



The Regulation and  
Quality Improvement  
Authority

**THE REGULATION AND QUALITY IMPROVEMENT  
AUTHORITY**

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**ANNOUNCED ESTATES INSPECTION**

**Inspection No:** IN018081

**Establishment ID No:** 1277

**Name of Establishment:** Our Lady's Nursing Home, Belfast (General Unit)

**Date of Inspection:** 09 September 2014

**Inspector's Name:** K. Monaghan

## 1.0 GENERAL INFORMATION

<b>Name of Home:</b>	Our Lady's Nursing Home (General Unit)
<b>Address:</b>	68 Ard-Na-Va Road Falls Road Belfast BT12 6FF
<b>Telephone Number:</b>	028 90 32 57 31
<b>Registered Responsible Individual:</b>	Ms. Maureen Munster (Acting)
<b>Registered Manager:</b>	Mrs. Charlene Parkin (Acting)
<b>Person in Charge of the Home at the time of Inspection:</b>	Mrs. Charlene Parkin (Acting)
<b>Other person(s) present during inspection:</b>	Mr. Patrick McAuley, Operations Manager, Mr. Frances Dillon who is involved with the ongoing maintenance works in the home and Mr. Sean Seaton who is also involved with the ongoing maintenance works in the home.
<b>Type of establishment:</b>	Nursing Home
<b>Categories of Care:</b>	NH-TI, NH-PH(E), NH-PH & NH-I
<b>Conditions of Registration:</b>	This home is also approved to provide care on a day basis to 4 persons.
<b>Number of Registered Places:</b>	67
<b>Date of previous Estates inspection:</b>	19 November 2013
<b>Date and time of inspection:</b>	09 September 2014 (10:30am – 12:40pm.)
<b>Name of Inspector:</b>	K. Monaghan

## **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 and
- 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 included the following:

1. Discussions with Mrs. Charlene Parkin, Mr. Patrick McAuley, Mr. Frances Dillon and Mr. Sean Seaton
2. Inspection of the home internally. Patients' private bedrooms were only inspected when unoccupied and permission was granted
3. 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 this inspection the Inspector spoke Mrs. Charlene Parkin, Mr. Patrick McAuley, Mr. Frances Dillon and Mr. Sean Seaton.

#### **6.0 INSPECTION FOCUS**

This inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Nursing Homes Minimum Standards with the focus on assessing 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 and
- Standard 36 - Fire Safety

This Estates inspection focused on the issues included in the Quality Improvement Plan for the previous Estates inspection that was completed on 19 November 2013.

## **7.0 PROFILE OF SERVICE**

The premises being used for the purposes of Our Lady's Home are relatively new, detached and purpose built. There are three floors to the premises. The bedrooms are located on the ground and first floors. The lower ground floor contains facilities for support services such as catering and administration. There is also a large communal room on the lower ground floor that can be used for a variety of purposes in connection with the home. All of the bedrooms are single with ensuite toilet and wash hand basin facilities.

The home is registered to care for up to 67 patients requiring nursing care in the following categories of care:

I	- Old age not falling within any other category,
PH	- Physical disability other than sensory impairment,
PH (E)	- Physical disability other than sensory impairment over 65 years and
TI	- Terminally ill

## **8.0 SUMMARY**

During this Estates inspection a number of issues were identified for attention. Following this Estates Inspection of 09 September 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 three requirements. These are outlined in the quality improvement plan appended to this report.

The Estates Inspector would like to acknowledge the assistance of Mrs. Charlene Parkin, Mr. Patrick McAuley, Mr. Frances Dillon and Mr. Sean Seaton, throughout the inspection process.

## 9.0 INSPECTION FINDINGS

### 9.1 Recommendations and requirements from previous Estates inspection on 19 November 2013:

9.1.1 The following details should be noted in relation to the issues included in the Quality Improvement Plan for the previous Estates inspection to these premises that was carried out on 19 November 2013.

9.1.2 ***Previous QIP Item 1.*** A review of the décor in the premises should be carried out to identify the areas that require more immediate attention. Particular attention should be given to the staff facilities in this regard. Redecoration of these areas should be completed.

### Position Statement

The staff room had a number of other areas identified as a priority had been redecorated since the previous Estates inspection. The programme of work to replace the windows and doors in the original section of the premises had not commenced yet. It was hoped, weather permitting that this work would commence in the very near future. On completion of this work further redecoration works will be completed. RQIA should be kept up to date with progress in relation to the window and door replacements works. A refurbishment plan with timescales should be forwarded to RQIA. Reference should be made to item 1 in the Quality Improvement Plan.

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.1 Recommendations and requirements from previous Estates inspection on 19 November 2013 continued

- 9.1.3 ***Previous QIP Item 2.*** *The procedure for checking the unblended hot water temperatures should be reinstated. A check should also be carried out to establish if all of the issues identified for attention in the report for the legionella risk assessment have been addressed. This action plan should be signed off by the Registered Manager when all of the issues have been addressed.*

#### **Position Statement**

A sample record for the August 2014 checks to the blended hot water at the baths and showers was presented for review during this Estates inspection. A recent check had not however been completed to the blended hot water temperatures at the wash basins. Subsequent to this Estates inspection, RQIA received confirmation from , Mr. Patrick McAuley, Operations Manager that a measurement of the water temperatures at the wash basins had been completed and all temperatures were found to be within guidelines.

The support documentation in relation to the completion of the issues that had been identified for attention in the report for the legionella risk assessment was not presented for review during this Estates inspection. Subsequent to this Estates inspection however, Mr. Patrick McAuley, Operations Manager confirmed to RQIA that all of these issues had been completed the previous year.

- 9.1.4 ***Previous QIP Item 3.*** *This issue in relation to the flame probes for the older heating boilers should be followed up.*

#### **Position Statement**

Mr. McAuley confirmed that the flame probes for the older heating boilers had been replaced on 31 January 2014. In addition spare probes had also been purchased and these were being kept in the home so that any further replacements could be installed without delay.

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.1 Recommendations and requirements from previous Estates inspection on 19 November 2013 continued

- 9.1.5 ***Previous QIP Item 4.*** All cleaning chemical containers should be clearly labelled and the doors to stores, service ducts etc... should be kept locked.

#### **Position Statement**

A number of sample checks were carried out during this Estates inspection to the containers on some of the cleaner's trolleys. All of the containers were labelled with the exception of a small number of the staff's drinking water bottles. It was agreed that these would also be labelled in future.

The doors to cleaner's store 3.36, store 2.36 and service duct 2.35B were Locked.

- 9.1.6 ***Previous QIP Item 5.*** The cleaning equipment should be checked and changed as required to ensure full compliance with the current cleaning code. All storage should be placed on the shelves.

#### **Position Statement**

The cleaning equipment in store 2.02 was reviewed. The blue mop was with the blue bucket and the red mop was with the red bucket in accordance with the NHS colour coding system for cleaning equipment.

Store 162 was reviewed and all items were either placed on the shelves or store in boxes.



## 9.0 INSPECTION FINDINGS CONTINUED

### 9.1 Recommendations and requirements from previous Estates inspection on 19 November 2013 continued

- 9.1.7 ***Previous QIP Item 6.*** *The unblended hot water temperatures should be maintained in line with the current standards for the prevention or control of legionella bacteria in water systems. The thermostatic mixers should also be maintained in accordance with the manufacturer's recommendations.*

#### **Position Statement**

A sample record for the August 2014 checks to the unblended hot and cold water temperatures at the sentinel outlets was reviewed during this Estates inspection. This record indicated that the minimum temperature of 50°C was being achieved although some of the temperatures noted in the record were only marginally above this standard. The unblended hot water temperatures should be closely monitored to ensure ongoing compliance with the current standard. Reference should be made to item 2 in the Quality Improvement Plan.

The thermostatic mixers had been serviced in August 2014. Mr. Patrick McAuley, Operations Manager undertook to check the frequency of ongoing servicing of the thermostatic mixers.

- 9.1.8 ***Previous QIP Item 7.*** *There should be a continued focus on the issues identified for attention in the most recent infection control audit to ensure that they are fully addressed. The format for the ongoing infection control audits should also be reviewed to ensure that it is in line with the current format for a nursing home. The Nursing Inspector for the home should be consulted in relation to this issue.*

#### **Position Statement**

A format had been developed for completing routine infection control audits. This had not however been finalised and implemented. Subsequent to this Estates inspection RQIA received confirmation from Mr. Patrick McAuley, Operations Manager confirmed that the infection control auditing process had commenced. Ten percent of the patient's rooms and the communal rooms such as the kitchens, laundry sluice rooms etc... had been inspected. Only minor issues were identified and these had been addressed. Mr. Patrick McAuley, Operations Manager also confirmed that the infection control auditing will continue on a monthly basis.

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.1 Recommendations and requirements from previous Estates inspection on 19 November 2013 continued

- 9.1.9 ***Previous QIP Item 8.*** *The reports for the inspections and tests to the fire detection and alarm system should be set out in accordance with 'Annex G (informative), G.6 Inspection and Servicing certificate of BS 5839'. A key should also be available for the control panel to facilitate checking the batteries. In addition, reports in accordance with BS 5266 should be obtained for the ongoing duration tests to the emergency lights.*

#### **Position Statement**

The certificate for the most recent inspections and tests to the fire detection and alarm system were not presented for review during this Estates inspection. Subsequent to this Estates inspection, RQIA received a copy of this certificate from Mr. Patrick McAuley, Operations Manager. Mr. Patrick McAuley, Operations Manager also confirmed during this Estates inspection that a key had been obtained for the fire alarm panel and that the batteries had been replaced. A certificate for the inspection and test to the emergency lights that was carried out on 17 June 2014 was presented for review during this Estates inspection.

- 9.1.10 ***Previous QIP Item 9.*** *All of the furniture in the smoking lounge should comply with the ignition sources 0 & 5 flame retardant standards.*

#### **Position Statement**

The chairs in the smoking room had been replaced with metal chairs.

- 9.1.11 ***Previous QIP Item 10.*** *All plant rooms should be kept clear of storage and locked. The cover for the switchgear panel in the lift plant room should also be kept securely in place. The door to the sluice 3.12 should not be propped open.*

#### **Position Statement**

The position in relation to keeping all plant rooms clear of storage and locked was not recorded during this Estates inspection. Subsequent to this Estates inspection, RQIA received confirmation that all plant rooms are kept clear of storage and locked. The cover for the switchgear panel in the lift plant room was in place and the door to sluice 3.12 was closed.

## **9.0 INSPECTION FINDINGS CONTINUED**

### **9.1 Recommendations and requirements from previous Estates inspection on 19 November 2013 continued**

- 9.1.12 ***Previous QIP Item 11. Remedial works as required should be carried out to the glazing beads to one of the main kitchen doors.***

#### **Position Statement**

Repairs had been carried out the glazing bead to the kitchen door. It was however recommend that these repairs should be reviewed with the Fire Risk Assessor. Subsequent to this Estates inspection. Mr. Patrick McAuley, Operations Manager confirmed to RQIA that this issue had been reviewed and further repairs should be completed by 24 October 2014.

- 9.1.13 The above issues are restated as appropriate in the relevant sections of the attached 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 It is good to report that the premises being used for the purposes of Our Lady's Nursing Home (General Unit) were in good order and offered comfortable accommodation for the patients. No additional issues were identified for attention in relation to this standard during this Estates inspection.

### **9.3 Standard 35 - Safe and healthy working practices**

***The home is maintained in a safe manner***

- 9.3.1 It is good to report that no additional issues were identified for attention in relation to this standard during this Estates inspection.

## 9.0 INSPECTION FINDINGS CONTINUED

### 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 It is good to report that hold open devices linked to the fire detection and alarm system had been installed on all of the bedroom doors in accordance with the recent guidance from the Northern Ireland Fire and Rescue Service. This is to be commended. The certificate in accordance with BS 7273 – 4:2007 should be obtained for the installation of these devices. Reference should be made to item 3 in the Quality Improvement Plan.
- 9.4.2 The door to bedroom 152 was not latching fully with the self-closing device. Mr. Patrick McAuley, Operations Manager confirmed that there were still some final adjustments to be made to the bedroom doors following the recent installation of the hold open devices and this was in hand. Completion of these adjustments should be confirmed to RQIA. Reference should be made to item 3 in the Quality Improvement Plan.
- 9.4.3 The above issues are detailed as appropriate 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 Mrs. Charlene Parkin, Mr. Patrick McAuley, Mr. Frances Dillon and Mr. Sean Seaton 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 nursing home to improve the quality of life experienced by patients.

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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**K. Monaghan  
Estates Officer**

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**Date**

## QUALITY IMPROVEMENT PLAN

- for -

### ANNOUNCED ESTATES INSPECTION

- to -

**OUR LADY'S NURSING HOME, BELFAST (GENERAL UNIT) RQIA ID 1277**

- on -

**09 SEPTEMBER 2014**

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.	√		√	K. Monaghan	06 November 2014

## **NOTES:**

The details of the quality improvement plan were discussed with Mrs. Charlene Parkin, Mr. Patrick McAuley, Mr. Frances Dillon and Mr. Sean Seaton, 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 nursing 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 signed below 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>	Mrs Charlene Parkin
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Paul Shevlin

Announced Estates Inspection to Our Lady's Nursing Home, Belfast (General Unit) RQIA ID 1277 09 September 2014 (K. Monaghan)

**Assurance, Challenge, Improvement in Health and Social Care**

**The following requirement should be noted for action in relation to Standard 32 – Premises and grounds:**

<b>Item</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Timescale</b>	<b>Details Of Action Taken By Registered Person (S)</b>
1.	Regulations 27(2)(b) 27(2)(d)	RQIA should be kept up to date with progress in relation to the window and door replacements works. A refurbishment plan with timescales should be forwarded to RQIA Reference should be made to paragraph 9.1.2 in the Report.	Ongoing & 3 Months	<b>In relation to window and door replacement works, it has been decided by the Management of the Home that due to the incoming Winter weather works should be delayed until Spring 2015. Operation Manager Mr Pat McAuley will keep the Estates Inspector on any new developments regarding this requirement.</b>

**The following requirement should be noted for action in relation to Standard 35 - Safe and healthy working practices:**

<b>Item</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Timescale</b>	<b>Details Of Action Taken By Registered Person (S)</b>
2.	Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)	The unblended hot water temperatures should be closely monitored to ensure ongoing compliance with the current standard. Reference should be made to paragraph 9.1.7 in the Report.	Ongoing	<b>Following the inspection and advice from the Estates Inspector, the unblended hot water temperatures of all wash hand sinks are checked monthly. This has recommenced from the date of inspection.</b>

Announced Estates Inspection to Our Lady's Nursing Home, Belfast (General Unit) RQIA ID 1277 09 September 2014 (K. Monaghan)

**Assurance, Challenge, Improvement in Health and Social Care**



**The following requirement should be noted for action in relation to Standard 36 - Fire Safety:**

<b>Item</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Timescale</b>	<b>Details Of Action Taken By Registered Person (S)</b>
3.	Regulations 27(4)(b) 27(4)(c) 27(4)(d)(i) 27(4)(d)(iv)	A certificate in accordance with BS 7273 – 4:2007 should be obtained for the installation of the new hold open devices for the bedroom doors. The final adjustments to the bedroom doors should also be completed. Reference should be made to paragraphs 9.4.1 and 9.4.2 in the Report.	3 Months	<b>The certificate relating to the installation of the new hold open door devices has not yet been received from our Consultant WH Stephens. They have promised to have it with us by 10<sup>th</sup> November 2014. We will forward it to the Inspector as soon as we receive it.</b>