



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No:	17992
Establishment ID No:	1292
Name of Establishment:	Scrabo Isles Nursing Home
Date of Inspection:	17 July 2014
Inspector's Name:	Colin Muldoon

1.0 GENERAL INFORMATION

Name of Home:	Scrabo Isles Nursing Home
Address:	61 Manse Road, Newtownards. BT23 4TP
Telephone Number:	028 91 812231
Registered Organisation/Provider:	Tona Enterprises Ltd Mr Robert Duncan
Registered Manager:	Ms Annalyn Depayso
Person in Charge of the Home at the time of Inspection:	Ms Annalyn Depayso
Other person(s) consulted during inspection:	N/A
Type of establishment:	Nursing Home
Number of Registered Places:	33
Categories of Care	NH-I, NH-PH, NH-PH(E), NH-TI
Date of inspection:	17 July 2014 10.00 – 14.00
Date of previous Estates inspection:	10 May 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 Annalyn Depayso.
- 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 Annalyn Depayso.

6.0 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

Scrabo Isles Nursing Home is located on the outskirts of Newtownards. The original building was a substantial detached dwelling which has been adapted and extended to provide nursing care accommodation for 33 persons.

Scrabo Isles is situated in a quiet and private residential development, and is close to a public transport route and local amenities. There is car parking space at the front of the home. Facilities are provided over two floors with bedroom accommodation on both levels.

There are both single and double bedrooms, some with ensuite facilities. Toilet and bathroom facilities are located throughout the home. The home has a passenger lift to facilitate access to the first floor. There is a choice of sitting rooms on the ground floor.

The home is registered to provide nursing care within the categories of NH-I old age not falling within any other category, NH(PH) physical disability under pension age, NH-PH(E) physical disability over pension age and NH-TI terminally ill.

8.0 SUMMARY

There was good evidence of maintenance activities and the home was well presented. In general the building appeared to be in satisfactory condition although some matters relating to the environment were identified. Therefore, following the Estates Inspection of Scrabo Isles Nursing Home on 17 July 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 seven 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 Annalyn Depayso 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 on issues raised in the report of the previous Estates inspection on 10 May 2011.

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 There were records relating to the monthly check of blended water temperatures. It was thought that it may be some time since the thermostatic mixing valves were fully serviced.
(Item 1 in Quality Improvement Plan)

9.2.2 On the day of inspection there was no current documentation relating to the thorough examination of the lift (to comply with the Lifting Operations and Lifting Equipment Regulations (NI) 1999)
(Item 2 in Quality Improvement Plan)

9.2.3 Although there was no documentation available the inspector was informed that the electrical installation was tested and inspected in April 2014.
(Item 3 in Quality Improvement Plan)

9.2.4 The last service report on the emergency generator includes a recommendation that it be test run on load.
(Item 4 in Quality Improvement Plan)

9.2.5 The Gas Safe certificate for the kitchen equipment has become due for renewal and the inspector was informed by the manager that this has been arranged.

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 A number of oxygen cylinders were stored in the treatment room, some of which were unsecured.

(Item 5 in Quality Improvement Plan)

9.3.2 In relation to the control of legionella the flushing of infrequently used outlets was discussed with the manager. It was agreed that, in line with good practice, flushing would be increased to twice a week.

(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 Fire training sessions, led by a specialist fire safety advisor, were held in February and March 2014. The training matrix indicates that all staff attended. Whilst evacuation procedures were included in the training it was agreed with the manager that it would be good practice to carry out ad hoc drills during both day and evening shifts.

(Item 7 in Quality Improvement Plan)

9.4.2 In the laundry there is a shute from the first floor. The fire hatch/door to the shute was not in place on the day of inspection.

(Item 8 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 Annalyn Depayso 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**



The **Regulation** and
Quality Improvement
Authority

Quality Improvement Plan

- for -

Announced Estates Inspection

- of -

Scrabo Isles Nursing Home

- on -

17 July 2014

QIP Position Based on Comments from Registered Persons (for RQIA use only)			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.	√		√	C Muldoon	29/09/2014

NOTES:

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

Announced Estates Inspection to Scrabo Isles Nursing Home on 17 July 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 14.-(2)(a) 14.-(2)(c) 27.-(2)(q)	The thermostatic mixing valves should be serviced, set and tested in accordance with the manufacturer's instructions. (Item 9.2.1 in report)	1 Month and ongoing	Thermostatic mixing valves is being serviced by the Home's maintenance man annually. The last service was done 26-08-14.
2	Regulation 27.-(2)(c) 27.-(2)(q)	A valid LOLER (Lifting Operations and Lifting Equipment Regulations (NI) 1999) thorough examination report should be obtained for the lift. The report should verify that the lift is without defects. (Item 9.2.2 in report)	1 Month	The Lift was thorough examined by Zurich Insurance Company on 18-06-14 as part of their Annual LOLER bi-annual LOLER checked. Certificate was obtained.
3	Regulation 27.-(2)(c) 27.-(2)(q)	The contractors report on the test and inspection of the electrical installation should be obtained. The report should verify that the installation is in satisfactory condition. Any defects identified in the report should be fully addressed. (Item 9.2.3 in report)	1 Month	Contractors report on the test and inspection of the electrical installation was obtained. Any defects identified in the report will be done once proposed extension commences.
Item	Standard	Recommendation	Timescale	Details Of Action Taken By Registered Person (S)
4	Standard 32	The recommendations in the last service report on the generator should be followed up. (Item 9.2.4 in report)	Ongoing	The Electrician confirmed that the generator is tested on full load. Forms used to record the result of the test and how it is being tested amended .

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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 27.-(2)(l)	The oxygen cylinders in the treatment room should be secured against toppling. Reference should be made to Estates and Facilities Alert EFA/2010/008 (Item 9.3.1 in report)	1 Month	Oxygen Cylinders in the treatment room now secured against toppling.
6	Regulation 13.-(7) 14.-(2)(a) and (c)	The frequency of flushing infrequently used water outlets should be increased to twice a week. (Item 9.3.2 in report)	Ongoing	The frequency of flushing infrequently used water outlets is now twice a week.

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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)(f)	<p>All staff should participate in ad hoc practice fire drills. The drills should verify the effectiveness of training and the emergency procedure and that effective evacuation can be carried out at any time and when the minimum number of staff are on duty.</p> <p>Comprehensive records should be kept of each occasion including the outcome of on-the-spot debriefs. Learning points should be included in fire safety training and reviews of procedures. Reference should be made to the current version of Northern Ireland Firecode document NIHTM84. (Item 9.4.1 in report)</p>	1 Month and ongoing	<p>Staff participate in Fire drills during the day. This is being done during unannounced check of call points. How staff responded to this is being observed . Any deficits identified are being addressed.</p> <p>Unannounced fire drill at night time will be reviewed due to possible impact to Residents who are already in bed.</p>
8	Regulation 27.-(4)(d)(i)	<p>The fire hatch/door to the laundry chute should be kept closed. It is recommended that it be hung so that it automatically closes to provide an effective fire seal. (Item 9.4.2 in report)</p>	Ongoing	<p>Since the Fire hatch/door to the laundry chute is not being used , it is now locked.</p>

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