



The **Regulation** and
Quality Improvement
Authority

Inspector: Colin Muldoon
Inspection ID: IN024015

Stewart Memorial House
RQIA ID: 1278
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Bangor
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**Announced Estates Inspection
of
Stewart Memorial House
14 December 2015**

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An announced estates inspection took place on 14 December 2015 from 10.00 to 14.30. 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	6	3

The details of the QIP within this report were discussed with Ms Sonya Gillespie (Nurse in Charge) and Mr Peter Tughan (NIID Quality Services Manager) as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Northern Ireland Institute for the Disabled Mr Samuel Humphries (Registered Responsible Person)	Registered Manager: Mrs Violet Long (Acting Manager)
Person in Charge of the Home at the Time of Inspection: Ms Sonya Gillespie	Date Manager Registered: Manager in Acting role
Categories of Care: NH-I, NH-PH, NH-PH(E), NH-TI	Number of Registered Places: 30
Number of Patients Accommodated on Day of Inspection: 18	Weekly Tariff at Time of Inspection: £637 - £911

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, statutory notifications over the past 12 months, previous care inspection report.

Discussion with Ms Sonya Gillespie (Nurse in Charge) and Mr Peter Tughan (NIID Quality Services Manager).

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 medicines management inspection dated 28 September 2015. The completed QIP was returned and approved by the specialist inspector on 07 December 2015.

5.2 Review of Requirements and Recommendations from the last Estates Inspection on 11 February 2014.

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulations 27.-(2)(b) 27.-(2)(d)	The plans and timescale for the reconfiguration and refurbishment of the ground floor shower room should be confirmed to RQIA.	Partially Met
	Action taken as confirmed during the inspection: The providers response in 2014 confirmed that it was planned to reconfigure this large shower room, fit wall cladding in the shower area, fit new floor covering and redecorate. The wall cladding to the shower area has been installed. The original tiled floor has not been upgraded. The joints around one floor tile require to be grouted. There is some marking to the wall paint.	
Requirement 2 Ref: Regulations 27.-(2)(b) 27.-(2)(d)	The program to repair and redecorate wall surfaces should be confirmed to RQIA. The program should be marked up with the current status of the work.	Partially Met
	Action taken as confirmed during the inspection: Although some redecoration has taken place the program of work has not been carried through to completion.	
Requirement 3 Ref: Regulations 27.-(2)(b) 27.-(2)(d)	The plans and timescale for the repair of doors and architraves should be confirmed to RQIA.	Partially Met
	Action taken as confirmed during the inspection: A program to repair doors and architraves began after the last Estates inspection. However it has not been followed through to completion.	

Requirement 4 Ref: Regulations 27.-(2)(b) 27.-(2)(c) 27.-(2)(d)	<p>It should be confirmed that a survey has been carried out of all fixtures, fittings and furniture. The plan and timescale for carrying out the necessary repairs, and the current status of the work, should be confirmed to RQIA.</p> <p>Action taken as confirmed during the inspection: A survey was carried out following the last Estates inspection. Some work has been carried out such as the replacement of toilet rails and radiator covers. However, the program is not complete and some furniture is in poor condition.</p>	Partially Met
Requirement 5 Ref: Regulation 27.-(2)(b)	<p>It should be confirmed that a survey of all flooring has been carried out. The status of the program of work resulting from the survey should be confirmed to RQIA.</p> <p>Action taken as confirmed during the inspection: A program to repair and replace floor covering was undertaken following the last Estates inspection. A number of bedrooms and en-suites have been completed. It is understood that the main ground floor corridor carpet was cleaned but its appearance is still poor. The first floor corridor carpet at the stair lobby has a tear which has been stuck down. This carpet is in poor condition.</p>	Partially Met
Requirement 6 Ref: Regulations 27.-(2)(b) 27.-(2)(d)	<p>The proposed plans and timescale for repairing the kitchen floor should be confirmed to RQIA. In the interim the floor at the fridge should be sealed to avoid dirt traps and the ceiling tiles should be cleaned or painted.</p> <p>Action taken as confirmed during the inspection: The provider's response in 2014 confirmed that it was planned to install a resin screed floor to the entire kitchen. This work has not been undertaken. The floor around the fridge has been made good with sheet vinyl pending the above work.</p>	Partially Met

Requirement 7 Ref: Regulation 27.-(2)(b)	The refurbishment of the staff kitchen should be completed.	Met
	Action taken as confirmed during the inspection: Completed	
Requirement 8 Ref: Regulation 27.-(2)(d)	The program of redecoration, marked up with current status, should be confirmed to RQIA (see also item 2). The arrangements for avoiding accumulations of dust on the exposed pipework should be confirmed to RQIA.	Met
	Action taken as confirmed during the inspection: This information was forwarded to RQIA following the last Estates inspection.	
Requirement 9 Ref: Regulations 13.-(7) 14.-(2)(c)	The scheme for the control of legionella should be managed to ensure that all the tasks assigned to various parties are carried out as required and records kept.	Met
	Action taken as confirmed during the inspection: There is a scheme in place for the control of legionella which is managed by the Quality Services Manager.	
Requirement 10 Ref: Regulation 27.-(4)(f)	It should be ensured that the PEEP's information is used during the fire drills to verify that the fire procedure can be carried out effectively and within an acceptable time when the minimum number of staff are on duty. The fire risk assessor should confirm that the time taken to carry out the fire procedure is acceptable.	Met
	Action taken as confirmed during the inspection: Addressed.	

Requirement 11 Ref: Regulations 27.-(4)(c) 27.-(4)(d)(i)	A certificate should be obtained from a competent person to verify that the new door closers have been installed, tested and commissioned in accordance with BS7273. The arrangement of the infra-red door release buttons should be reviewed. The arrangements for fitting all first floor bedrooms with appropriate door closers should be confirmed to RQIA.	Met
	Action taken as confirmed during the inspection: Addressed.	

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.

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

1. The programs to:
 - Complete the refurbishment of the GF shower room;
 - Repair and decorate the damaged woodwork surfaces such as doors and architraves;
 - Redecorate wall surfaces;
 - Replace/clean carpets in communal areas;
 - Repair/upgrade main kitchen floor;
 - Repair/replace damaged furniture;
 Should be followed through to completion.
 Refer to requirement 1 in quality improvement plan.
2. Some of the carpets have joining strips and temporary repairs. The condition of these arrangements should be frequently monitored and any necessary action taken to keep the flooring in a safe condition.
 Refer to requirement 2 in quality improvement plan.
3. A test and inspection of the electrical installation was carried out in July 2015. The report on the inspection states that the installation is in an unsatisfactory condition and identifies a number of category C1 and C2 issues requiring attention.
 Refer to requirement 3 in quality improvement plan.
4. On the day of inspection there were no current Gas Safe certificates for the gas installations.
 Refer to requirement 4 in quality improvement plan.
5. The last test and inspection of the portable electrical appliances was in April 2014. It is understood that the provider has a policy to test and inspect appliances annually.
 Refer to requirement 5 in quality improvement plan.
6. In accordance with the Lifting Operations and Lifting Equipment Regulations (NI) 1999 the lift was thoroughly examined in November 2015. The report on the examination noted some category B defects.
 Refer to recommendation 1 in quality improvement plan.
7. There are arrangements in place for the control of legionella. A legionella risk assessment was carried out by a specialised contractor in October 2013. The risk assessor recommended a review of the risk assessment in two years.

As part of the legionella control measures there are arrangements for the cold water storage tanks to be periodically inspected, cleaned and disinfected, the last occasion being October 2015. On the day of inspection it could not be confirmed that all tanks were included on that occasion.

Refer to recommendation 2 in quality improvement plan.

Number of Requirements	5	Number Recommendations:	2
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5.3 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.

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.

Is Care Compassionate? (Quality of Care)

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

Areas for Improvement

No issues were identified during this inspection.

Number of Requirements	0	Number Recommendations:	0
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5.4 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.

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.

It is good to note that the ground floor bedrooms have been fitted with swing free door closers.

Areas for Improvement

1. Although a number of practice fire drills have been carried out over the last year they were all during the day and it could not be confirmed that all staff, particularly night and agency, have participated.
Refer to requirement 6 in quality improvement plan.
2. The fire detection and alarm system is maintained by a contractor. The service records indicate that the contractor considers the overall condition of the installation to be satisfactory but they also make some comments on the performance of the installation.
Refer to recommendation 3 in quality improvement plan.

Number of Requirements	1	Number Recommendations:	1
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5.5 Additional Areas Examined

Not applicable.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Sonya Gillespie (Nurse in Charge) and Mr Peter Tughan (NIID Quality Services 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.

6.1 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.

6.2 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.

6.3 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

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 27.-(2)(b) and (d)</p> <p>Stated: Second time</p> <p>To be Completed by: 14 January and ongoing</p>	<p>The programs of maintenance, repair and refurbishment should be reviewed. Detailed and scheduled proposals for addressing the following outstanding refurbishment and maintenance work should be drawn up, implemented and forwarded to RQIA:</p> <ul style="list-style-type: none"> • Completing the refurbishment of the GF shower room • Repairing and decorating damaged woodwork surfaces such as doors and architraves. • Redecoration of wall surfaces • Replacement/cleaning of carpets in communal areas • Repair/upgrade of main kitchen floor • Repair/replacement of damaged furniture <p>Response by Registered Manager Detailing the Actions Taken:</p> <p>NIID recognises the requirements to carry out remedial works; however, the decision was made on 28th January 2016 to close the Home by the end of April 2016.</p> <p>The refurbishment works are therefore unnecessary, with the exception of those required to ensure the residents safety and well being up to the end of April 2016. A schedule of works will be generated for only those works deemed urgent.</p>
<p>Requirement 2</p> <p>Ref: Regulation 14.-(2)(a) and (c)</p> <p>Stated: Second time</p> <p>To be Completed by: Ongoing</p>	<p>Some of the carpets have joining strips and temporary repairs. The condition of these arrangements should be frequently monitored by a competent person and any necessary remedial action taken promptly to ensure the flooring is maintained in a safe condition.</p> <p>Response by Registered Manager Detailing the Actions Taken:</p> <p>The condition of carpets are monitored twice weekly and prompt action taken to ensure flooring remains in a safe condition.</p>
<p>Requirement 3</p> <p>Ref: Regulation 27.-(2)(q)</p> <p>Stated: First time</p> <p>To be Completed by: Arrangements to be made immediately and work completed in accordance with</p>	<p>The electrical installation should be restored to a satisfactory condition. An urgent action notice was issued on the day of inspection.</p> <p>Response by Registered Manager Detailing the Actions Taken:</p> <p>An Electrical Installation Condition Report was completed by contractor on 15/09/2015. A number of Code C1 and Code C2 observations and recommendations were made for action to be taken.</p> <p>These issues have been addressed in full.</p>

the urgency attached to the category of each issue.	
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Requirement 4 Ref: Regulation 27.-(2)(q) 27.-(2)(c) Stated: First time To be Completed by: Arrangements to be made immediately	<p>Gas Safe certificates should be obtained to verify that all the gas installations and appliances are in a safe and satisfactory condition. An urgent action notice was issued on the day of inspection.</p> <p>Response by Registered Manager Detailing the Actions Taken: Gas Safe Certificates have been obtained. Boilers inspected 30/4/2015 - Satisfactory. Laundry Equipment inspected 18/12/2015 - Satisfactory. Cooking appliances inspected 15/12/2015 - Satisfactory.</p>
Requirement 5 Ref: Regulation 27.-(2)(c) Stated: First time To be Completed by: 14 January 2016	<p>The test and inspection of the portable electrical appliances should be brought up to date.</p> <p>It is recommended that the arrangements for ensuring the safety of portable electrical appliances are reviewed to ensure they are in line with good practice. Reference should be made to the guidance available on the Health and Safety Executive website.</p> <p>Response by Registered Manager Detailing the Actions Taken: PAT Testing was last completed in April 2014. RQIA have advised that PAT Testing is required every 3 years, and a system of regular visual checks put in place. A system for visual checks is now in place.</p>
Requirement 6 Ref: Regulation 27.-(4)(f) Stated: First time To be Completed by: Immediate and ongoing	<p>Arrangements should be made which will ensure that all staff participate in practice fire drills which confirm that, using the emergency procedure 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. 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. Reference should be made to NIHTM84. An urgent action notice was issued on the day of inspection.</p>

	<p>Response by Registered Manager Detailing the Actions Taken: Regular fire drills are carried out, and staff attendance is closely monitored in order to ensure all staff participate throughout the year. The emergency procedure is used including information on PEEP's, and debriefs attempt to determine what worked, and areas for improvement.</p> <p>NIID's fire safety trainers, ARMA, provide biannual training to each member of staff. A simulated fire drill is a key component of this training session, incorporating correct procedure and PEEP's. Each staff member is therefore involved in a fire drill at least twice annually.</p> <p>The most recent fire drill took place on 20/12/15 at 10pm, and included 3 Stewart Memorial House staff and 1 agency staff.</p>
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Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be Completed by: Within a timescale acceptable to the lift inspector</p>	<p>A competent person should review the report on the last thorough examination of the lift and arrange for any necessary repairs to be carried out within a timescale acceptable to the lift inspector.</p> <p>Response by Registered Manager Detailing the Actions Taken: This relates to defects identified on 24/11/2015 during an insurance examination.</p> <p>Having discussed the matter with Orona NI Ltd, the defects are not sufficiently urgent and unnecessary bearing in mind the impending closure.</p>
<p>Recommendation 2</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be Completed by: 08 February 2016</p>	<p>Arrangements should be made to review the legionella risk assessment.</p> <p>It should be confirmed that the clean and disinfection of all cold water storage tanks is up to date.</p> <p>Response by Registered Manager Detailing the Actions Taken: Relevant contractor has been contacted and requested to determine whether or not relevant tanks have been cleaned and disinfected. If it is discovered that they have not, contractor has been instructed to carry out necessary work.</p>

Recommendation 3 Ref: Standard 48 Stated: First time To be Completed by: 14 January 2016	<p>A competent person should review the service documentation for the fire alarm system and ensure that any necessary remedial action is carried out within an appropriate timescale. If required the advice of the fire risk assessor should be sought and followed.</p> <p>Response by Registered Manager Detailing the Actions Taken: This relates to a comment made on the 06/10/2015 Fire Detection and Alarm System Inspection and Servicing Report - 'Absence of visual indication of a fire alarm activation'.</p> <p>This was followed up with relevant contractor. This relates to additional notification that the fire alarm system has to give disabled people indication that the fire alarm is sounding. The system was compliant to BS Standards in 2014, and as there has been no refurbishment work since, the contractor confirmed that the current system remains compliant.</p>		
Registered Manager Completing QIP	Vi Long	Date Completed	4/2/2016
Registered Person Approving QIP	Sam Humphries	Date Approved	4/2/2016
RQIA Inspector Assessing Response	C Muldoon*	Date Approved	10/02/16*

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

*Clarification by inspector regarding provider's response to requirement 5.

On the day of inspection the inspector drew attention to the last date of the test and inspection of the portable electrical appliances which was not in line with the provider's policy. The inspector discussed the frequency of test and inspection of portable electrical appliances with the provider's representative. The inspector made reference to the Health and Safety Executive guidance on portable appliances which advises that the frequency of inspection and testing depends on the type of equipment and the environment it is used in. Some aspects of this conversation appear to have been misunderstood by the provider as RQIA do not advise on the required frequency of test and inspection as this should be determined through the provider's assessment of the equipment and the environment. An email was sent from RQIA to the manager to clarify this matter.