



The Regulation and
Quality Improvement
Authority

Movilla House
RQIA ID: 1270
51 Movilla Road
Newtownards
BT23 8RG

Inspector: Colin Muldoon
Inspection ID: IN021470

Tel: 02891819399
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**Announced Estates Inspection
of
Movilla House**

23 June 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced estates inspection took place on 23 June 2015 from 10.00 to 16.00. Overall on the day of the inspection the premises supported the delivery of safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Care Standards for Nursing Homes 2015.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

| | Requirements | Recommendations |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 11 | 2 |

The details of the QIP within this report were discussed with Mrs Jenny Bell (General Manager) as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

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| Registered Organisation/Registered Person: Movilla House Ltd Mr D Bell | Registered Manager: Ms Rosemary Lappin |
| Person in Charge of the Home at the Time of Inspection: Ms Rosemary Lappin | Date Manager Registered: |
| Categories of Care: NH-I, NH-PH, NH-PH(E), NH-TI, RC-I | Number of Registered Places: 50 |
| Number of Patients and Residents Accommodated on Day of Inspection: 49 | Weekly Tariff at Time of Inspection: |

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 44: Premises

Standard 47: Safe and Healthy working Practices

Standard 48: Fire safety

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed: Previous estates inspection report, and previous care inspection report.

During the inspection the inspector met with Mrs Jenny Bell (General Manager) and Mr Ronnie Hawthorne (Maintenance Officer)

The following records were examined during the inspection: Copies of service records and in-house log books relating to the maintenance and upkeep of the building and engineering services, legionellae risk assessment, fire risk assessment.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 14 April 2015. The completed QIP was returned and the responses were assessed by the specialist inspector.

5.2 Review of Requirements and Recommendations from the last Estates Inspection

| Previous Inspection Statutory Requirements | | Validation of Compliance |
|--|---|--------------------------|
| <p>Requirement 1</p> <p>Ref: Regulations 14.-(2)(c) 13.-(7)</p> | <p>The temperature of the return to the calorifier requires to be investigated and rectified so that it is at least 50°C.</p> <p>The procedure for disinfecting the shower heads should be increased to at least quarterly.</p> <p>In relation to the control of legionella reference should be made to HSE document L8 - <i>The control of legionella bacteria in water systems</i> and Health Technical Memorandum 04-01: <i>The control of Legionella, hygiene, "safe" hot water, cold water and drinking water systems.</i></p> | Met |
| | <p>Action taken as confirmed during the inspection:</p> <p>It was confirmed to the inspector that these matters were addressed following the previous Estates inspection and there were up to date records relating to the cleaning of shower heads and the calorifier temperatures which were in line with the Approved Code of Practice.</p> | |
| <p>Requirement 2</p> <p>Ref: Regulation 27.-(2)(c)</p> | <p>The registered persons must arrange for the lift to be thoroughly examined in accordance with the Lifting Operations and Lifting Equipment Regulations (NI) 1999 (LOLER).</p> | Met |
| | <p>Action taken as confirmed during the inspection:</p> <p>There was a report on a current LOLER thorough examination of the lift</p> | |
| <p>Requirement 3</p> <p>Ref: Regulation 27.-(2)(q)</p> | <p>The registered persons must confirm that there are valid certificates which verify that the electrical installation is in a safe and satisfactory condition.</p> | Met |
| | <p>Action taken as confirmed during the inspection:</p> <p>The electrical installation was tested and inspected in September 2009. The contractor subsequently verified that this was valid until September 2012.</p> | |

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| <p>Requirement 4</p> <p>Ref: Regulations 14.-(2)(a) 14.-(2)(c)</p> | <p>The registered persons must assess the adequacy of the current arrangements for restricting opening windows. The assessment should be in line with the following actions set out in the safety alert MDEA(NI)2007/100.</p> <hr/> <p>Action taken as confirmed during the inspection: Following the previous Estates inspection the home asked for advice on window restrictors from the Health and Safety Executive and the arrangements for restricting the windows was subsequently upgraded.</p> | <p>Met</p> |
| <p>Requirement 6</p> <p>Ref: Regulation 27.-(4)(d)(v)</p> | <p>The procedure for function testing the fire alarm system should be revised so that all call points are tested in rotation. Reference should be made to BS 5839.</p> <hr/> <p>Action taken as confirmed during the inspection: The current procedure for testing the fire alarm system appears to be not in line with BS5839.</p> | <p>Not Met</p> |
| <p>Requirement 7</p> <p>Ref: Regulation 27.-(4)(f)</p> | <p>The registered persons must ensure that all staff participate in fire drills. The frequency of the drills must be in accordance with NIHTM84. All attendances should be recorded and issues identified during drills must be addressed.</p> <hr/> <p>Action taken as confirmed during the inspection: On the day of inspection there were no records relating to fire drills.</p> | <p>Not Met</p> |
| <p>Requirement 8</p> <p>Ref: Regulation 27.-(4)(d)(i)</p> | <p>The door selector missing from the ground floor corridor fire doors must be replaced.</p> <hr/> <p>Action taken as confirmed during the inspection: It was found that a number of the corridor fire door sets required adjustment and repair.</p> | <p>Not Met</p> |

| Previous Inspection Recommendations | | Validation of Compliance |
|---|---|--------------------------|
| Recommendation 1 Ref: Standard 32 | The procedure for checking that blended water accessible to residents is at a safe temperature should be formalised. Each month the actual temperature at identified outlets should be recorded. The results should be monitored for drift. | Not Met |
| | Action taken as confirmed during the inspection: There were no records relating to checks of safe water temperatures. | |

5.3 Standard 44: Premises

Is Care Safe? (Quality of Life)

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this Estates inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. This supports the delivery of safe care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Is Care Effective? (Quality of Management)

A range of accommodation, facilities and support services is provided in the premises. This supports the delivery of effective care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. This supports the delivery of compassionate care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Areas for Improvement

The electrical installation requires to be tested and inspected by a competent person.

A procedure should be established for checking and recording that hot water accessible to residents is a safe temperature.

The legionella risk assessment was valid until May 2014 and requires to be reviewed.

The thermostatic mixing valves should be maintained.

It is understood that the nurse call system is maintained by the electrical contractor. It is recommended that each call point is periodically function tested between service visits.

Arrangements should be made to secure the oxygen cylinders in the treatment room against toppling.

A hot surface risk assessment should be carried out in relation to the uncovered standard steel radiators in resident areas.

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| Number of Requirements | 5 | Number Recommendations: | 2 |
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5.4 Standard 47: Safe and Healthy Working Practices

Is Care Safe? (Quality of Life)

A range of documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this Estates inspection. This supports the delivery of safe care.

An issue was however identified for attention during this Estates inspection. This is detailed in the 'areas for improvement' section below.]

Is Care Effective? (Quality of Management)

The nature and needs of the patients are considered as part of the risk assessment processes and this is reflected in the management of the home. This supports the delivery of effective care.

An issue was however identified for attention during this Estates inspection. This is detailed in the 'areas for improvement' section below.]

Is Care Compassionate? (Quality of Care)

There are health and safety procedures and control measures in place which support the delivery of compassionate care.

An issue was however identified for attention during this Estates inspection. This is detailed in the 'areas for improvement' section below.

Areas for Improvement

There are no arrangements for checking on the issue of relevant safety alerts.

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| Number of Requirements | 1 | Number Recommendations: | 0 |
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5.5 Standard 48: Fire Safety

Is Care Safe? (Quality of Life)

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. This supports the delivery of safe care. A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Is Care Effective? (Quality of Management)

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 patients, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment. This supports the delivery of effective care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Is Care Compassionate? (Quality of Care)

The standard used by the registered persons to determine the extent of fire safety protection measures that are appropriate for the premises recognises the need to maintain a homely, non-institutionalised environment. This supports the delivery of compassionate care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Areas for Improvement

The procedure for function testing the fire alarm system should be reviewed to ensure it is in line with BS5839.

Arrangements should be made which will ensure that all staff receive fire safety training from a competent person twice a year and participate in practice fire drills.

The home has a number of two leaf corridor fire doors which have rebated meeting edges. When the doors are released from the hold open position there is a reliance on the door hardware such as the selectors to ensure that they close in the correct sequence and provide an effective fire seal. On the day of inspection it was found that a number of doors sets were not working correctly.

The fire risk assessment is dated October 2013 and requires to be reviewed.

The emergency fire procedure should be reviewed to ensure that it is in line with current good practice incorporating, for example, the recommendations arising from the Rosepark Inquiry. There were no personal emergency evacuation plans for residents available on the day of inspection.

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| Number of Requirements | 5 | Number Recommendations: | 0 |
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5.6 Additional Areas Examined

Not applicable.

5.7 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Jenny Bell (General Manager) as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

5.8 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Nursing Homes Regulations (Northern Ireland) 2005.

5.9 Recommendations

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

5.10 Actions Taken by the Registered Persons

The QIP should be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to estates.mailbox@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

| Quality Improvement Plan | |
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| Statutory Requirements | |
| <p>Requirement 1</p> <p>Ref: Regulation 27.-(2)(q)</p> <p>Stated: First time</p> <p>To be Completed by: 23 September 2015</p> | <p>The electrical installation should be tested and inspected by a competent person. The responsible person should ensure that any remedial work necessary to restore the installation to a satisfactory condition is carried out in a timely manner.</p> <p>Response by Registered Manager Detailing the Actions Taken: Our electrician carried out the Electrical Inspection over the last few weeks and we are now awaiting his report. Any remedial work required will be carried out as soon as possible.</p> |
| <p>Requirement 2</p> <p>Ref: Regulation 13.-(7)</p> <p>Stated: First time</p> <p>To be Completed by: 23 September 2015</p> | <p>The legionella risk assessment should be reviewed by a competent person. It should be ensured that the scheme for the effective control of legionella arising from the risk assessment is fully implemented and that any remedial work identified in the risk assessment is addressed within timescales acceptable to the risk assessor.</p> <p>Response by Registered Manager Detailing the Actions Taken: We have arranged a company to carry out a legionella risk assessment on 2nd September. Any remedial work identified in the risk assessment will be addresses within the acceptable timescales.</p> |
| <p>Requirement 3</p> <p>Ref: Regulations 13.-(7) 14.-(2)(a) and (c)</p> <p>Stated: First time</p> <p>To be Completed by: 23 July 2015</p> | <p>To help ensure both the delivery of safe hot water and the control of legionella the thermostatic mixing valves should be maintained, cleaned and failsafe tested in accordance with the manufacturer's instructions.</p> <p>Response by Registered Manager Detailing the Actions Taken: The company who will be carrying out our legionella risk assessment will also look at the thermostatic mixing valves to ensure they are cleaned and failsafe tested in accordance with the manufacturer's instructions. This will be maintained on an annual basis as required.</p> |
| <p>Requirement 4</p> <p>Ref: Regulation 27.-(4)(b)</p> <p>Stated: Second time</p> <p>To be Completed by: 23 July 2015</p> | <p>The procedure for function testing the fire alarm system should be reviewed and the necessary adjustments made to bring it into line with BS5839.</p> <p>Response by Registered Manager Detailing the Actions Taken: We have reviewed our procedure for function testing the fire alarm and now we test each manual call point in one of the four sections of the home each week. Therefore all manual call points in the home are tested every four weeks.</p> |

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| <p>Requirement 5</p> <p>Ref: Regulation 27.-(4)(e) and (f)</p> <p>Stated: Second time</p> <p>To be Completed by: 23 July 2015 and Ongoing</p> | <p>It should be ensured that all staff receive fire safety training from a competent person twice a year and participate in practice fire drills which confirm that, using the emergency procedure and apparatus and the information in PEEPs, an effective evacuation can be carried out at any time including when the minimum number of staff are on duty. It should be ensured that all staff participate in drills based on up to date training and procedures. Records should be kept of all drills including the outcome of post drill debriefs. The learning points gained during drills and debriefs should be included in subsequent training and team meetings.</p> <p>Reference should be made to Firecode document NIHTM84.</p> <p>Response by Registered Manager Detailing the Actions Taken: We provide 3 dates for fire training every 6 months. The next 3 dates are Oct/Nov 15 and all staff have been made aware that if they miss these dates then they are expected to organise their own training and supply the home with a certificate before the end of Nov.</p> |
| <p>Requirement 6</p> <p>Ref: Regulation 27.-(4)(c) and (d)(i)</p> <p>Stated: Second time</p> <p>To be Completed by: 07 July 2015</p> | <p>All the corridor fire doors should be surveyed and the necessary repairs and adjustments made which will ensure that they operate correctly to provide an effective fire seal.</p> <p>It is recommended that a procedure be established to regularly check the condition and correct operation of all fire and final exit doors.</p> <p>Response by Registered Manager Detailing the Actions Taken: All corridor fire doors have been adjusted so they now operate correctly. A new procedure has been put in place to check all doors on a monthly basis.</p> |
| <p>Requirement 7</p> <p>Ref: Regulation 27.-(4)(a)</p> <p>Stated: First time</p> <p>To be Completed by: 23 July 2015</p> | <p>The fire risk assessment should be reviewed. Issues identified in the assessment should be addressed within timescales acceptable to the fire risk assessor.</p> <p>RQIA recommend that the person carrying out the next review of the fire risk assessment should hold professional body registration or third party certification for fire risk assessment and be registered accordingly with the relevant body. Reference should be made to correspondence issued by RQIA to all registered homes on 02 April 2015 and the guidance contained in:</p> <p>http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf</p> <p>http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf</p> <p>Response by Registered Manager Detailing the Actions Taken: A fire risk assessment has now been carried out by a company which has a professional body registration.</p> |

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| <p>Requirement 8</p> <p>Ref: Regulation 27.-(4)(a)</p> <p>Stated: First time</p> <p>To be Completed by: 23 July 2015</p> | <p>The emergency fire procedure and personal emergency evacuation plans (PEEPs) should be reviewed and included in fire safety training, practice drills and team briefs. It is recommended that the advice of a competent fire safety adviser is sought and followed.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: Our fire book has been updated with PEEPs for all residents (updated on a weekly basis). We have also created a 'pack' which sits at reception and includes torches, plan of the building, PEEPs, emergency contact details for staff and residents and a copy of the fire policy.</p> |
| <p>Requirement 9</p> <p>Ref: Regulation 14.-(2)(c)</p> <p>Stated: First time</p> <p>To be Completed by: 23 July 2015</p> | <p>A system should be established for a responsible person to visit the Northern Ireland Adverse Incident Centre (NIAIC) website weekly to check for the issue of relevant safety alerts. A log should be kept of each visit and the action taken. An example of a relevant alert is EFA/2014/003 which relates to cable and socket window restrictors.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: On a weekly basis the registered manager visits the website, checks and prints out any relevant safety alerts.</p> |
| <p>Requirement 10</p> <p>Ref: Regulation 27.-(2)(l)</p> <p>Stated: First time</p> <p>To be Completed by: 23 July 2015</p> | <p>Arrangements should be made to secure the oxygen cylinders in the treatment room against toppling.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: The oxygen cylinders in the downstairs treatment room have now a chain secured around them to prevent them from toppling.</p> |
| <p>Requirement 11</p> <p>Ref: Regulation 14.-(2)(a) (and (c)</p> <p>Stated: First time</p> <p>To be Completed by: 23 August 2015</p> | <p>A hot surface risk assessment should be carried out in relation to the uncovered steel radiators in resident areas.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: The General Manager has carried out a hot surface risk assessment for the relevant resident areas. This will be updated with each new resident.</p> |

| Recommendations | | | |
|--|--|-----------------------|------------------------|
| Recommendation 1 Ref: Standard 44 Stated: Second time To be Completed by: 23 July 2015 | A procedure should be established for checking and recording that blended hot water accessible to residents is at a safe temperature. The results should be monitored for drift in temperature which may indicate a fault with thermostatic mixing valves. | | |
| | Response by Registered Manager Detailing the Actions Taken: We now test all the blended hot water accessible to residents in one of the four sections of the home weekly. Therefore all blended hot water accessible to residents is checked on a four weekly basis. | | |
| Recommendation 2 Ref: Standard 44 Stated: First time To be Completed by: 23 July 2015 | It is recommended that a procedure be established to periodically function test each nurse call point. | | |
| | Response by Registered Manager Detailing the Actions Taken: We now test all the nurse call points in one of the four sections of the home weekly. Therefore all nurse call points are checked on a four weekly basis. | | |
| Registered Manager Completing QIP | Rosemary Lappin | Date Completed | 26/08/2015 |
| Registered Person Approving QIP | Derek Bell | Date Approved | 26/08/2015 |
| RQIA Inspector Assessing Response | Colin Muldoon* | Date Approved | 25/09/2015 * |

Please ensure the QIP is completed in full and returned to estates.mailbox@rqia.org.uk from the authorised email address

* Clarification or follow up is required on some items.