THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
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ANNOUNCED ESTATES INSPECTION

Inspection No:	IN018009
Establishment ID No:	1263
Name of Establishment:	Lansdowne Care Home
Date of Inspection:	24 November 2014
Inspector's Name:	Colin Muldoon

1.0 GENERAL INFORMATION

Name of Home:	Lansdowne Care Home
Address:	41 -43 Somerton Road. Belfast. BT15 3LG
Telephone Number:	028 90 370 911
Registered Organisation/Provider:	Four Seasons Health Care Mr J McCall (Responsible Person)
Registered Manager:	Mrs Karen Agnew
Person in Charge of the Home at the time of Inspection:	Mrs Karen Agnew
Other person(s) consulted during inspection:	Mr Stevie McCormick (FSHC Estates Manager)
Type of establishment:	Nursing Home
Number of Registered Places:	86
Category of Care	NH-I, NH-PH, NH-PH(E), NH-TI, NH-DE
Date and time of inspection:	24 November 2014 10.30 – 13.30
Date of previous Estates inspection:	22 March 2012
Name of Inspector:	Colin Muldoon

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 Mrs Karen Agnew and Mr Stevie McCormick.
- Examination of records
- Inspection of the home internally and externally. Residents 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 Karen Agnew and Mr Stevie McCormick.

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

Lansdowne Care Home is a three storey building set on a generous site on the Somerton Road. The home is close to the main Antrim Road. Resident accommodation of bedrooms, sitting and dining rooms, toilets and bathrooms are on all three floors. There is a lift to facilitate movement between floors.
There is good parking space at the front of the home.

8.0 SUMMARY

There was good evidence of maintenance activities and in general the building appeared to be in satisfactory condition although some matters relating to the environment were identified. Therefore, following the Estates Inspection of Lansdowne Care Home on 24 November 2014 improvements are required to comply with the Nursing Homes Regulations (Northern Ireland) 2005 and the criteria outlined in the following standards:

- Standard 32 - Premises and grounds
- Standard 36 - Fire Safety

This resulted in nine requirements. These are outlined in the Quality Improvement Plan appended to this report.

The Estates Inspector would like to acknowledge the assistance of Mrs Karen Agnew and Mr Stevie McCormick during the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from previous Estates inspection on 22 March 2012.

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
9.1.1	Regulation 27.-(2)(b)	The provider must confirm the arrangements and timescale for the refurbishment of the paved area at the rear of the home.	Work complete	N/A
9.1.2	Regulation 14.-(2)(c)	The provider must implement the scheme of action arising from the new legionella risk assessment.	It was confirmed to the inspector that all the remedial action identified in the legionella risk assessment was addressed. It was also confirmed that a further review of the legionella risk assessment was carried out on 13 October 2014 and that the new document will be published imminently.	With regard to the current review of the legionella risk assessment a program of work should be put in place to rectify any issues identified. Following the review of the risk assessment the scheme for the control of legionella should be updated as necessary and fully implemented. (item 1 in Quality Improvement Plan)
9.1.3	Regulation 14.-(2)(c)	Infrequently used water outlets should be flushed at least weekly.	There are procedures in place towards the control of legionella including the flushing of infrequently used outlets although there may some such outlets which are being missed.	The measures being taken for the control of legionella should be reviewed. (Item 2 in Quality Improvement Plan)

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
9.1.4	Regulation 27.-(2)(q)	The provider must confirm that the necessary repairs have been carried out to restore the electrical installation to satisfactory condition.	It was confirmed to the inspector that the necessary repairs to the electrical installation were completed.	N/A
9.1.5	Regulation 27.-(2)(c)	The provider must obtain a valid Gas Safe certificate which confirms that the gas appliances and installation in the laundry are in safe and satisfactory condition.	There was a valid Gas Safe certificate for the laundry equipment which confirmed that the laundry gas installation and appliances have been serviced and are safe to use.	N/A
9.1.6	Regulation 27.-(2)(c)	Where necessary the test and inspection of portable electrical appliances should be brought up to date.	Portable electrical appliances were tested and inspected in January 2014.	N/A
9.1.7	Regulation 27.-(2)(b)	The provider should begin a programme to refurbish the utility rooms.	The utility rooms inspected were in satisfactory condition.	N/A
9.1.8	Regulation 27.-(2)(d)	The kitchen extract grills should be cleaned. The frequency of this task should be reviewed.	Completed	N/A

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
9.1.9	Regulation 27.-(2)(b)	The provider must confirm the timescale for the refurbishment of the ground floor Parker bath and bathroom.	Completed	N/A
9.1.10	Regulation 27.-(2)(b)	The provider must replace or refurbish the bath in bathroom 35.	Completed	A shower room on the first floor is being used as a store. This is noted in the fire risk assessment action plan. It also appears that some bathrooms are not being used. (Item 3 in Quality Improvement Plan)
9.1.11	Regulation 14.-(2)(c)	The provider must confirm that the redundant sanitary pipework has been removed in accordance with good practice for the control of legionella.	The provider confirmed this had been completed	N/A
9.1.12	Regulation 27.-(2)(d)	The provider must arrange for the light diffuser in the ground floor treatment room to be thoroughly cleaned.	Completed	N/A

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
9.1.13	Regulation 14.-(2)(c)	The provider must review the ligature risk assessment. The assessment should define the risk in relation to current conditions, hardware, fittings etc. The assessment must cover all parts of the home and include a detailed consideration of the stairwell area.	The provider confirmed this had been completed	N/A
9.1.14	Regulation 27.-(4)(f)	The provider must keep records which confirm that all staff participate in practice fire drills.	There were records of practice fire drills having been carried out at approximately monthly intervals including some for night duty staff.	It could not be confirmed that all staff participate in practice fire drills. The records indicate that, during some drills this year, the performance of staff was below what would be expected for the effective management of a fire situation. There is no fire procedure posted at the fire panel. These matters were discussed with the manager and regional manager. There were two related items in

				the fire risk assessment action plan: • The quantity of evacuation equipment should be reviewed. • Fire wardens should be identified and arrangements made to ensure they are on duty 24 hours a day. (Item 6 in Quality Improvement Plan)
9.1.15	Regulation 27.-(4)(e) 27.-(4)(f)	The provider should review the content and arrangements for fire training in light of the experience gained during practice fire drills.	The manager confirmed that fire training is 98% up to date	Refer to item 9.1.14
9.1.16	Regulation 27.-(4)(d)(ii)	The provider must arrange for the fire alarm system to be restored to a satisfactory condition.	A new fire panel was installed following the last Estates inspection.	N/A
9.1.17	Regulation 27.-(4)(d)(iii)	The provider must arrange for the emergency lighting system to be restored to a satisfactory condition.	There were records of monthly function tests of the emergency lights and the provider's records indicate that the service contractor maintained the emergency lights in October 2014. The maintenance contractor's service sheets were not available to confirm that they considered the installation to be in satisfactory condition. There were no maintenance records available for the fire detection and alarm system.	The reports on the latest service of the fire detection and alarm and emergency lights systems should be obtained. It should be confirmed that the reports verify that both the emergency lights and alarm installations are in satisfactory condition. (Item 7 in Quality Improvement Plan)

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
9.1.18	Regulation 27.-(4)(d)(i)	The provider must ensure that, at all times, fire doors operate effectively.	The provider has a procedure for checking fire doors.	N/A
9.1.19	Regulation 27.-(2)(a)	The provider must ensure that appropriate facilities are provided and used by patients who smoke.	A new smoking room has been created.	N/A
9.1.20	Regulation 27.-(4)(b)	Flammable and combustible material must be appropriately stored away from sources of ignition.	The provider confirmed this was completed and a review of random stores indicates this is being complied with.	N/A
9.1.21	Regulation 27.-(4)(d)(i)	The provider must arrange for all fire doors to be checked and adjusted as necessary to ensure that they close effectively.	The provider has a procedure for checking and adjusting fire doors.	N/A

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 The home has two lifts. A LOLER (Lifting Operations and Lifting Equipment Regulations (NI) 1999) thorough examination was carried out on the staff area lift on 16 July 2014. The report on the examination notes that some category B defects were identified.
There was no LOLER thorough examination report available for the visitors lift.
(Item 4 in Quality Improvement Plan)

9.2.2 The last LOLER thorough examination report on the hoists and slings indicates that some items may not have been available for inspection or have been taken out of service.
(Item 5 in Quality Improvement Plan)

These matters are detailed in the section of the attached Quality Improvement Plan titled '**Standard 32 - Premises and grounds'.**

9.3 Standard 35 - Safe and healthy working practices - *The home is maintained in a safe manner*

9.3.1 No issues were identified during this inspection

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 The home has a fire risk assessment which was carried out in September 2014. The assessor considered the overall fire risk to be moderate. Several issues in the action plan have been marked up as complete, some matters remain outstanding. Some of the outstanding matters relate to issues raised elsewhere in this report.
(Item 8 in Quality Improvement Plan)

9.4.2 Some of the fire doors require adjustment to ensure they operate correctly. Examples are; the door to the main kitchen and the door to the smoking room.
(Item 9 in Quality Improvement Plan)

These matters are detailed in the section of the attached Quality Improvement Plan titled '**Standard 36: Fire safety'**

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement plan appended to this report were discussed with Mrs Karen Agnew, Mrs Janice Brown (FSHC Regional Manager) and Mr Stevie McCormick 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

Lansdowne Care Home

24 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.	X	X		C Muldoon	06 February 2015
C.	Clarification or follow up required on some items.					

NOTES:

The details of the Quality improvement Plan were discussed with Mrs Karen Agnew, Mrs Janice Brown and Mr Stevie McCormick 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.

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	Karen Agnew
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Jim McCall Carol Cousins

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	Regulation 13.-(7)	With regard to the current review of the legionella risk assessment a program of work should be put in place to rectify any issues identified. Following the review of the risk assessment the scheme for the control of legionella should be updated as necessary and fully implemented. Reference should be made to Health and Safety Executive document L8 *Legionnaires' disease - The control of legionella bacteria in water systems* with particular attention to HSG274 Part 2 (2014) and the Department of Health document Health Technical Memorandum 04-01: *The control of Legionella, hygiene, "safe" hot water, cold water and drinking water systems* (Item 9.1.2 in report)	2 Months	**A full Legionella Risk Assessment has been carried out by Clearwater and a schedule of works is being drawn up to deal with the remedial works.**
2	Regulation 13.-(7)	All the measures in place for the control of legionella should be reviewed to ensure they are fully in line with a scheme for the effective control of legionella. (Item 9.1.3 in report)	1 Month	**The new Legionella Risk Assessment will deal with this issue.**
Item	**Regulation**	**Requirements**	**Timescale**	**Details Of Action Taken By**

	Reference			Registered Person (S)
3	Regulation 27.-(2)(j)	The provision and suitability of bath and shower rooms should be reviewed in relation to the current needs of residents and the Minimum Standards. A prompt decision should be made regarding the shower on the first floor which is currently being used as a store. If it is to be used as a store it should be upgraded in line with Firecode document NIHTM84. Bathrooms and sanitary appliances which are redundant should be decommissioned in line with legionella control good practice. (Item 9.1.10 in report)	1 Month	**The shower room on the 1st floor has been cleared and is now being used by the residents as a shower room.**
4	Regulation 27.-(2)(c)	The defects identified during the last thorough examination of the staff area lift should be rectified. A valid LOLER thorough examination report should be obtained for the visitors lift and any defects identified rectified. (Item 9.2.1 in report)	Within timescale set by lift inspector.	**The latest LOLER certificate was e-mailed to Colin Muldoon on 9/1/2015. Showing there are no defects.**
5	Regulation 27.-(2)(c)	The inventory of hoisting equipment should be reviewed to ensure that the schedule of items requiring thorough examination is kept up to date. (Item 9.2.2 in report)	Ongoing	**The hoist and sling register has been brought up to date. On the LOLER certificate for the hoists or slings, if it states not seen the item has been removed from use.**

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)
6	Regulation 27.-(4)(a) 27.-(4)(f)	The management and implementation of the fire emergency plan should be reviewed. Arrangements should be made which will ensure that all staff participate in practice fire drills which are in compliance with the fire plan and at least once a year. The drills should verify the effectiveness of training and the emergency procedure. The drills should confirm that effective evacuation can be carried out at any time. Comprehensive records should be kept of each occasion including the outcome of on-the-spot debriefs. Learning points should be included in fire safety training and reviews of procedures. Reference should be made to the current version of Northern Ireland Firecode document NIHTM84. The fire procedure should be posted at the fire panel. (Item 9.1.14 in report)	This requires ongoing attention and should be given a high priority.	**Training records reviewed, matrix developed to identify staff who had completed the requisite 2 fire drills and those who had not . Action plan in place to address defecit. Records of drills including the identified items will be recorded in the home fire record book. The fire procedure is now displayed beside the fire panel in addition to the other locations within the home .**

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
7	Regulation 27.-(4)(d)(iv)	The reports on the latest service of the fire detection and alarm and emergency lights systems should be obtained. It should be confirmed that the reports verify that both installations are in satisfactory condition. (Item 9.1.17 in report)	1 Month	**The latest certificates for the fire alarm and emergency lighting systems where e-mailed to Colin Muldoon on 9/1/2015.**
8	Regulation 27.-(4)(a)	Arrangements should be made to address the issues in the fire risk assessment action plan which remain outstanding. Refer also to QIP items 3 and 6 (Item 9.4.1 in report)	Within timescale set by fire risk assessor	**The issues on the Fire Risk assessment have all been addressed.**
9	Regulation 27.-(4)(c) 27.-(4)(d)(i)	A survey should be carried out of all fire doors and the necessary adjustments made so that the doors close correctly to provide an effective fire seal. (Item 9.4.2 in report)	2 Weeks	**The Maintenance Support Team have checked and adjusted all doors.**