



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

ANNOUNCED ESTATES INSPECTION

Inspection No: IN017999
Establishment ID No: 1297
Name of Establishment: Strathearn Care Home
Date of Inspection: 30 October 2014
Inspector's Name: Colin Muldoon

1.0 GENERAL INFORMATION

Name of Home:	Strathearn Care Home
Address:	229 Belmont Road, Belfast. BT4 2AH
Telephone Number:	028 90 656665
Registered Organisation/Provider:	Four Seasons Health Care Mr J McCall (Responsible Person)
Registered Manager:	Mrs Ruth Murphy
Person in Charge of the Home at the time of Inspection:	Mrs Ruth Murphy
Other person(s) consulted during inspection:	Mr Stevie McCormick (FSHC Estates Manager)
Type of establishment:	Nursing Home
Number of Registered Places:	55
Category of Care	NH-I, NH-PH, NH-PH(E), NH-TI
Date and time of inspection:	30 October 2014 10.00 – 12.25
Date of previous Estates inspection:	15 August 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 Mrs Ruth Murphy and Mr Stevie McCormick.
- 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 Registered Provider 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 Mrs Ruth Murphy and Mr Stevie McCormick.

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

Strathearn Court is located on the Belmont Road in East Belfast. The home is set back from the road and is afforded privacy with hedges and trees at the front and side of the home. There is adequate parking provided within the grounds of the home. Local bus services and main routes to and from Belfast are directly outside the home. It is centrally located within the local community and is close to local shops and community services.

The nursing home is purpose built with accommodation provided over two floors for 55 patients. Bath / shower rooms and toilets are accessible to all communal and bedroom areas.

8.0 SUMMARY

There was good evidence of maintenance activities and 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 Strathearn Care Home on 30 October 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 36 - Fire Safety

This resulted in ten requirements. These are outlined in the Quality Improvement Plan appended to this report.

The Estates Inspector would like to acknowledge the assistance of Mrs Ruth Murphy and Mr Stevie McCormick during the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from previous Estates inspection on 16 September 2011.

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
9.1.1	Regulation 27.-(2)(b) 27.-(2)(d)	The gaps in the kitchen floor covering should be cleaned and sealed.	The provider confirmed that this work was completed following the previous Estates inspection.	The kitchen flooring currently requires further repair work, particularly at the coving where there a number of splits. (Item 1 in Quality Improvement Plan)
9.1.2	Regulation 27.-(2)(c)	It should be confirmed that the passenger lift is being thoroughly examined every six months.	There was a current LOLER (Lifting Operations and Lifting Equipment Regulations (NI) 1999) thorough examination report which confirmed that no category A or B defects were identified.	N/A
9.1.3	Regulation 27.-(2)(q)	The last test and inspection of the electrical installation identified a number of priority one issues for attention. It should be confirmed that these have been addressed.	A letter on file confirmed that remedial works were carried out to the electrical installation.	The inspector was informed that a retest of the electrical installation has been arranged for the week commencing 03 November 2014. (Item 2 in Quality Improvement Plan)
9.1.4	Regulation 27.-(2)(q)	Arrangements should be made for the test and inspection of the electrical installation to be brought up to date	As above	N/A
9.1.5	Regulation 27.-(2)(d)	Arrangements should be made for all the extract fans to be regularly cleaned.	The provider confirmed that extract fans are being visually inspected and cleaned monthly.	N/A

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
9.1.6	Regulation 27.-(2)(d)	There are gaps between some sanitary ware units and the floor. A survey should be carried out and where necessary sanitary ware should be sealed to the vinyl floor covering.	The provider confirmed this was completed. The inspector reviewed available toilets and bathrooms during this inspection.	N/A
9.1.7	27.-(2)(b)	<p>In the servery kitchen on the first floor:</p> <ul style="list-style-type: none"> • The surface of the shelving in the cupboard units is worn through. • The grout of the tiles in the hatch area is dirty • A number of wall tiles in the hatch area are cracked. <p>Arrangements should be made to survey and upgrade this kitchen area.</p>	This work is complete	N/A
9.1.8	Regulation 14.-(2)(c)	The routine to flush infrequently used water outlets should be increased to at least weekly.	There is a routine to flush infrequently used outlets weekly.	The legionella risk assessment is due for review. The inspector was informed that this has been arranged and that the current guidance to flush infrequently used outlets in care homes twice weekly would be included in the review. (Item 3 in Quality Improvement Plan)

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
9.1.9	Regulation 27.-(4)(f)	Arrangements should be made which will ensure that all staff on all shifts participate in practice fire drills.	There are records of fire drills having been carried out over the last year.	<p>The records indicate that not all staff have participated in drills over the last year and some of those who have may need more familiarisation with the procedure. This was discussed with the manager who confirmed that a concentrated program of drills, to include night staff, would be carried out during November.</p> <p>There is no fire procedure posted at the fire panel. (Item 6 in Quality Improvement Plan)</p>
9.1.10	Regulation 27.-(4)(a)	Work should continue to address the matters identified in the last fire risk assessment.	The fire risk assessment available was dated September 2013. The assessor considered the overall fire risk to be tolerable but did identify a number of issues requiring attention. The status of some of the issues could not be confirmed.	The fire risk assessment should be reviewed. Issues identified in the risk assessment should be addressed. (Item 7 in Quality Improvement Plan)
9.1.11	Regulation 27.-(4)(b)	In his last report the fire alarm contractor identified an issue requiring urgent attention. It should be confirmed that this matter has been addressed.	The fire alarm system was maintained in October 2014. A report to confirm that the system was in satisfactory condition was not available on the day of inspection.	The report on the latest service of the fire detection and alarm system should be obtained. The report should verify that the system is in satisfactory condition. (Item 8 in Quality Improvement Plan)

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
9.1.1 2	Regulation 27.-(4)(d)(iv)	It should be confirmed that all emergency light units are currently operational.	The emergency lights were maintained in October 2014. A report to confirm that the system was in satisfactory condition was not available on the day of inspection.	The report on the latest service of the emergency lights should be obtained. The report should verify that the system is in satisfactory condition. It should be ensured that the monthly function test of the emergency lights is carried out regularly and recorded. (Item 9 in Quality Improvement Plan)
9.1.1 3	Regulation 27.-(4)(b)	The gas barbecue should be disposed of or checked by someone on the Gas Safe register before being used.	The provider confirmed that the barbecue had been taken out of use.	N/A
No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Comments
9.1.14	Standard 36.	A routine should be established to regularly check the condition, integrity and operation of all fire and final exit doors	In place	N/A
9.1.15	Standard 36.	The use of brick type electrical adaptors should be avoided.	The provider confirmed that all such adaptors have been removed.	N/A
9.1.16	Standard 36.	The wheeled bins should be secured away from the building.	The current arrangements are considered satisfactory in the fire risk assessment	N/A
9.1.17	Standard 36.	The emergency procedures should be posted at the fire panel.	This has not been actioned	See item 6 in 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 The records relating to the scheme for the control of legionella indicate that only the calorifier flow temperatures are being monitored and that they are below that expected for the effective control of legionella.
(Item 4 in Quality Improvement Plan)

9.2.2 There were no records on site relating to the thorough examination or servicing of the hoists.
(Item 5 in Quality Improvement Plan)

These matters are detailed in the section of the attached Quality Improvement Plan titled '**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 No issues were identified during this inspection

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 The laundry door was propped open and the closer on the maintenance store requires repair.
(Item 10 in Quality Improvement Plan)

This matter is detailed in the section of the attached Quality Improvement Plan titled '**Standard 36: Fire safety**'

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement plan appended to this report were discussed with Mrs Ruth Murphy and Mr Stevie McCormick 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

Announced Estates Inspection

Strathearn Care Home

30 October 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.					

NOTES:

The details of the Quality improvement Plan were discussed with Mrs Ruth Murphy and Mr Stevie McCormick 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	
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	

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Assurance, Challenge and Improvement in Health and Social Care

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 27.-(2)(b)	The kitchen flooring should be repaired to provide a sealed washable surface free from dirt traps. (Item 9.1.1 in report)	1 Month	
2	Regulation 27.-(2)(q)	It should be ensured that arrangements are made to address issues identified during the test and inspection of the electrical installation. (Item 9.1.3 in report)	1 Month	
3	Regulation 13.-(7)	The legionella risk assessment should be reviewed and a program of work put in place to rectify any issues identified. Following the review of the risk assessment the scheme for the control of legionella should be updated as necessary. Reference should be made to Health and Safety Executive document L8 <i>Legionnaires' disease - The control of legionella bacteria in water systems</i> with particular attention to HSG274 Part 2 (2014) and the Department of Health document Health Technical Memorandum 04-01: <i>The control of Legionella, hygiene, "safe" hot water, cold water and drinking water systems</i> (Item 9.1.8 in report)	2 Months	

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Assurance, Challenge and Improvement in Health and Social Care

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
4	Regulation 13.-(7)	<p>The reason for the calorifier flow temperatures being lower than expected for the effective control of legionella should be investigated and rectified. The calorifier return temperatures should also be monitored and recorded. Reference should be made to Health and Safety Executive document L8 <i>Legionnaires' disease - The control of legionella bacteria in water systems</i> with particular attention to HSG274 Part 2 (2014) and the Department of Health document Health Technical Memorandum 04-01: <i>The control of Legionella, hygiene, "safe" hot water, cold water and drinking water systems</i> (Item 9.2.1 in report)</p>	2 Weeks	
5	Regulation 27.-(2)(c)	<p>It should be confirmed that there are valid LOLER (Lifting Operations and Lifting Equipment Regulations (NI) 1999) thorough examination reports which verify that the hoists are without defects. It should be confirmed that the servicing of the hoists is up to date. (Item 9.2.2 in report)</p>	1 Month	

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)
6	Regulation 27.-(4)(f)	<p>A concentrated program of fire drills should be implemented to ensure that all staff, including those on night duty, practice and understand the fire procedure and are able to carry out an effective evacuation at any time.</p> <p>The fire procedure should be posted at the fire panel. (Item 9.1.9 in report)</p>	1 Month	
7	Regulation 27.-(4)(a)	<p>The fire risk assessment should be reviewed. A time bound action plan to address issues identified in the risk assessment should be fully implemented. (Item 9.1.10 in report)</p>	1 Month	
8	Regulation 27.-(4)(d)(iv)	<p>The report on the latest service of the fire detection and alarm system should be obtained. It should be confirmed that the report verifies that the installation is in satisfactory condition. (Item 9.1.11 in report)</p>	1 Month	

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Assurance, Challenge and Improvement in Health and Social Care

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
9	Regulation 27.-(4)(d)(iv)	<p>The report on the latest service of the emergency lights should be obtained. It should be confirmed that the report verifies that the installation is in satisfactory condition.</p> <p>It should be ensured that the monthly function test of the emergency lights is carried out regularly and recorded. (Item 9.1.12 in report)</p>	1 Month	
10	Regulation 27.-(4)(c) 27.-(4)(d)(i)	It should be ensured that fire doors are not propped open and the closer on the maintenance store should be repaired. (Item 9.4.1 in report)	Immediate	



A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk