

Announced Premises Inspection Report

07 March 2017



Parkdean

Type of Service: Nursing Home

Address: 44 Fortwilliam Park, Belfast, BT15 4AN

Tel No: 028 9037 0406

Inspector: Kieran Monaghan

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Parkdean Nursing Home took place on 07 March 2017 from 10:25hrs to 13:00hrs.

The inspection sought to assess progress with any issues raised during and since the last premises inspection and to determine if the nursing home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. However some issues were identified for attention by the registered provider. Reference should be made to section 4.3.

Is care effective?

On the day of the inspection the premises supported the delivery of effective care.

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care.

Is the service well led?

On the day of the inspection the management of the premises was considered to be well led.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Stewart Bevan who deals with the premises issues in the home, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent premises inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the most recent premises inspection on 27 February 2014.

2.0 Service Details

Registered Provider / Responsible Person: Mrs. Emer Bevan	Registered manager: Mrs. Lilibeth Moffett
Person in charge of the home at the time of inspection: Mrs Lilibeth Moffett, Registered Manager	Date manager registered: 02 September 2016
Categories of care: NH-I, NH-PH, NH-PH(E), NH-TI	Number of registered places: 64

3.0 Methods/processes

Prior to this premises inspection, the following records were reviewed:

- The report for the previous premises inspection on 27 February 2014
- The notifications log
- The concerns log. (No concerns logged).

During this premises inspection discussions took place with the following people:

- Mrs Lilibeth Moffett, Registered Manager
- Mr Stewart Bevan who deals with the premises issues for the home.

During this premises inspection, the following records were reviewed:

- A range of service records and in-house records relating to the maintenance and upkeep of the premises
- The legionella bacteria risk assessment report
- The fire risk assessment report.

4.0 The Inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 09 February 2017

The most recent inspection of this nursing home was an unannounced medicines management inspection IN025514 on 09 February 2017. The completed QIP for this inspection was returned to RQIA on 08 March 2017 and approved by the pharmacy inspector on 08 March 2017. This QIP will be validated by the pharmacy inspector at their next inspection.

4.2 Review of requirements and recommendations from the last premises inspection dated 27 February 2014

Last premises inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(c) Stated: Second time	<p>All showers should be disinfected on a quarterly basis in accordance with the guidance contained in the 'APPROVED CODE OF PRACTICE AND GUIDANCE L8 Legionnaires disease the control of legionella bacteria in water systems'.</p> <p>Reference should be made to paragraph 9.1.2 in the Report.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The most recent disinfection of the showers was carried out in January 2017. Mr Bevan advised that the disinfection of the showers is now generally carried out on a monthly basis. A record for this activity is kept in the home. It was agreed that each shower would be listed individually on the record sheets. Subsequent to this premises inspection Mr Bevan confirmed to RQIA that an updated listing of all shower head locations for monthly descaling had been completed.</p>	
Requirement 2 Ref: Regulation Regulations 14(2)(a) 14(2)(c) Stated: Second time	<p>The risk assessments in relation to any unguarded radiators should be reviewed to ensure that the controls are adequate. The outcome of these risk assessments should also be used to inform a programme of work to install guards at any radiators which do not already have guards in place. Reference should be made to paragraph 9.1.3 in the Report.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>It was noted that there were still some radiators in the bedrooms in the older section of the premises that were not guarded although none of these were located close to the beds. Mr Bevan agreed to clarify the position in relation to a current hot surface risk assessment and to confirm same to RQIA. Subsequent to this premises inspection Mr Bevan confirmed to RQIA that the hot surface risk assessment had been completely reviewed. It is recommended that guards should be fitted to any remaining radiators that are not already guarded. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.</p>	

Last premises inspection statutory requirements		Validation of compliance
Requirement 3 Ref: Regulation Regulations 14(2)(a) 14(2)(c) 27(2)(c) Stated: Second time	A review in relation to the future for the lift in the remaining section of the premises should be carried out. If this lift is to remain in service it should be thoroughly examined every six months. Reference should be made to paragraph 9.1.4 in the Report.	Met
	Action taken as confirmed during the inspection: A review in relation to the older lift had been carried out and it was decided to retain this lift for staff use. The most recent thorough examination of this lift was carried out on 07 December 2016. The report for this thorough examination identified a small number of issues for attention which Mr Bevan confirmed were being followed up with the lift maintenance company. This lift was also serviced on 01 December 2016.	
Requirement 4 Ref: Regulation Regulations 14(2)(a) 14(2)(c) 27(2)(q) Stated: Second time	A current inspection and test report for the fixed wiring installation in the remaining section of the building should be available in the home. Reference should be made to paragraph 9.1.5 in the Report.	Met
	Action taken as confirmed during the inspection: Mr Bevan carried out a review recently in relation to the inspection and testing position for the complete premises. The older section of the premises was inspected and tested in December 2013 and the most recent section of the premises was inspected and tested in July 2013. The reports for these inspections and tests were still in date. The section of the premises that was included in phase one of the redevelopment works was inspected and tested in December 2011. This section of the premises is now due to be inspected and tested again. Mr Bevan confirmed that he had already spoken to the electrical engineers to make arrangements for this work to be completed. The completion and the outcome of this inspection and test should be confirmed to RQIA.	

Last premises inspection statutory requirements		Validation of compliance
Requirement 5 Ref: Regulation Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q) Stated: First time	The sentinel unblended hot water and cold water outlets should be clearly identified in the list being used for the monthly temperature checks. Reference should be made to paragraph 9.3.2 in the Report.	Met
	Action taken as confirmed during the inspection: The sentinel unblended hot water outlets were identified in the list that is being used for the monthly water temperature checks. There was an ongoing issue in relation to the temperature of the unblended hot water at some outlets. Reference should be made to section 4.3.3 in this report for further details.	
Requirement 6 Ref: Regulation Regulations 14(2)(a) 14(2)(c) 27(2)(c) Stated: First time	The 'Gas Safe' certificates for the new dryer and the cooker should be followed up with the gas engineers. Reference should be made to paragraph 9.3.3 in the Report.	Met
	Action taken as confirmed during the inspection: The most recent gas safety inspections were carried out as follows: Dryer-22 April 2016 Heating boilers-06 September 2016 Cooker-28 February 2017 The reports for these gas safety inspections which indicated that this equipment was safe were available in the home.	

Last premises inspection statutory requirements		Validation of compliance
Requirement 7 Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(c) Stated: First time	The procedure for accessing the Safety Alert Broadcast System at the Department of Health, Social Services and Public Safety, Northern Ireland Adverse Incident Centre's website to review the medical device alerts each week should be reinstated. A log should be kept in the home to record the access and action details in relation to each medical device alert. Reference should be made to paragraph 9.3.4 in the Report.	Met
	Action taken as confirmed during the inspection: A computer log was being kept in relation to the alert notices issued by the Safety Alert Broadcast System. A sample print out from this log was presented for review during this premises inspection.	
Requirement 8 Ref: Regulation Regulations 27(4)(a) 27(2)(b) 27(4)(c) 27(4)(d)(iv) Stated: First time	The issue identified for attention in the report for the fire risk assessment that was carried out on 28 August 2013 should be reviewed with the Fire Risk Assessor to agree what action should be taken re same. The fire extinguishers should be checked to ensure that the service details on all of the first aid firefighting equipment are up to date. Reference should be made to paragraphs 9.4.1 and 9.4.2 in the Report.	Met
	Action taken as confirmed during the inspection: The issue identified for attention in the report for the fire risk assessment that was carried out on 28 August 2013 had been referred to the Architect who designed the new sections of the premises. This issue related to the need to subdivide the second floor of the phase one section of the premises. Mr Bevan advised that the Architect had confirmed that the layout on the second floor had been approved by Building Control and was therefore acceptable. It was agreed that as the fire risk assessment was now due to be reviewed again this issue would be discussed with the fire risk assessor. Reference should be made to section 4.3.6 in this report. The first aid fire-fighting equipment was serviced on 05 May 2016. Sample checks to the first aid fire-fighting equipment carried out during this premises inspection indicated that the service records were up to date.	

Last premises inspection statutory requirements		Validation of compliance
Requirement 9 Ref: Regulation Regulations 27(4)(b) 27(4)(d)(iv) Stated: First time	<p>Copies of the reports for the ongoing routine inspections and tests to the fire detection and alarm system should be available in the home. Completion of the issue in relation to the emergency lighting system should be confirmed to RQIA. Reference should be made to paragraphs 9.4.3 and 9.4.4 in the Report.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The most recent inspection and service of the fire detection and alarm system was completed on 11 January 2017 with a satisfactory outcome. The report for this inspection and service was presented for review during this premises inspection. Mr Bevan also confirmed that the issue in relation to the emergency lights had been resolved. The emergency lighting system is electronically monitored from a central control panel. A report for a full check of the system that was carried out on 06 March 2017 was presented for review during this premises inspection. This report confirmed that the emergency lights were satisfactory.</p>	
Requirement 10 Ref: Regulation Regulations 27(2)(b) Stated: First time	<p>The zone plans drawings for the new fire detection and alarm system should be reviewed with the Fire Risk Assessor and the Fire Alarm Engineers to establish what action should be taken in relation to identifying the detectors and call points. The local Fire and Rescue Service should also be consulted as part of this review. Reference should be made to paragraph 9.4.5 in the Report.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Mr Bevan confirmed that the Northern Ireland Fire and Rescue Service had been consulted in relation to the zone plan for the fire detection and alarm system and a new large zone plan had been provided. It was agreed that in addition to the zones, the room designations would also be noted on this drawing. Subsequent to this premises inspection Mr Bevan confirmed to RQIA that the bedroom numbers had been added to the fire alarm zone chart.</p>	

Last premises inspection statutory requirements		Validation of compliance
Requirement 11 Ref: Regulation Regulations 27(2)(b) 27(4)(c) 27(4)(iv) Stated: First time	All of the fire doors should be inspected and any necessary remedial works should be carried out. The door to the boiler room on the lower ground floor should be kept locked shut. The doors to the laundry should not be wedged open. Reference should be made to paragraphs 9.4.6 and 9.4.7 in the Report.	Met
	Action taken as confirmed during the inspection: Sample checks to the fire doors carried out during this premises inspection identified that only very minor adjustment was required to one corridor door at bedroom 33 on the first floor of wing two. Mr Bevan advised that a full time maintenance person was employed in the home and this door would be adjusted. The doors on the lower ground floor to the laundry, boiler room and stores were all closed at the time of this inspection.	

4.3 Is care safe?

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

Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this premises inspection.

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.

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 service users, 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 safe care.

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

Comments and areas for improvement

1. The nurse call system was serviced by an outside contractor on 11 January 2017.
2. It is recommended that guards should be fitted to any remaining radiators that are not already guarded. Reference should be made to section 4.2 in this report and recommendation 1 in the attached Quality Improvement Plan.
3. A risk assessment in relation to legionella bacteria in water systems was carried out in 2013. The water systems were cleaned and disinfected on 05 November 2016 and water samples were tested in 2015 with satisfactory results. Mr Bevan also confirmed that the guidance from the manufacturers and the home's plumber in relation to the ongoing maintenance of the thermostatic mixing devices was being followed and these were cleaned as required. Further water samples were also taken for testing on 04 March 2017. Mr. Bevan agreed to confirm the results for these water samples when they have been received. It was agreed that the legionella risk assessment should now be reviewed and updated. The record for the water temperature checks indicated that some of the unblended hot water temperatures were below the current 55° C standard. This issue should be discussed with the legionella risk assessor to ensure that a satisfactory solution is achieved. The two small 'dead leg' pipes at the back of the washing machines in the laundry should be removed from the system. A further schematic drawing for the water systems in the premises should also be obtained. Reference should be made to the advice contained in the Health and Safety Guidance document 274 available from the Health and Safety Executive via the following link:

<http://www.hse.gov.uk/pubns/priced/hsg274part2.pdf>

Reference should be made to recommendation 2 in the attached Quality Improvement Plan.

4. The three passenger lifts were serviced on 01 December 2016. Thorough examinations of the passenger lifts were also carried out on 07 December 2016. Some minor issues were identified for attention in the reports for these thorough examinations. Mr Bevan however confirmed that arrangements were being made to address these issues.
5. The lifting equipment was thoroughly examined on 22 September 2016. The reports for these thorough examinations confirmed that this equipment was safe to use.
6. The fire risk assessment should be reviewed, updated and actioned as required. Mr Bevan confirmed that this next review of the fire risk assessment would be carried out in line with the guidance issued by RQIA in relation to the competency of fire risk assessors. Subsequent to this premises inspection Mr Bevan confirmed to RQIA that the fire risk assessment was completed on 22 March 2017 in line with the guidance issued by RQIA in relation to the competency of fire risk assessors. Mr Bevan also confirmed to RQIA that only one relevant issue was identified which related to fire stopping and this would be complete on 22 March 2017.

7. Fire safety training is provided in May and October each year. Fire drills were also carried out in May 2016. A matrix is maintained to monitor staff attendance at the fire training and fire drills. The fire safety training is provided in house with the assistance of fire safety videos. It was agreed that the fire safety training and fire drill arrangements would be reviewed during the fire risk assessment review. In addition Mr Bevan agreed to add a 'points of learning' section to the template that is being used to record the details for the fire drills.
8. Stairwell 2 on the ground floor was being used for some items of storage. Stairwells should be kept clear. It was also noted that there were no labels on the chairs in the smoking room to confirm compliance with ignition sources 0 & 5 fire retardant standard. Subsequent to this premises inspection Mr Bevan confirmed to RQIA that the chairs in the smoking room had been fitted with the relevant crib 5 labelling. In addition it was noted that the free swing self-closing device for the door to bedroom 17 on the second floor of wing one was not working. This should be repaired or replaced. The ceiling in the boiler room should be fire stopped above the heating control panel at the cable and cable tray perforations. Reference should be made to recommendation 3 in the attached Quality Improvement Plan.
9. The décor in the home was generally very good. It was however noted that some of the wall surfaces at low level on the ground floor of the original section of the premises required attention (scuffed). The timber pipe casing at the back of the toilet in the shower room in the original section of the premises also required attention. Mr Bevan agreed to follow up these issues. Subsequent to this premises inspection Mr Bevan confirmed to RQIA that the pipe casing had been repaired.
10. Sample checks to the wardrobes identified that these were not fixed to the walls. The wardrobes should be checked and fixed to the walls. Subsequent to this premises inspection Mr Bevan confirmed to RQIA that the brackets to fix the wardrobes in bedrooms had been received. Reference should be made to recommendation 4 in the attached Quality Improvement Plan.
11. It was noted that the electrical equipment was inspected and tested in January 2017. Mr. Bevan confirmed that the two items that failed had been removed from the home.

Number of requirements	0	Number of recommendations:	4
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4.4 Is care effective?

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the premises.

This supports the delivery of effective care.

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

The areas of the premises reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit.

Service users are consulted about decisions around décor and the private accommodation where appropriate.

This supports the delivery of compassionate care.

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

Arrangements are in place for managing premises related incidents/notifiable events and Medical Device and Equipment Alerts.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service.

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr. Stewart Bevan who deals with the premises issues in the home, as part of the inspection process. The timescales commence from the date of inspection.

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

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

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

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to Estates.Mailbox@rqia.org.uk by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
Recommendation 1 Ref: Standard 47 Stated: First time To be completed by: 02 June 2017	It is recommended that guards should be fitted to any remaining radiators that are not already guarded.
	Response by registered provider detailing the actions taken: Hot Surface Risk Assessment has been carried out by Registered Manager in conjunction with operating temperature of radiators and the decision has been taken not to place a cover on remaining radiators as there is no risk of burn to residents and they also potentially inhibit the flow of warm air throughout the rooms.
Recommendation 2 Ref: Standard 47 Stated: First time To be completed by: 07 April 2017	The results for the most recent water sample testing should be confirmed to RQIA. The legionella risk assessment should be reviewed and updated. The issue in relation to the temperature of the unblended hot water should be discussed with the legionella risk assessor to ensure that a satisfactory solution is achieved. The two small 'dead leg' pipes at the back of the washing machines in the laundry should be removed from the system. A further schematic drawing for the water systems in the premises should also be obtained. Reference should be made to the advice contained in the Health and Safety Guidance document 274 available from the Health and Safety Executive via the following link: http://www.hse.gov.uk/pubns/priced/hsg274part2.pdf
	Response by registered provider detailing the actions taken: 1. Sample results have shown "Excellent results". 2. Legionella Risk Assessment review has been carried out with NO requirement necessary. 3. 2 x dead legs in the laundry have been removed. 4. Schematic drawings for complete site are currently being reviewed and amended where necessary with Legionella Risk Assessor.
Recommendation 3 Ref: Standard 48 Stated: First time To be completed by: 07 April 2017	Stairwell two on the ground floor should not be used for storage. The free swing self-closing device for the door to bedroom 17 on the second floor of wing one should be repaired or replaced. The ceiling in the boiler room should be fire stopped above the heating control panel at the cable and cable tray perforations.
	Response by registered provider detailing the actions taken: 1. Stairwell 2 area has been shown to Registered Manager to assess storage required for wheelchairs. It has been instructed to Staff that the chairs can be stored in the area, provided that they do not block the fire exit and/or the fire fighting equipment.

	2. New door closure for Rm 17 has been fitted and operating correctly. 3. The ceiling area in the Boiler room has now been fire proofed with Fire Resistant Expanding Foam.
Recommendation 4 Ref: Standard 47 Stated: First time To be completed by: 07 April 2017	The wardrobes should be fixed to the walls. Response by registered provider detailing the actions taken: All remaining wardrobes have now been fitted to walls. - Completed.

Please ensure this document is completed in full and returned to Estates.Mailbox@rqia.org.uk from the authorised email address



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