be given to removing the baths from bathroom no.2 on the ground floor and bathroom no.6 on the first floor and installing a new level deck shower facility in bathroom no.6.	The home have removed these baths, installed level deck shower facilities in both rooms and refurbished each bathroom appropriately.	Recommendation fulfilled.
No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
2	14(2)(a),(c)	Ensure that the shelving in the Linen Stores and Laundry has suitably sealed surfaces in accordance with current infection control best practice.	All shelving has been replaced as requested.	Requirement fulfilled.
3	14(2)(a),(c)	An inspection of the fixed electrical installation was carried out on 8 February 2012. Ensure that any remedial works required as a result of this inspection are completed without further delay.	Report has been received and code 1 defects been attended to as priority and others thereafter.	Confirmation should be forwarded to RQIA confirming that all remedial works have been completed and that the electrical installation is deemed to be in a 'Satisfactory' condition. (Refer to 9.3.2 in Report)
4	14(2)(a),(c)	Ensure that a current 'Thorough Examination' report for the Passenger lift is in place and that any requirements are referred to the lift service company in accordance with current legislation. (Lifting Operations Lifting Equipment Regulations, 1999)	Report requested from the underwriters any requirements will be actioned.	Received assurances that this examination is in place. However the report was unavailable within the home at the time of the inspection. This report should be forwarded to RQIA for comment. (Refer to 9.3.3 in Report)

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
5	14(2)(a),(c)	Ensure that the Gas Interlock system highlighted in the most recent 'Gas Safe' inspection is installed. (In Hand).	Site assessment completed 3.4.2012 and work completed. A current 'Gas Safe' inspection certificate dated 24 February 2014 was in place for the kitchen installation.	Requirement fulfilled.
6	14(2)(a),(c)	<p>The manager should ensure that a suitably competent member of staff is nominated to:</p> <ul style="list-style-type: none"> • Log on to the NIAIC website at suitable frequencies (recommend at least weekly) and access MDAs and MDEAs. • Keep a log of all visits to the website • Print off all alerts which relate to equipment held or used at the premises • Ensure that appropriate action is initiated or taken as outlined on the alerts and retain records of such actions • Report any adverse incidents involving medical devices or equipment to NIAIC using the form provided on the website and retain a copy of same. <p>The above information should be retained in a separate folder labeled 'NIAIC/MDEAs for access by staff and managers.</p>	Administration Manager appointed to update accordingly and manager to monitor and take necessary action.	Requirement fulfilled.

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 There was good evidence of maintenance activities within the home, and the home appeared clean and well kept. Maintenance procedures for the building and engineering services are in place and appear to comply with this standard. Since the last inspection several bathrooms throughout the home have been refurbished and redecoration continues as required within the home. However, one issue was identified for attention by the registered manager. This is detailed below and in the section of the attached quality improvement plan titled '**Standard 32 – Premises and grounds**'.

9.2.2 The laundry wall and floor finishes were in very poor condition. This area should be redecorated. (Item 1 in 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. A legionella risk assessment was undertaken on 6 June 2013 and suitable control measures appear to have been implemented and are suitably maintained. The hoists and slings within the home receive suitable regular 'Thorough Examination' and the premises fixed electrical installation was inspected on 8 February 2012. Portable appliance testing was undertaken on 8 October 2013 and no failures were identified. The top score of '5' was awarded by the local council during their most recent inspection by their Environmental Health department. However, several issues have been identified or restated for attention by the registered manager. These are detailed below and in the section of the attached quality improvement plan titled '**Standard 35 - Safe and healthy working practices**'.

9.3.2 Confirmation should be forwarded to RQIA confirming, that all remedial works required as a result of the fixed electrical inspection undertaken on 8 February 2012 have been completed, and that the electrical installation is deemed to be in a 'Satisfactory' condition. (Item 2 in the attached Quality improvement plan)

9.3.3 Confirmation should be forwarded to RQIA confirming, that a current 'Thorough Examination' of the home's passenger lifts is in place and that any required remedial works have been fully implemented. (Item 3 in the attached Quality improvement plan)

9.3.3 The shelving in the Cleaner's Store was in poor condition and should be made good or replaced. (Item 4 in 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. A fire risk assessment was undertaken on 29 August 2014 and a new fire alarm and detection system was being installed at the time of this inspection. Records inspected during the inspection demonstrated good attention to fire safety matters. However, several issues have been identified for attention by the registered manager. These are detailed below and in the section and in the section of the attached quality improvement plan titled '**Standard 36: Fire safety**'.

9.4.2 Ensure that the significant findings identified in the recently completed fire risk assessment are fully implemented within the stated timescales and signed-off accordingly. (Item 5 in the attached Quality improvement plan)

9.4.3 Ensure that the weekly test of the fire alarm and detection system is reinstated following commissioning of new fire panel within the home. (Item 6 in the attached Quality improvement plan)

9.4.4 Ensure that all bedroom doors throughout the home provide 30 minute fire resistance and are fitted with self-closing devices, in accordance with the latest guidance issued by the Northern Ireland Fire and Rescue Service. Full details may be found at:

http://www.rqia.org.uk/cms_resources/door%20closers%20April%202013.pdf

Details of any proposals including the assessment confirming the proposed self-closing device will not impact adversely on the mobility, safety or quality of life of the room occupant should be forwarded to RQIA. (Item 7 in the attached Quality improvement plan)

9.4.5 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:

http://www.rqia.org.uk/what_we_do/registration_inspection_and_reviews/service_provider_guidance/fire_safety_information.cfm

(Item 8 in the attached Quality improvement plan)

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement plan appended to this report were discussed with Mrs Sharon Loane and Mr Pat Heskitt 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.

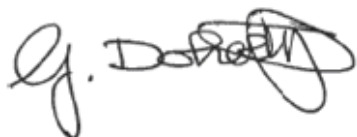
Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by residents.

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**



**Gavin Doherty
Estates Inspector**

8 October 2014

Date

items 1, 2, 3, 6.



The Regulation and Quality Improvement Authority

Quality Improvement Plan

Announced Estates Inspection

Kingsway Nursing Home

5 September 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.	✓		<i>G. Doherty</i>	21/11/2014
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.		✓	Gavin Doherty	27/10/2014
C.	Clarification or follow up required on some items.				

NOTES:

The details of the quality improvement plan were discussed with Mrs Sharon Loane and Mr Pat Heskitt 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:

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	Mr Stuart Johnstone Registration Pending
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Mr Ciaran Sheehan

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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	Standard Reference	Recommendation	Timescale	Details Of Action Taken By Registered Person (S)
* 1	32.1	The laundry wall and floor finishes were in very poor condition and should be redecorated. (9.2.2 in the Report)	12 weeks	Replacement is in progress and will be completed no later than 21 st November 2014 and before your imposed deadline.

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	Regulation 14 (2)(a),(c) 27 (2)(q)	Confirmation should be forwarded to RQIA confirming, that all remedial works required as a result of the fixed electrical inspection undertaken on 8 February 2012 have been completed, and that the electrical installation is deemed to be in a 'Satisfactory' condition. (9.3.2 in the Report)	8 weeks	Fully Compliant and up to date. All remedial work/s documentation are held on file in the Estates Maintenance Folder stored securely within the Managers office.
* 3	Regulation 14 (2)(a),(c) 27 (2)(q)	Confirmation should be forwarded to RQIA confirming, that current 'Thorough Examinations' of the home's passenger lifts are in place and that any required remedial works have been fully implemented. (9.3.3 in the Report)	8 weeks	Fully Compliant and up to date. Renewal date July 2015. All confirmation and certification are housed within the Estates Maintenance Folder.

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Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
4	Regulation 14 (2)(a),(c)	The shelving in the Cleaner's Store was in poor condition and should be made good or replaced. (9.3.4 in the Report)	12 weeks	Work completed.
<p>Standard 36 - Fire Safety The following requirements and recommendations should be noted for action in relation to Standard 36 - Fire Safety</p>				
Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
5	Regulation 27(4)(d)(iv)	Ensure that the significant findings identified in the recently completed fire risk assessment are fully implemented within the stated timescales and signed-off accordingly. (9.4.2 in the Report)	As stipulated in the fire risk assessment	Work completed.
6	Regulation 27(4)(b)	Ensure that the weekly test of the fire alarm and detection system is reinstated following commissioning of new fire panel within the home. (9.4.3 in the Report)	Immediate & On-going	On-going and record of tests / drills documented in the weekly log book by the Maintenance officer or a delegated senior member of staff.

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Assurance, Challenge and Improvement in Health and Social Care

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
✓ 7	Regulation 27(4)(b)	<p>Ensure that all bedroom doors throughout the home provide 30 minute fire resistance and are fitted with self-closing devices, in accordance with the latest guidance issued by the Northern Ireland Fire and Rescue Service. Full details may be found at: http://www.rqia.org.uk/cms_resources/door%20closers%20April%202013.pdf Details of any proposals including the assessment confirming the proposed self-closing device will not impact adversely on the mobility, safety or quality of life of the room occupant should be forwarded to RQIA. (9.4.4 in the Report)</p>	12 Weeks	Completed and fully compliant.

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Assurance, Challenge and Improvement in Health and Social Care

Standard 36 - Fire Safety

The following requirements and recommendations should be noted for action in relation to Standard 36 - Fire Safety

Item	Standard Reference	Recommendation	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: http://www.rqia.org.uk/what we do/registration_inspection and reviews/service provider guidance/fire safety information.cfm (9.4.5 in the Report)	On Review of Fire Risk Assessment	Kingsway Private Nursing Home's current assessor and trainer (Hayley Burgess) holds professional certification for fire risk assessment and training with relevant bodies and the NIFRS. She is also on RQIA's accredited list of Fire and Health and Safety Consultants.

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Assurance, Challenge and Improvement in Health and Social Care