



The Regulation and  
Quality Improvement  
Authority

**THE REGULATION AND QUALITY IMPROVEMENT  
AUTHORITY**

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**ANNOUNCED ESTATES INSPECTION**

<b>Inspection No:</b>	17977
<b>Establishment ID No:</b>	1267
<b>Name of Establishment:</b>	Louisville Private Nursing Home
<b>Date of Inspection:</b>	15 April 2014
<b>Inspector's Name:</b>	Colin Muldoon

## 1.0 GENERAL INFORMATION

<b>Name of Home:</b>	Louisville Private Nursing Home
<b>Address:</b>	Glen Road, Belfast. BT11 8BU
<b>Telephone Number:</b>	02890 604316
<b>Registered Organisation/Provider:</b>	Mr Raymond Murphy
<b>Registered Manager:</b>	Mrs Stephanie Shannon
<b>Person in Charge of the Home at the time of Inspection:</b>	Mr Raymond Murphy
<b>Other person(s) consulted during inspection:</b>	N/A
<b>Type of establishment:</b>	Nursing Home
<b>Number of Registered Places:</b>	48
<b>Categories of Care</b>	NH-I
<b>Date and time of inspection:</b>	15 April 2014      10.30 – 15.00
<b>Date of previous Estates inspection:</b>	09 May 2011
<b>Name of Inspector:</b>	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 Mr Raymond 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.

## **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 good evidence of maintenance activities and the home was well presented. 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 Louisville Private Nursing Home on 15 April 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

This resulted in ten requirements and one recommendation. These are outlined in the Quality Improvement Plan appended to this report.

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

## 9.0 INSPECTOR'S FINDINGS

### 9.1 Recommendations and requirements from previous inspection

It is good to note that action has been taken on the issues raised in the report of the previous Estates inspection on 09 May 2011. Some matters (9.1.1 and 9.1.2) require further attention and are restated in the relevant sections of the attached Quality Improvement Plan sub-titled 'restated recommendations/requirements'.

#### 9.1.1 *Arrangements should be made to address the issues in the legionella action plan which remain outstanding.*

*(Item 1 in Quality Improvement Plan of 09 May 2011)*

The home has a valid legionella risk assessment. There are a number of actions and monitoring measures which are noted in the risk assessment action plan as not having been fully implemented. Examples are; the monitoring of calorifier flow and return temperatures and the monitoring of sentinel outlet water temperatures.

Although there were no records on the day of inspection Mr Murphy confirmed that there is a procedure to flush infrequently used outlets.

*(Item 3 in Quality Improvement Plan)*

#### 9.1.2 *The procedure for testing the fire alarm system should be revised to weekly in accordance with current good practice,*

*Ref: BS 5839*

*(Item 11 in Quality Improvement Plan of 09 May 2011)*

The records on site indicate that all the fire alarm test points are activated once a month rather than testing call points weekly in rotation.

*(Item 5 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 new valves were fitted in July 2013 and would be maintained at the specified period.

#### 9.2.2 It is good to note that there are plans to upgrade bathroom 50 into a wet room shower.

9.2.3 The home has a lift and there were current records of maintenance. The last records relating to thorough examination of the lift (to comply with the Lifting Operations and Lifting Equipment Regulations (NI) 1999) were dated August 2013. The report on this examination did not note any defects. A subsequent thorough examination was due in February 2014.  
(Item 1 in Quality Improvement Plan)

9.2.4 During the walk round it was observed that some final exit doors have alarms and some don't.  
(Item 2 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 During the walk round it was observed that the bed in one of the bedrooms was against the bare radiator.  
(Item 4 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 has a current fire risk assessment. The assessment did not confirm that the assessor is accredited.  
(Item 11 in Quality Improvement Plan)

9.4.2 The inspector was informed that fire safety training sessions are held on four occasions each year. The records for the two most recent sessions indicate that there were a total of 26 attendees.  
(Item 6 in Quality Improvement Plan)

9.4.3 There were no current records available relating to fire drills. There was no fire action emergency procedure (for staff) posted.  
(Items 7 and 8 in Quality Improvement Plan)

9.4.4 The home does not currently have automatic closing devices fitted to bedroom doors. This was discussed with Mr Murphy and the letter setting out the Northern Ireland Fire and Rescue Service expectations regarding this matter was emailed to Mr Murphy on the day of the inspection.  
(Item 9 in Quality Improvement Plan)

9.4.5 A new store has been created on the ground floor. An automatic closer should be fitted to the door.

(Item 10 in Quality Improvement Plan)

9.4.6 In the service reports the fire alarm contractor has made comment on the age of the existing alarm and detection installation. Mr Murphy confirmed he was aware of this and is liaising with the contractor.

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

## **10.0 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.

## **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**





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## Quality Improvement Plan sign off sheet for estates inspectors

Name of Home	Louisville NH
Date of Inspection	15 April 2014
	C Muldoon

QIP Position Based on Comments from Registered Persons			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.					
C.	Clarification or follow up required on some items.	√		√	C Muldoon	11/07/2014

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**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](mailto: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:**

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Miss Stephanie Shannon
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	

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## 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 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. (Item 9.2.3 in report)	1 Month	The said has been serviced and the LOLER certificate is available for inspection.
2	Regulation 14.-(2)(c)	The need for all final exit doors to be alarmed should be reviewed. (Item 9.2.4 in report)	1 Month	This has been addressed. All exit doors are now alarmed.

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### 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	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
3	Regulation 13.-(7) 14.-(2)(a) and (c)	<p>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 <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> (Item 9.1.1 in report)</p>	1 Month	<p>A current legionella risk assessment has been carried out and all issues identified have been addressed.</p> <p>The person responsible for maintaining monthly check has received training and is aware of the relevant documents and record keeping.</p>

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Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
4	Regulation 14.-(2)(a) 14.-(2)(c)	The hot surfaces risk assessment should be reviewed. (Item 9.3.1 in report)	1 Month	This has been reviewed and relevant measures have been taken to resolve the issue.

### Standard 36 - Fire Safety

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

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
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. (Item 9.1.2 in report)	1 Month	<b>This issued has been addressed and the person responsible for these checks has been instructed to carry them out weekly</b>
Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
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 HTM84. An urgent action notice was issued in relation to this requirement. (Item 9.4.2 in report)	Ongoing	Mr Murphy confirmed on 24 April that it had been arranged for the fire risk assessor to lead two fire safety training sessions within the next two weeks.

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Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
7	Regulation 27.-(4)(f)	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. (Item 9.4.3 in report)	Immediate and Ongoing	Mr Murphy confirmed on 24 April that it had been arranged for as many staff as possible to participate in drills on 25 April 2014.
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. (Item 9.4.3 in report)	Immediate	Mr Murphy confirmed that the review of the emergency plan would be completed by 24 April 2014.
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 Rescue Service. Further guidance on this matter is available on the RQIA website. (Item 9.4.4 in report)	1 Month	<b>A programme 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.</b>

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Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
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)	1 Month	<b>This issue has been addressed and complete.</b>
Item	Standard	Recommendation	Timescale	Details Of Action Taken By Registered Person (S)
11	Standard 36	It should be ensured that the person carrying out the next review of the fire risk assessment 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 in: <a href="http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf">http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf</a> <a href="http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf">http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf</a> (Item 9.4.1 in report)	Not later than anniversary of current fire risk assessment.	<b>Following a discussion with Mr. M. Malone he confirms that he is fully qualified to carry out fire risk assessments and fire safety training.</b>

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