

Announced Premises Inspection Report

14 June 2016



Somerton Private Nursing Home

Type of Service: Private Nursing Home

Address: 77 Somerton Road, Belfast BT15 4DE

Tel No: 02890 776786

Inspector: C Muldoon

1.0 Summary

An announced premises inspection of Somerton Private Nursing Home took place on 14 June 2016 from 10:15 to 14:15hrs.

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. Refer 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	1	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Paul McCambridge (Registered Responsible Person), as part of the inspection process. The timescales for completion commence from the date of 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 last inspection.

2.0 Service Details

Registered organisation/registered provider: Somerton Private Nursing Home Mr H McCambridge Mr P McCambridge	Registered manager: Mrs Lynda Burton
Person in charge of the home at the time of inspection: Mrs Lynda Burton	Date manager registered: 17 July 2013
Categories of care: NH-DE	Number of registered places: 26

3.0 Methods/processes

Prior to inspection the following records were analysed: Previous premises inspection report, statutory notifications over the past 12 months, duty call log.

During the inspection the inspector met with Mr Paul McCambridge (Registered Responsible Person).

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.

4.0 The Inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 19 August 2015

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the specialist inspector on 29 September 2015. This QIP will be validated by the specialist inspector at their next inspection.

4.2 Review of requirements and recommendations from the last premises inspection dated 23 July 2013

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 27.-(2)(q) Stated: First time	The thermostatic mixing valves should be maintained in accordance with the manufacturer's instructions.	Met
	Action taken as confirmed during the inspection: There were records showing that the TMV's were maintained in March 2016 and that the maintenance included the cleaning of filters and a test of the failsafe when cold supply is interrupted.	
Requirement 2 Ref: Regulation 27.-(2)(c) and (q) Stated: First time	The passenger lift must be thoroughly examined in accordance with the Lifting Operations and Lifting Equipment Regulations (NI) 1999.	Met
	Action taken as confirmed during the inspection: There were records of a LOLER (Lifting Operations and Lifting Equipment (NI) 1999) thorough examination which was carried out in May 2016. No defects were identified.	
Requirement 3 Ref: Regulation 14.-(2)(a) Stated: First time	The safety of the opening windows requires to be reviewed. The review and subsequent actions should be in line with safety alert MDEA(NI)2007/100	Met
	Action taken as confirmed during the inspection: A review of random windows showed that additional restrictors have been fitted.	
Requirement 4 Ref: Regulation 27.-(2)(d) Stated: First time	Surfaces, sealants and grouting in the kitchen should be deep cleaned and refurbished as necessary.	Met
	Action taken as confirmed during the inspection: Addressed.	

<p>Requirement 5</p> <p>Ref: Regulation 14.-(2)(c)</p> <p>Stated: First time</p>	<p>The procedure for checking the safe temperature of patient accessible hot water should be reviewed to ensure that all shower and bath outlets are checked at least monthly and all other outlets are checked at least every six months.</p> <p>Action taken as confirmed during the inspection: There is a rotational system in place to check safe water temperature from a number of outlets each week.</p>	<p>Met</p>
<p>Requirement 6</p> <p>Ref: Regulation 27.-(4)(a)</p> <p>Stated: First time</p>	<p>The issues in the fire risk assessment action plan which remain outstanding must be fully addressed. It should be ensured that matters such as the fire procedures plan are in line with current good practice and take account of the findings and recommendations arising from the Rosepark Inquiry.</p> <p>Action taken as confirmed during the inspection: There was certificate from a specialist contractor to confirm that they carried out a fire risk assessment in May 2015. The registered responsible person confirmed that the risk assessment does not contain any significant issues. The risk assessment is in electronic format online and was not available for review on the day of inspection. Refer to section 4.3 item 1 and requirement 1 in Quality Improvement Plan.</p>	<p>Partially Met</p>
<p>Requirement 7</p> <p>Ref: Regulation 27.-(4)(d)(i)</p> <p>Stated: First time</p>	<p>A survey should be carried out of all fire door sets. The necessary adjustments must be made so that the doors close correctly to provide an effective fire seal.</p> <p>Action taken as confirmed during the inspection: The operation of a random selection of fire doors was reviewed during the inspection.</p>	<p>Met</p>

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 32. Stated: First time	The contingency arrangements to be used in the event of a breakdown of normal accommodation or essential utility services should be reviewed.	Met
	Action taken as confirmed during the inspection: The registered responsible person confirmed that contacts have been established in relation to the provision of contingency arrangements.	

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 could not be confirmed on the day of inspection.

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

Areas for improvement

1. The unavailability of a fire risk assessment during the inspection was discussed with the registered responsible person who informed the inspector that arrangements are being made for a new fire risk assessment to be carried out. The inspector explained the RQIA recommendation regarding the accreditation of fire risk assessors. Refer to requirement 1 in Quality Improvement Plan.
2. The legionella risk assessment was carried out by a specialist contractor in 2011 and there are actions and monitoring measures in place towards the control of legionella. Water samples are tested annually for the presence of legionella and the report on the last test in May 2016 confirms that legionella was not detected. Since the last RQIA premises inspection the Health and Safety Executive has issued a set of guidance documents (HSG274 Parts 1, 2 and 3) to support the code of practice for the control of legionella. The inspector recommended that the legionella risk assessment be reviewed taking into account HSG274 Part 2.

As part of the monitoring measures in the scheme of legionella control the temperature of the water at sentinel hot taps is being measured and recorded. The records indicate that some of the readings are being taken of blended water downstream of the thermostatic mixing valve. This was discussed and the registered responsible person confirmed this would be addressed. The inspector also suggested that reference be made to HSG274 Part 2 regarding the frequency of flushing little used outlets.
Refer to recommendation 1 in Quality Improvement Plan.

3. There are arrangements in place to function test and maintain the emergency lighting. The contractors service sheet says that the system duration is 3 hours but also indicates that when tested the luminaires did not operate for their full rated duration.
Refer to recommendation 2 in Quality Improvement Plan.
4. The home has gas installations and there were valid Gas Safe certificates which verify that the installations are safe to use. The inspector drew attention to comments on the certificate for the cooker which point out the absence of an interlock and knock off button.
5. The inspector understands that fire training sessions led by the fire risk assessor include a practice drill and that some staff have participated in an additional drill. The inspector discussed this with the registered responsible person and suggested that arrangements be made to carry out a series of impromptu drills to confirm that all staff on all shifts can effectively implement the fire plan.

Number of requirements	1	Number of recommendations:	2
-------------------------------	----------	-----------------------------------	----------

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.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

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.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

4.6 Is the service well led?

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

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.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Paul McCambridge (Registered Responsible Person) 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 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.team@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 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	
Statutory requirements	
Requirement 1 Ref: Regulation 27.-(4)(a) Stated: First time To be completed by: 14 July 2016	<p>A valid fire risk assessment should be obtained. The assessment should take account of Department of Health Firecode documents and in particular NIHTM84.</p> <p>The action plan arising from the assessment should be addressed within timescales acceptable to the risk assessor.</p> <p>RQIA recommend that the person carrying out the review of the fire risk assessment should hold professional body registration or third party certification for fire risk assessment and be registered accordingly with the relevant body.</p> <p>Reference should be made to correspondence issued by RQIA to all registered homes on 31 January 2013 and 02 April 2015 and the guidance contained in: http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf</p> <p>Response by registered provider detailing the actions taken: The fire risk assessment was carried out on 1st July by an assessor registered with the IFPO and report received 4th July containing some minor actions for improvement which will be addressed within agreed timescales. As advised at the time of inspection our previous assessment was unavailable due to our former contractors 'Fire Safety Solutions NI' revoking our access to their online portal having been informed that we were moving our business to another provider.</p>

Recommendations	
Recommendation 1 Ref: Standard 44 Stated: First time To be completed by: 14 August 2016	The legionella risk assessment should be reviewed by a competent person taking into account the guidance document HSG274 Part 2. The action plan and scheme of control arising from the review should be implemented within timescales acceptable to the risk assessor.
	Response by registered provider detailing the actions taken: The legionella assessment review was completed by a competent contractor on 27 th June and any actions resulting will be completed within agreed timescales.
Recommendation 2 Ref: Standard 48 Stated: First time To be completed by: 14 July 2016	The entries in the report on the last test and inspection of the emergency lighting should be followed up to ensure that the installation operates satisfactorily in accordance with its rating. Reference should be made to BS5266 and, if necessary, guidance sought from the fire risk assessor.
	Response by registered provider detailing the actions taken: Having consulted our contractor the reference to the luminaires not lasting their full duration was due to one defective unit which was replaced following the last periodic inspection. A new certificate has been issued today on request to reflect this. All units are tested for their rated duration.

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



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

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
 @RQIANews

Assurance, Challenge and Improvement in Health and Social Care