



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

ANNOUNCED ESTATES INSPECTION

Inspection No:	17978
Establishment ID No:	1271
Name of Establishment:	Mullaghboy Private Nursing Home
Date of Inspection:	23 April 2014
Inspector's Name:	Colin Muldoon

1.0 GENERAL INFORMATION

Name of Home:	Mullaghboy Private Nursing Home
Address:	86 Warren Road, Donaghadee. BT21 0PQ
Telephone Number:	02891 883596
Registered Organisation/Provider:	Mullaghboy Nursing Home Mr R Duncan Ms H Duncan Mrs A Duncan
Registered Manager:	Ms Anne Dugan
Person in Charge of the Home at the time of Inspection:	Ms Anne Dugan
Other person(s) consulted during inspection:	N/A
Type of establishment:	Nursing Home
Number of Registered Places:	32
Categories of Care	NH-I, NH-PH, NH-PH(E), NH-TI
Date and time of inspection:	23 April 2014 10.35 – 14.35
Date of previous Estates inspection:	06 April 2011
Name of Inspector:	Colin Muldoon

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes.

This is a report of an announced inspection to assess the quality of the premises and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. The report details the extent to which the standards measured during inspection were met.

3.0 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the premises and grounds were safe, well maintained and remain suitable for their stated purpose in compliance with legislative requirements and current minimum standards. This was achieved through a process of evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards.

The aims of the inspection were to examine the estates related policies, practices and monitoring arrangements for the provision of Nursing Homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- Nursing Homes Minimum Standards (DHSSPS, 2008)

Other published standards which guide best practice may also be referenced during the Inspection process.

4.0 METHODS/PROCESS

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

- Discussion with Ms Anne Dugan
- 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 Ms Anne Dugan

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

Mullaghboy is a three storey building on the outskirts of Donaghadee. Resident accommodation is on the ground and first floors and there is a lift to facilitate movement between floors.

The home sits on a generous site and there is good car parking space. Many of the rooms benefit from uninterrupted sea views.

8.0 SUMMARY

There was evidence of maintenance activities and the home was well presented although a number of matters relating to the environment were identified.

Therefore, following the Estates Inspection of Mullaghboy on 23 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 eleven 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 Ms Anne Dugan 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 to address the requirements in the report on the previous Estates inspection.

9.2 Standard 32 - Premises and grounds - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

9.2.1 The home has a number of patient hoists and there was documentation to confirm that they have been thoroughly examined to comply with the Lifting Operations and Lifting Equipment Regulations. On the day of inspection it could not be verified if the hoists have also been serviced.
(Item 1 in Quality Improvement Plan)

9.2.2 On the day of inspection there was no documentation available to confirm that the thermostatic mixing valves are being maintained, set and tested in accordance with the manufacturer's instructions.
(Item 2 in Quality Improvement Plan)

9.2.3 On the day of inspection there was no current Gas Safe documentation relating to the kitchen and laundry appliances and installations.
(Item 3 in Quality Improvement Plan)

9.2.4 The electrical installation was tested and inspected in 2011. Only part of the report on the inspection was available and it should be confirmed that any defects found were rectified.
(Item 4 in Quality Improvement Plan)

9.2.5 It is good to note that there are plans to upgrade parts of the home including the laundry. It is recommended that consideration also be given to upgrading the lift which is quite small.

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 home has a current legionella risk assessment. There are procedures in place towards the control of legionella. There were no records of the temperature of the hot sentinel outlets being checked. Although there were no records the manager confirmed that there is a procedure to flush infrequently used outlets.
(Item 5 in Quality Improvement Plan)

- 9.3.2 The home has a policy of testing and inspecting portable electrical appliances every two years. It is recommended that a program of interim visual checks is implemented.
(Item 6 in Quality Improvement Plan)

These issues are 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 which was carried out in September 2013. The assessor considered the overall risk to be moderate. Some of the issues identified in the assessment have been marked up as having been addressed although some remain outstanding. One issue in the assessment is the number of beds in fire compartments in relation to the minimum number of staff on duty. The home has a large number of residents who are very dependent and therefore it should be confirmed that all the residents in any compartment can be evacuated in an acceptable time when the minimum number of staff are on duty.
(Items 7 and 8 in Quality Improvement Plan)
- 9.4.2 Although the fire risk assessor has conducted two training sessions within the last year not all staff have attended twice.
(Item 9 in Quality Improvement Plan)
- 9.4.3 There are arrangements in place to carry out weekly testing of the fire alarm system using test points in rotation. The written instructions for this task should be reviewed.
(Item 10 in Quality Improvement Plan)
- 9.4.4 There is a final escape door from one of the first floor bedrooms. On the day of inspection there were some electrical appliance cables on the floor across the doorway.
(Item 11 in Quality Improvement Plan)
- 9.4.5 On the first floor the corridor door beside the lift has an excessive gap at the leading edge.
(Item 12 in Quality Improvement Plan)

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 Ms Anne Dugan as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the Quality Improvement Plan.

11.0 Enquiries

Enquiries relating to this report should be addressed to:

**Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST BT1 3BT**



Quality Improvement Plan sign off sheet for estates inspectors

Name of Home	Mullaghboy Private Nursing Home
Date of Inspection	23 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 Muldoon	08/07/2014
C.	Clarification or follow up required on some items.					

Estates Inspection – QIP sign off sheet

Informing and Improving Health and Social Care

NOTES:

The details of the Quality Improvement Plan were discussed with Ms Anne Dugan 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	Anne Dugan
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Robert Duncan

Announced Estates Inspection to Mullaghboy Private Nursing Home on 23 April 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	Timescale	Details Of Action Taken By Registered Person (S)
1	Regulation 27.-(2)(c)	It should be confirmed that all patient hoisting equipment is being serviced in accordance with the manufacturer's instructions. (Item 9.2.1 in report)	1 Month	The servicing of the hoists is carried out once a year and this is carried out according to the manufacturer's instructions in every case. The hoists are also checked every 6 months according to the LOLER regulations
2	Regulation 27.-(2)(c) 27.-(2)(q)	The thermostatic mixing valves should be maintained, set and fail safe tested in accordance with the manufacturer's instructions. (Item 9.2.2 in report)	1 Month	The thermostatic mixing valves are tested every month to ensure there is no risk from scalding. The Thermostatic Mixing Valve maintenance (fail safe testing) is scheduled for the 13 th and 16 th June 2014.
3	Regulation 27.-(2)(c) 27.-(2)(q)	Valid Gas Safe certificates should be obtained. The certificates should verify that the kitchen and laundry appliances and the associated pipework installations are in a safe and satisfactory condition. (Item 9.2.3 in report)	1 Month	Valid Gas Safe certificates have been obtained for the kitchen and laundry appliances. Proof of this has been attached.
4	Regulation 27.-(2)(q)	It should be confirmed that any defects found during the last test and inspection of the electrical installations were rectified. (Item 9.2.4 in report)	1 Month	The electrician has confirmed that the defects noted during the last Periodic Inspection will be completed by mid July 2014.

Announced Estates Inspection to Mullaghboy Private Nursing Home on 23 April 2014

Assurance, Challenge and Improvement in Health and Social Care

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	Timescale	Details Of Action Taken By Registered Person (S)
5	Regulation 13.-(7) 14.-(2)(a) and (c)	In relation to the control of legionella the current measures in place should be compared to the scheme arising from the legionella risk assessment. Any shortfall, such as the monitoring of water temperatures from hot sentinel outlets, should be fully addressed. Records should be kept of all actions taken towards the control of legionella. 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 9.3.1 in report)	1 Month	The home currently has a form which has been recently updated and records the water temperature of all the hot water taps including the sentinel taps.
Item	Standard	Recommendation	Timescale	Details Of Action Taken By Registered Person (S)
6	Standard 35	A program to carry out visual inspections of portable electrical appliances should be implemented. (Item 9.3.2 in report)	Ongoing	A monthly program to carry out visual inspections of portable electrical appliances has been implemented and a monthly record of this is kept at the home.

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Assurance, Challenge and Improvement in Health and Social Care

Standard 36 - Fire Safety

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

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
7	Regulation 27.-(4)(a)	The fire risk must be reduced from moderate to tolerable or better. The issues in the risk assessment which remain outstanding should be addressed. Any delay in addressing issues because of possible building work should be discussed with the fire risk assessor. (Item 9.4.1 in report)	1 Month	The registered provider has met with the Fire Risk assessor to discuss improvements made since the last risk assessment and to agree the minor works required to ensure the fire risk at the home is reduced to tolerable within 4 weeks
8	Regulation 27.-(4)(f)	Practice drills, in accordance with the emergency plan and informed by the personal emergency evacuation plans, should be carried out to confirm that any fire compartment in the home can be effectively evacuated by the minimum number of staff within a timescale acceptable to the fire risk assessor. This should be reviewed and practiced frequently to account for changing levels of dependency of residents and changes in staff. (Item 9.4.1 in report)	1 Month	Timed evacuation drills have been carried out in collaboration with ARMA Fire Safety. This has been arranged to be carried out at least every six months or more frequently if required i.e. a change in the residents dependancies/a change in staff.

Announced Estates Inspection to Mullaghboy Private Nursing Home on 23 April 2014

Assurance, Challenge and Improvement in Health and Social Care

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
9	Regulation 27.-(4)(e)	It should be ensured that all staff receive appropriate fire safety information, instruction and training from a competent person at least twice a year. Reference should be made to the current version of Northern Ireland Firecode document HTM84. (Item 9.4.2 in report)	Ongoing	.Staff Training has been reviewed and updated to ensure that all staff receive fire training at least twice a year.
10	Regulation 27.-(4)(d)(v)	The written instructions on the fire alarm record sheet should be reviewed. (Item 9.4.3 in report)	1 Month	The written instructions on the fire alarm record sheet has been reviewed
11	Regulation 27.-(4)(c)	In the first floor bedroom with the final escape door the appliance cables should be rearranged to ensure there are no tripping hazards on the escape route. (Item 9.4.4 in report)	1 Month	The homes electrician has rearranged the appliance cables to ensure there are no tripping hazards on the escape route.
12	Regulation 27.-(4)(c) 27.-(4)(d)(i)	The first floor corridor door at the lift should be adjusted so that it provides an effective fire and smoke seal. (Item 9.4.5 in report)	1 Month	The first floor corridor door has been adjusted so that it provides an effective fire and smoke seal.

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