



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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UNANNOUNCED ESTATES INSPECTION

Inspection No: 20446
Establishment ID No: 1267
Name of Establishment: Louisville Private Nursing Home
Date of Inspection: 12 August 2014
Inspector's Name: Colin Muldoon

1.0 GENERAL INFORMATION

Name of Home:	Louisville Private Nursing Home
Address:	Glen Road, Belfast. BT11 8BU
Telephone Number:	02890 604316
Registered Organisation/Provider:	Mr Raymond Murphy
Registered Manager:	Mrs Stephanie Shannon
Person in Charge of the Home at the time of Inspection:	Mr Raymond Murphy
Other person(s) consulted during inspection:	Mr Barry Murphy
Type of establishment:	Nursing Home
Number of Registered Places:	48
Categories of Care	NH-I
Date and time of inspection:	12 August 2014 10.40 – 14.50
Date of previous Estates inspection:	15 April 2014
Name of Inspector:	Colin Muldoon and Raymond Sayers

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 Mr Raymond Murphy and Mr Barry Murphy.
- Examination of records
- Inspection of the home internally and externally. Patients' private bedrooms were only inspected when unoccupied and permission was granted.
- Evaluation and feedback

Any other information received by RQIA about this regulated establishment 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 Mr Raymond Murphy and Mr Barry Murphy.

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

Louisville Private Nursing Home is situated just off the Glen Road in West Belfast and shares a site with Colinvale Court Private Nursing Home. Louisville is centrally located within the community and is convenient to main roads and public transport. There are good parking facilities within the grounds of the home.

The building was originally the "St Louis Convent" and has been adapted for its current use. Resident accommodation is on the ground and first floors and there is a lift to facilitate movement between floors.

8.0 SUMMARY

There was evidence of maintenance activity and in general the home appeared to be in satisfactory condition. However, matters relating to the environment were identified. Therefore, following the Estates Inspection of Louisville Private Nursing Home on 12 August 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 35 - Safe and healthy working practices
- Standard 36 - Fire Safety

The Estates Inspector would like to acknowledge the assistance of Mr Raymond Murphy and Mr Barry Murphy during the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Requirements from previous inspection

Action has been taken on a number of issues raised in the report of the previous Estates inspection on 15 April 2014. However, some matters (9.1.1, 9.1.2, 9.1.3) raised significant concerns and are subsumed into Failure to Comply Notices. Refer to Post Inspection section below.

9.1.1

Item 3 in the Quality Improvement Plan of 15 April 2014

The action plan and the scheme of control relating to the last legionella risk assessment should be revisited and fully addressed.

The system of records relating to legionella should be reviewed to ensure that all the actions and monitoring measures being taken for the control of legionella are fully documented.

Suitable training should be provided for the person responsible for carrying out the legionella control and monitoring measures.

Reference should be made to:

Health and Safety Executive document L8 *Legionnaires' disease -*

The control of legionella bacteria

in water systems 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.

On 12 August 2014 there were some measures in place towards the control of legionella. However, a scheme, in line with approved codes of practice for the control of legionella, was not being fully implemented and it could not be confirmed that the issues identified in the risk assessment action plan had been addressed. While some of the water safety monitoring record sheets had been updated since the last inspection the system of records required further attention. Some of the records are combined with those of an adjacent nursing home and it was difficult to identify the records specific to Louisville. (Item 1 in Quality Improvement Plan)

9.1.2

Item 6 in the Quality Improvement Plan of 15 April 2014

It should be ensured that all staff receive appropriate fire safety information, instruction and training at least twice a year.

Reference should be made to the current version of Northern Ireland Firecode document HTM84.

An urgent action notice was issued in relation to this requirement.

By 12 August 2014 RQIA had been provided with information relating to a

number of fire safety training sessions which had been carried out since the start of August. The program of training is not complete and records, such as a training matrix, were not available to confirm the status of the program.
(Item 12 in Quality Improvement Plan)

9.1.3

Item 7 in the Quality Improvement Plan of 15 April 2014

It should be ensured that all staff participate in practice fire drills at least once a year. The drills should verify the effectiveness of the emergency procedure and use the information in the personal emergency evacuation plans (PEEP's).

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.

An urgent action notice was issued in relation to this requirement.

By 12 August 2014 RQIA had been provided with information relating to a number of practice fire drills which had been carried out since the start of August. The program of drills is not complete and records, such as a training matrix, were not available to confirm the status of the program.
(Item 13 in Quality Improvement Plan)

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 maintenance of the thermostatic mixing valves was discussed. Mr Murphy informed the inspector that arrangements have been made to have the valves maintained by a contractor.

(Item 2 in Quality Improvement Plan)

9.2.2 The home has a passenger lift and there were records of it being maintained. There was also current documentation relating to the thorough examination of the lift to comply with the Lifting Operations and Lifting Equipment Regulations (NI) 1999. Although the report on this examination did not note any category A defects it did note a category B defect.

(Item 3 in Quality Improvement Plan)

9.2.3 There are current Gas Safe certificates which include a note that there is no interlock link with the ventilation.

(Item 4 in Quality Improvement Plan)

9.2.4 The enamel on the baths in bathroom 4 on the first floor and in bathroom 50 on the ground floor is chipped and requires attention. The fixed hoist stand in bathroom 50 also has some rust damage.

(Item 5 in Quality Improvement Plan)

- 9.2.5 It was observed that the corridor carpet at room 11 is starting to fray.
(Item 6 in Quality Improvement Plan)
- 9.2.6 The finish to some surfaces such as doors and door frames has become damaged.
(Item 7 in Quality Improvement Plan)
- 9.2.7 The fittings and surfaces in the ground floor treatment room have become worn and damaged. For example, the stainless steel sink unit is damaged, some shelving has exposed chipboard and some wall tiles are damaged.
(Item 8 in Quality Improvement Plan)
- 9.2.8 A planned maintenance routine should be established for the regular cleaning of the kitchen extract filters.
(Item 9 in Quality Improvement Plan)
- 9.2.9 With regard to a failure in the electricity supply it is thought that the home has a generator connection point although the arrangements for this to be used require clarification.
(Item 10 in Quality Improvement Plan)

These issues are detailed in the section of the attached Quality Improvement Plan entitled 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 The records indicate that a procedure to function test the nurse call points has lapsed.
(Item 11 in Quality Improvement Plan)

This issue is detailed in the section of the attached Quality Improvement Plan entitled 'Standard 35 - Safe and healthy working practices

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 does not currently have automatic closing devices fitted to bedroom doors. This was discussed and Mr Murphy confirmed that closers were currently being fitted to the bedroom doors in the adjacent care home (also owned by Mr Murphy) and that work would start in Louisville immediately that was complete.
(Item 14 in Quality Improvement Plan)

9.4.2 The records of some of the fire safety checks, for example, the fire and exit doors, the fire extinguishers and the emergency lights are combined with those of an adjacent care home and in some cases it was difficult to identify the records specific to Louisville.

(Items 15 in Quality Improvement Plan)

9.4.3 The cabin hook should be removed from the door to the office suite off the main entrance hall.

(Item 16 in Quality Improvement Plan)

These issues are detailed in the section of the attached Quality Improvement Plan entitled 'Standard 36: Fire safety'.

10.0 Post Inspection

A formal meeting was held on 15 August 2014. Kathy Fodey, Director of Nursing and Regulation, Elaine Connolly, Acting Head of Nursing, Pharmacy and Independent Healthcare Regulation, Jackie Callan Acting Head of Programme, Heather Sleator, Inspector, Colin Muldoon, Inspector and Raymond Sayers, Inspector, met with Mr Raymond Murphy, registered provider, Barry Murphy, Louisville office manager and Deborah Oktar Campbell, Independent Management Consultant to discuss the concerns identified and the action required to be taken by the home.

At the meeting, Mr Raymond Murphy and Mr Barry Murphy provided evidence relating to the areas of concern identified at inspection. However, RQIA remained concerned about the status of the fire safety training and practice fire drill programs and the lack of records relating to legionella control measures. In view of RQIA's concerns, RQIA confirmed to the provider, Barry Murphy and Deborah Oktar-Campbell its intention to serve Louisville Nursing Home with two Notices of Failure to Comply with Regulation 27(4)(e) and (f) and Regulation 13(7) of the Nursing Homes Regulations(Northern Ireland). The notices would be served in regard to the home's failings in:

- Making arrangements for all staff to have fire safety training and practice drills in accordance with good practice
- Keeping records of measures to control legionella.

Two Failure to Comply with Regulation Notices were issued by RQIA to the Provider of Louisville Nursing Home on 19 August 2014.

FTC Ref Nos: FTC/NH/1267/2014-15/01 and FTC/NH/1267/2014-15/02

11.0 Follow up on Previous Issues

Item	Regulation Reference	Requirements	Action taken – As Confirmed During This Inspection	Inspectors Validation of Compliance
1	Regulation 27.-(2)(c) 27.-(2)(q)	A current LOLER (Lifting Operations and Lifting Equipment Regulations (NI) 1999) thorough examination report should be obtained for the lift. The report should verify that the lift is without defects.	Providers response was – The said has been serviced and the LOLER certificate is available for inspection A valid thorough examination certificate was available during this inspection. It indicated that no category A issues were found but that the shaft lights required repair.	Compliant but some maintenance required
2	Regulation 14.-(2)(c)	The need for all final exit doors to be alarmed should be reviewed.	Providers response was – This has been addressed. All exit doors are now alarmed.	Compliant
3	Regulation 13.-(7) 14.-(2)(a) and (c)	The action plan and the scheme of control relating to the last legionella risk assessment should be revisited and fully addressed. The system of records relating to legionella should be reviewed to ensure that all	Providers response was – A current legionella risk assessment has been carried out and all issues identified have been addressed. The person responsible for maintaining monthly check has received training and is aware of the relevant documents and record keeping During this inspection there was a valid legionella risk	Not Compliant

	<p>the actions and monitoring measures being taken for the control of legionella are fully documented. Suitable training should be provided for the person responsible for carrying out the legionella control and monitoring measures. Reference should be made to: Health and Safety Executive document L8 <i>Legionnaires' disease - The control of legionella bacteria in water systems</i> and the Department of Health document Health Technical Memorandum 04-01: <i>The control of Legionella, hygiene, "safe" hot water, cold water and drinking water systems.</i></p>	<p>assessment for the home. However, it could not be verified that the action plan has been addressed and that an effective scheme for the control of legionella has been fully implemented.</p> <p>This requirement is assessed as not compliant. In view of RQIA's concerns a Failure to Comply Notice was issued</p>	
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4	Regulation 14.-(2)(a) 14.-(2)(c)	The hot surfaces risk assessment should be reviewed.	Providers response was – This has been reviewed and relevant measures have been taken to resolve the issue	Compliant
5	Regulation 27.- (4)(d)(v)	The procedure for testing the fire alarm system should be revised so that call points are tested weekly in rotation. It should be ensured that the procedure for testing the detection and alarm system is in line with BS5839. Dated records should be kept of all testing and checks.	Providers response was – This issue has been addressed and the person responsible for these checks has been instructed to carry them out weekly At inspection it was found that the process for testing the alarm system had been updated and is reflected in revised records specific to the home.	Compliant
6	Regulation 27.-(4)(e)	It should be ensured that all staff receive appropriate fire safety information, instruction and training at least twice a year. Reference should be made to the current version of Northern Ireland Firecode document	Providers response was – Mr Murphy confirmed to the inspector by telephone on 24 April 2014 that it had been arranged for the fire risk assessor to lead two fire safety training sessions within two weeks. By 12 August 2014 RQIA had been provided with information relating to a number of fire safety training sessions which had been carried out since the	Not Compliant

		<p>HTM84. An urgent action notice was issued in relation to this requirement.</p>	<p>start of the month. The program of training is not complete and records, such as a training matrix, were not available to confirm the status of the program.</p> <p>This requirement is assessed as not compliant. In view of RQIA's concerns a Failure to Comply Notice was issued</p>	
7	Regulation 27.-(4)(f)	<p>It should be ensured that all staff participate in practice fire drills at least once a year. The drills should verify the effectiveness of the emergency procedure and use the information in the personal emergency evacuation plans (PEEP's). 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. An urgent</p>	<p>Providers response was – Mr Murphy confirmed to the inspector by telephone on 24 April 2014 that it had been arranged for as many staff as possible to participate in drills on 25 April 2014.</p> <p>By 12 August 2014 RQIA had been provided with information relating to a number of practice fire drills which had been carried out since the start of August. The inspector spoke to the fire risk assessor who confirmed that he had witnessed drills and had carried out on the spot feedback sessions with staff. The program of drills is not complete and records, such as a training matrix, were not available to confirm the status of the program.</p> <p>This requirement is assessed as not compliant. In view of RQIA's concerns a</p>	Not Compliant

		action notice was issued in relation to this requirement.	Failure to Comply Notice was issued	
8	Regulation 27.-(4)(a)	It should be ensured that the emergency fire procedure for staff is in line with current good practice. The advice of the fire safety advisor should be sought and reference made to the findings of the Rosepark inquiry. The procedure should be posted at the fire panel and staff trained in its implementation. An urgent action notice was issued in relation to this requirement.	Providers response was – Mr Murphy confirmed to the inspector by telephone on 24 April 2014 that the review of the emergency plan would be completed by 24 April 2014. At inspection it was found that the procedure had been reviewed and updated	Compliant
9	Regulation 27.-(4)(c) 27.-(4)(d)(i)	Firm plans should be made to fit appropriate automatic closing devices on bedroom doors in accordance with the expectations of the Northern Ireland Fire and	Providers response was – A program to fit all bedroom doors with the appropriate devices is in place and ongoing. It is expected that all doors will be fitted with these devices within 3-4 months. These devices comply with current guidelines. NI fire service have been informed. At inspection Mr Murphy confirmed that closers were	Compliant

		Rescue Service. Further guidance on this matter is available on the RQIA website. (Item 9.4.4 in report)	currently being fitted to the bedroom doors in the adjacent care home (also owned by Mr Murphy) and that work would start in Louisville immediately that was complete.	
10	Regulation 27.-(4)(b) 27.-(4)(c) 27.-(4)(d)(i)	An automatic closer should be fitted on the door of the new store and a fire blanket provided for use in the adjacent smoking room. (Item 9.4.5 in report)	Providers response was – This issue has been addressed and complete	Compliant

12.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement plan appended to this report were discussed with Mr Raymond Murphy 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.

13.0 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

Unannounced Estates Inspection

Louisville Private Nursing Home

12 August 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.	√	√		C Muldoon	31/10/2014
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.					
C.	Clarification or follow up required on some items.					

NOTES:

The details of the Quality Improvement Plan were discussed with Mr Raymond Murphy 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	Barry Murphy
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Raymond Murphy

Unannounced Estates Inspection to Louisville Private Nursing Home on 12 August 2014

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	Number of times stated	Timescale	Details Of Action Taken By Registered Person (S)
1	Regulation 13.-(7)	<p>The action plan in the legionella risk assessment should be addressed and a scheme for the effective control of legionella fully implemented. The system of records relating to legionella should be reviewed to ensure that all the actions and monitoring measures being taken for the control of legionella in Louisville Nursing Home are clearly and fully documented. Suitable training should be provided for the person responsible for carrying out the legionella control and monitoring measures. Reference should be made to: Health and Safety Executive document L8 <i>Legionnaires' disease - The control of legionella bacteria in water systems</i> with particular attention to HSG274 Part 2 (2014) and the Department of Health document Health Technical Memorandum 04-01: <i>The control of Legionella, hygiene, "safe" hot water, cold water and drinking water systems</i>.</p> <p>In view of RQIA's concerns about the lack of confirmation regarding measures to control legionella in the home Failure to Comply Notices were issued to the Provider. (Refer to item 9.1.1 in report and Post Inspection section)</p>	2	<p>This requirement is subsumed into a Failure to Comply Notice issued on 19 August 2014</p> <p>FTC Ref No: FTC/NH/1267 /2014-15/02</p>	<p>A thorough review of the record keeping system relating to legionella has been implemented in the home. The required weekly, monthly, quarterly, half yearly and annual checks are all upheld. The outstanding issues highlighted on the previous legionella risk assessment have been addressed.</p> <p>The responsible person and office manager will be attending the RQIA Estates seminar for water safety and emergency contingency planning on the 20th November 2014.</p>

Unannounced Estates Inspection to Louisville Private Nursing Home on 12 August 2014

Item	Regulation Reference	Requirements	Number of times stated	Timescale	Details Of Action Taken By Registered Person (S)
2	Regulation 27.-(2)(q)	It should be ensured that the thermostatic mixing valves are maintained, set and tested in accordance with the manufacturer's instructions. (Item 9.2.1 in report)	1	6 Weeks	All issues relating to the thermostatic mixing valves have been addressed by plumbing engineers. Evidence of this is readily available at the home.
3	Regulation 27.-(2)(c) 27.-(2)(q)	The defect identified in the thorough examination report on the lift should be addressed. (Item 9.2.2 in report)	1	6 Weeks	All defects identified in thorough lift examination have been forwarded to Kone lift services.
4	Regulation 27.-(2)(c) 27.-(2)(q)	The advice of a competent person should be sought and followed regarding the recommendations in the Gas Safe certificate. (Item 9.2.3 in report)	1	3 Months	Extraction now interlocked with gas ventilation in Louisville as noted on recent gas certificate.
5	Regulation 27.-(2)(b)	The enamel on the baths in rooms 4 and 50 should be repaired or the baths replaced. The rust damage to the hoist post in bathroom 50 should be rectified. (Item 9.2.4 in report)	1	6 Weeks	Bath contractor requested to carry out remedial work at the earliest opportunity.
6	Regulation 14.-(2)(a) 14.-(2)(c)	The condition of all carpets should be surveyed and appropriate action taken before any become a hazard. Particular regard should be given to the corridor carpet at room 11. (Item 9.2.5 in report)	1	1 Month and ongoing	Carpets in the home have been inspected and appropriate action taken where necessary. This includes the defective seam on the corridor carpet outside bedroom 11.

Unannounced Estates Inspection to Louisville Private Nursing Home on 12 August 2014

Item	Regulation Reference	Requirements	Number of times stated	Timescale	Details Of Action Taken By Registered Person (S)
7	Regulation 27.-(2)(d)	A survey should be carried out of all internal decorated surfaces with particular regard to high wear surfaces such as doors and frames. A program of redecoration should be implemented. It is recommended that consideration be given to the fitting of suitable protection to high wear areas such as door frames. (Item 9.2.6 in report)	1	2 Months and ongoing	The painting contractors are currently carrying out remedial work in this regard.
8	Regulation 27.-(2)(b)	The ground floor treatment room should be refurbished. (Item 9.2.7 in report)	1	4 Months	The ground floor treatment room has been fully refurbished.
9	Regulation 27.-(2)(d)	A planned maintenance routine should be established for the regular cleaning of the filters in the kitchen extract system. (Item 9.2.8 in report)	1	1 Month	Completed
10	Regulation 27.-(2)(s)	The arrangements for the home to operate in the event of a utility failure should be reviewed and a robust contingency plan established. (Item 9.2.9 in report)	1	2 Months	The home is seeking advice in relation to this issue.

Unannounced Estates Inspection to Louisville Private Nursing Home on 12 August 2014

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	Number of times stated	Timescale	Details Of Action Taken By Registered Person (S)
11	Regulation 27.-(2)(c)	A procedure for regularly function testing all the nurse call points should be reinstated. Clear records, specific to the home, should be kept of all tests, faults, maintenance and repairs. (Item 9.3.1 in report)	1	Ongoing	This procedure has been reinstated as requested.

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	Number of times stated	Timescale	Details Of Action Taken By Registered Person (S)
12	Regulation 27.-(4)(e)	<p>All staff, including temporary and agency, must be given appropriate information about, and instruction and training in, the fire precautions to be taken in the premises, including the action to be taken in case of fire. The training must be repeated in compliance with the fire plan and at least twice a year.</p> <p>Fire safety information, instruction and training should be provided by a competent person. Reference should be made to NIHTM84. Comprehensive records should be maintained of all activity relating to fire safety training. An urgent action notice relating to this matter was issued on 04 August 2014.</p> <p>In view of RQIA's concerns about the shortfall in the number of staff who have received fire safety training in accordance with Firecode document NIHTM84 Failure to Comply Notices were issued to the Provider.</p> <p>(Refer to item 9.1.2 in report and Post Inspection section)</p>	2	<p>This requirement is subsumed into a Failure to Comply Notice issued on 19 August 2014</p> <p>FTC Ref No: FTC/NH/1267 /2014-15/01</p>	<p>To date, 96% of staff members in Louisville have received fire safety training on at least one occasion in the last 6 months. All staff members have been made aware of the emergency procedures policy, break glass panels, fire assembly point and fire fighting equipment within the home.</p> <p>Fire Safety Training is provided by Mr Michael Malone GIFE MIIRSM.</p> <p>A manager's training matrix has been implemented to record all fire safety training in the home.</p>

Unannounced Estates Inspection to Louisville Private Nursing Home on 12 August 2014

Assurance, Challenge and Improvement in Health and Social Care

Item	Regulation Reference	Requirements	Number of times stated	Timescale	Details Of Action Taken By Registered Person (S)
13	Regulation 27.-(4)(f)	<p>All staff must participate in practice fire drills which are in compliance with the fire plan and at least once a year.</p> <p>The drills should verify the effectiveness of training and the emergency procedure and that effective evacuation can be carried out at any time.</p> <p>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.</p> <p>Reference should be made to the current version of Northern Ireland Firecode document NIHTM84.</p> <p>In view of RQIA's concerns about the shortfall in the number of staff who have participated in practice fire drills in accordance with Firecode document NIHTM84 Failure to Comply Notices were issued to the Provider.</p> <p>(Refer to item 9.1.3 in report and Post Inspection section)</p>	2	<p>This requirement is subsumed into a Failure to Comply Notice issued on 19 August 2014</p> <p>FTC Ref No: FTC/NH/1267/2014-15/01</p>	<p>All staff members who work in the home have attended at least one fire drill this year.</p> <p>Each drill is specific to the home and in line with fire training provided by fire safety consultant, Michael Malone.</p> <p>The manager's training matrix is used to record all fire drills. In addition, a fire drill log book is maintained. Records of each specific drill, evacuation times and debriefs are noted.</p>

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Item	Regulation Reference	Requirements	Number of times stated	Timescale	Details Of Action Taken By Registered Person (S)
14	Regulation 27.-(4)(c) 27.-(4)(d)(i)	It should be ensured that the fitting of automatic closers to bedroom doors is carried out as soon as possible and as stated to RQIA. RQIA should be informed when the work is complete. (Item 9.4.1 in report)	1	Ongoing	This work has commenced and is ongoing.
15	Regulation 19.-(2) Schedule 4(14)	It should be ensured that the ongoing work to review and upgrade the recording of fire safety checks such as, the fire and exit doors, the fire extinguishers and the emergency lights is completed and results in clear comprehensive records which are specific to the home. (Item 9.4.2 in report)	1	Ongoing	Up to date. Comprehensive record are maintained in the home.
16	Regulation 27.-(4)(c) 27.-(4)(d)(i)	It should be ensured that the door to the office suite is not retained or propped in the open position. If, for operational reasons, the door needs to stand open it should be fitted with a closer and stand open device linked to the alarm and detection system. The advice of the fire safety advisor should be sought. (Item 9.4.3 in report)	1	Immediate and Ongoing	The responsible person has informed the home's contractor to fit automatic door closures at the earliest opportunity.

Unannounced Estates Inspection to Louisville Private Nursing Home on 12 August 2014