

# Unannounced Premises Inspection Report 30 May 2017



## Lisadian House Nursing Home, Hillsborough

**Type of Service: Nursing Home**

**Address: 87 Moira Road, Hillsborough, BT26 6DY**

**Tel No: 028 92689898**

**Inspector: Raymond Sayers**

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced premises inspection of Lisadian Nursing Home took place on 30 May 2017 from 14:00 to 16:00.

The inspection sought to assess progress with any issues raised during and since the last premises inspection and to determine if the nursing home was well led, delivering safe, effective and compassionate care.

### Is care safe?

On the day of the inspection the premises supported the delivery of safe care. Some issues were however identified for attention, and remedial actions are to be implemented by the registered provider. Refer to section 4.3

### Is care effective?

On the day of the inspection the premises supported the delivery of effective care. There were no issues identified as requiring remedial attention. Refer to section 4.4

### Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care. There were no issues identified as requiring remedial attention. Refer to section 4.5

### Is the service well led?

On the day of the inspection the management of the premises was considered to be well led. There were no issues identified as requiring remedial attention. Refer to section 4.6

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	3	0

Details of the Quality Improvement Plan (QIP) within this report were discussed with Esther Bell, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

There was no Enforcement action implemented as a result of the findings of this inspection.

## 1.2 Actions/enforcement taken following the most recent premises inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the most recent premises inspection on 19/05/15.

## 2.0 Service Details

<b>Registered organisation/registered provider:</b> Pastor Edwin Michael	<b>Registered manager:</b> Esther Elizabeth Bell
<b>Person in charge of the home at the time of inspection:</b> Esther Elizabeth Bell	<b>Date manager registered:</b> 14/01/2016
<b>Categories of care:</b> NH-I, NH-PH, NH-PH(E), NH-TI	<b>Number of registered places:</b> 45

## 3.0 Methods/processes

Prior to inspection the following records were analysed: Previous premises inspection report, statutory notifications over the past 12 months, duty call log.

During the inspection the inspector met with the Deputy Manager, Joanne Currans, Janitor/Maintenance Supervisor, John Corbett, and the Manager, Esther Bell.

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

## 4.0 The Inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 25 April 2017

The most recent inspection of the nursing home was an unannounced care inspection, IN027968, dated 25 April 2017. The completed QIP will be returned to and reviewed by the care inspector. The QIP responses will be validated by the care inspector at their next inspection.

This inspection report was not reviewed by the Estate Inspector during the premises inspection.

## 4.2 Review of requirements and recommendations from the last premises inspection dated 19 May 2015

Last premises inspection statutory requirements		Validation of compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)</p> <p><b>Stated:</b> Second Time</p>	<p>Any water outlet that is not in frequent use should be flushed twice each week. A record should be kept for the ongoing descaling, cleaning and disinfection of the showers. A copy of the report for the most recent review of the legionella risk assessment should be forwarded to RQIA. The 'dead leg' pipework in the ground floor treatment room should be removed. Remedial action should be taken to ensure that the unblended hot water temperatures in the plumbing system are in line with the current standards for the prevention or control of legionella bacteria in water systems.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Records verified as compliant.</p>	
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulations 14(2)(a) 14(2)(c) 27(2)(c)</p> <p><b>Stated:</b> Second Time</p>	<p>A copy of the certificates for the current annual gas safety inspections to the dryer in the laundry and the gas equipment in the kitchen should be forwarded to RQIA. The cable tie fitted to the gas isolator lever in the veg prep area should be removed. Advice should be sought from a Gas Safe Engineer in relation to these issues.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Certificates dated 10 August 2015 examined.</p>	
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulations 27(4)(b) 27(2)(c) 27(2)(e)</p> <p><b>Stated:</b> Second Time</p>	<p>A suitable hold open device linked to the fire detection and alarm system should be installed at the door to the hairdressing room. Completion of the fire safety training for all staff should be confirmed to RQIA.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Verified as implemented.</p>	

<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 27(2)(d)</p> <p><b>Stated:</b> First Time</p>	<p>The details for the programme of refurbishment should be confirmed to RQIA. The registered persons should also contact the RQIA registration team in relation to the need for variation application for the remodelling of the reception to provide a new nurse's station.</p> <p><b>Action taken as confirmed during the inspection:</b> Refurbishment works implemented.</p>	<p><b>Met</b></p>
<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulation 27(2)(b)</p> <p><b>Stated:</b> First Time</p>	<p>A review of bitmac and paved surfaces around the building should be completed and a programme of work should be drawn up to improve these surfaces. The outcome of this review and the proposed action re same should be confirmed to RQIA.</p> <p><b>Action taken as confirmed during the inspection:</b> Improvement works planned and implemented.</p>	<p><b>Met</b></p>
<p><b>Requirement 6</b></p> <p><b>Ref:</b> Regulation 27(2)(c)</p> <p><b>Stated:</b> First Time</p>	<p>Copies of the reports for the most recent servicing and the thorough examinations of the passenger lift and the hoists in accordance with the Lifting Operations and Lifting Equipment Regulations 1999 should be forwarded to RQIA.</p> <p><b>Action taken as confirmed during the inspection:</b> LOLER inspection reports reviewed.</p>	<p><b>Met</b></p>
<p><b>Requirement 7</b></p> <p><b>Ref:</b> Regulation 27(2)(b) 27(2)(c) 27(2)(d)</p> <p><b>Stated:</b> First Time</p>	<p>Remedial works should be carried out to address the water ingress above the final exit door from the stairs at the plant room. The leak at the dishwasher in the kitchen should be repaired. The fan screen in the veg prep room should be cleaned. The extract fan in the small lounge on the ground floor should also be checked and repaired or replaced as required. The cracking to the ceiling in bedroom 10 on the ground floor should be checked and made good.</p> <p><b>Action taken as confirmed during the inspection:</b> Works implemented.</p>	<p><b>Met</b></p>

<p><b>Requirement 8</b></p> <p><b>Ref:</b> Regulations 14(2)(a) 14(2)(c)</p> <p><b>Stated:</b> First Time</p>	<p>The store being used for the paint therapy materials at bedroom 15 on the ground floor and the store on the first floor at bedroom 41 should be kept locked.</p> <p><b>Action taken as confirmed during the inspection:</b> Measures implemented.</p>	<p><b>Met</b></p>
<p><b>Requirement 9</b></p> <p><b>Ref:</b> Regulations 14(2)(a) 14(2)(c)</p> <p><b>Stated:</b> First Time</p>	<p>The use of the oil filled electric storage heater located in the lounge on the ground floor at bedroom 16 should be reviewed. The outcome of this review should be confirmed to RQIA. A risk assessment should also be completed in relation to hot surfaces throughout the home. The outcome of this risk assessment and the action taken re same should be confirmed to RQIA</p> <p><b>Action taken as confirmed during the inspection:</b> Measures implemented.</p>	<p><b>Met</b></p>
<p><b>Requirement 10</b></p> <p><b>Ref:</b> Regulation 27(4)(b)</p> <p><b>Stated:</b> First Time</p>	<p>A record should be kept for the monthly in-house checks to the fire extinguishers. The corridor at the kitchen should be kept free from storage. The template for recording the details for the fire drills should be updated to include more information on the scenarios covered, the outcomes and any points of learning that should be carried forward into future practice. Multi-way adaptors should not be used in the home. Oxygen cylinders should be secured in position with appropriate chains. The need to install hold open devices activated by the fire alarm system on the bedroom doors should also be considered based on the needs assessments for individual patients.</p> <p><b>Action taken as confirmed during the inspection:</b> Measures implemented.</p>	<p><b>Met</b></p>

<p><b>Requirement 11</b></p> <p><b>Ref:</b> Regulations 27(4)(b) 27(4)(d)(i)</p> <p><b>Stated:</b> First Time</p>	<p>The doors to the kitchen should be adjusted to latch effectively with the self-closing devices. Ambient temperature smoke seals should also be fitted at the doors to the cleaner's stores on both floors and to the staff room on the ground floor. Completion of the fire alarm zone plan should be confirmed to RQIA.</p> <p><b>Action taken as confirmed during the inspection:</b> Adjustments implemented.</p>	<p><b>Met</b></p>
<p><b>Last care inspection recommendations</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 48.1</p> <p><b>Stated:</b> First Time</p>	<p>It is recommended that the fire risk assessment should be reviewed and updated by a company or a person certified by a third party UKAS accredited certification body or a person who is registered with one of the fire safety professional bodies. Reference should be made to the letter issued by RQIA on 02 April 2015 in relation to this matter via the following link:</p> <p><a href="http://www.rqia.org.uk/cms_resources/letter%20re%20accreditation%20for%20FRAs_March2015.pdf">http://www.rqia.org.uk/cms_resources/letter%20re%20accreditation%20for%20FRAs_March2015.pdf</a></p> <p>The timber porch at the boiler room should be checked during this fire risk assessment review. Completion of the fire risk assessment by the independent person that has been arranged for 23 June 2015 should be confirmed to RQIA. A copy of the report for this fire risk assessment review should also be forwarded to RQIA.</p> <p><b>Action taken as confirmed during the inspection:</b> Fire risk assessment review implemented.</p>	<p><b>Met</b></p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 47.1</p> <p><b>Stated:</b> Second Time</p>	<p>It is recommended that a spread sheet format should be used to record the results of the ongoing water temperature checks.</p> <p><b>Action taken as confirmed during the inspection:</b> The janitor/maintenance supervisor records water temperature monitoring checks.</p>	<p><b>Met</b></p>

### 4.3 Is care safe?

A range of documents related to the maintenance and inspection of the premises was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the building engineering services, plus associated risk assessments.

Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this premises inspection.

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.

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 service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment, and was carried out by a risk assessor holding professional body registration for fire risk assessors. This supports the delivery of safe care.

A number of issues were identified for attention during this premises inspection, and are detailed in the 'areas for improvement' section below.

#### Areas for improvement

1. A number of the Fire Risk Assessment works action plan recommendations have not yet been implemented; we are informed by the manager that remedial works are proceeding. Review, prioritise and implement the remedial actions/procedures listed in the Fire Risk Assessment works action plan.  
Refer to Quality Improvement Plan Requirement 1.
2. The legionella risk assessment works action plan items were not verified as completed by a responsible person. Completed actions/ procedures should be noted as complete on the works action plan, and verified by the registered manager.  
Refer to Quality Improvement Plan Requirement 2.
3. Valid Gas Safe Register engineer reports for the kitchen and laundry gas appliances were not available for examination.  
Refer to Quality Improvement Plan Requirement 3.

<b>Number of requirements</b>	<b>3</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.4 Is care effective?

There are arrangements in place for planned routine premises management, plus emergency breakdown/repair works. Service users are involved where appropriate in decisions around the refurbishment of the premises. This supports the delivery of effective care.



There were no issues identified for attention during this premises inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.5 Is care compassionate?

The accommodation reviewed during this premises inspection was well decorated, comfortable, clean, free from malodours, and had adequate lighting levels. Service users are consulted about decisions around redecoration in private accommodation where appropriate. This supports the delivery of compassionate care.

There were no issues identified for attention during this premises inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.6 Is the service well led?

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 dealt appropriately with previous RQIA QIP items, and other relevant issues relating to the premises. Adequate support and resources have been provided by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators. This supports a well led service.

There were no issues identified for attention during this premises inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Esther Bell as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 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.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Nursing Homes Regulations (Northern Ireland) 2005.

### 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

### 5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [Estates.Mailbox@rqia.org.uk](mailto:Estates.Mailbox@rqia.org.uk) to the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 27(4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> in accordance with risk assessor`s time-frame.</p>	<p>The registered provider must should continue with implementation of the Fire Risk Assessment works action plan recommendations, in accordance with the fire risk assessor`s recommended completion dates.</p> <p><b>Response by registered provider detailing the actions taken:</b> This is under progression.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 27(2)(q)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> in accordance with risk assessor`s time-line.</p>	<p>The registered provider must ensure that the legionella risk assessment works action plan recommendations are verified as complete by a responsible person and reviewed/validated by the registered manager.</p> <p><b>Response by registered provider detailing the actions taken:</b> I can verify this has been completed.</p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 27(2)(q)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 July 2017</p>	<p>The registered provider must submit valid copies of the laundry &amp; kitchen gas appliances annual Gas Safe Register engineer`s inspection reports.</p> <p><b>Response by registered provider detailing the actions taken:</b> These have been submitted to RQIA.</p>

*\*Please ensure this document is completed in full and returned to [Estates.Mailbox@rqia.org.uk](mailto:Estates.Mailbox@rqia.org.uk) from the authorised email address\**



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