



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:	IN020690
Establishment ID No:	1298
Name of Establishment:	Stormont Care Home
Date of Inspection:	13 November 2014
Inspector's Name:	Colin Muldoon

1.0 GENERAL INFORMATION

Name of Home:	Stormont Care Home
Address:	8 Summerhill Avenue. Belfast. BT5 7HD
Telephone Number:	028 90 487 217
Registered Organisation/Provider:	Four Seasons Health Care Mr J McCall (Responsible Person)
Registered Manager:	Mrs Joly Shibu
Person in Charge of the Home at the time of Inspection:	Ms Lizy Joseph
Other person(s) consulted during inspection:	Mr Stevie McCormick (FSHC Estates Manager)
Type of establishment:	Nursing Home
Number of Registered Places:	39
Category of Care	NH-I, NH-PH, NH-PH(E), NH-TI
Date and time of inspection:	13 November 2014 10.00 – 12.15
Date of previous Estates inspection:	06 February 2012
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 Mr Stevie McCormick.
- Examination of records
- Inspection of the home internally and externally. Residents 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 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

Stormont Care Home is located just off the main Upper Newtownards Road in the Knock area of Belfast. There is adequate parking provided within the grounds of the home. Local bus services and a main route to and from Belfast is close by. The home 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 39 residents. 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 Stormont Care Home on 13 November 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 six requirements. These are outlined in the Quality Improvement Plan appended to this report.

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

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from previous Estates inspection on 06 February 2012.

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
9.1.1	Regulation 14.-(2)(c)	It is understood that the legionella risk assessment has been reviewed recently. The document was not available on the day of inspection. Arrangements should be made to implement the action plan resulting from the review of the risk assessment.	<p>The inspector was informed that a review of the legionella risk assessment was carried out on 27 February 2012 and arising from that a schedule of remedial work was carried out.</p> <p>There are procedures and monitoring checks in place towards the control of legionella.</p> <p>The inspector was informed that arrangements have been made to review the legionella risk assessment.</p>	The legionella risk assessment should be reviewed and an updated scheme for the control of legionella fully implemented. (Item 1 in Quality Improvement Plan)
9.1.2	Regulation 14.-(2)(c)	It was observed that some ground floor window restrictors are of the detachable type. With regard to current guidance on window restrictors in care premises management should risk assess the suitability of these restrictors.	<p>The provider confirmed that this matter was addressed.</p> <p>Random windows reviewed during the inspection had non detachable restrictors.</p>	N/A

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
9.1.3	Regulation 27.-(2)(b)	The design and layout of the car park makes some of the pedestrian paving susceptible to damage from vehicles. This can result in uneven surfaces and tripping hazards. Arrangements should be made to monitor the condition of the paving and action prompt repairs.	Some kerbing has been replaced.	On the pedestrian approach at the front of the home there is some deterioration of kerbing and paving due to frost action. This should be monitored and action taken before there is a trip hazard. (Item 2 in Quality Improvement Plan)
9.1.4	Regulation 27.-(2)(b)	Arrangements should be made to replace the chipped and scratched worktop in the first floor treatment room.	This work has been completed	N/A
No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Comments
9.1.14	Standard 32.	The method of checking safe hot water temperatures should be amended so that actual temperatures are recorded and trends monitored.	This has been addressed.	N/A

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 Gas Safe certificates for the appliances and the pipework installation. Although the certificate for the pipework installation is believed to have been issued within the last year the date and other fields, such as confirmation of pipework tightness, have not been completed.
(Item 3 in Quality Improvement Plan)

9.2.2 A LOLER (Lifting Operations and Lifting Equipment Regulations (NI) 1999) thorough examination was carried out on the lift on 07 October 2014. The report on the examination notes that two category B defects were identified.
(Item 4 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 Plans showing the fire zones were displayed at the fire panel. However, the emergency procedure was not on display.
(Item 5 in Quality Improvement Plan)

9.4.2 The site fire safety record book indicates that the fire alarm system was maintained on 11 October 2014. The actual service sheet was not available to confirm that the installation is in satisfactory condition. Service records relating to the maintenance of the emergency lighting system were also not available.
(Item 6 in Quality Improvement Plan)

These matters are 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 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**



Quality Improvement Plan sign off sheet for estates inspectors

Name of Home	Stormont Care Home
Date of Inspection	13 November 2014
	C Muldoon

QIP Position Based on Comments from Registered Persons			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 Muldoon	11/03/2015
C.	Clarification or follow up required on some items.					

Estates Inspection – QIP sign off sheet

Informing and Improving Health and Social Care

NOTES:

The details of the Quality improvement Plan were discussed with 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	Joly Shibu
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Jim McCall  CAROL COUSINS DIRECTOR of OPERATIONS

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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 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 and fully implemented. 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 9.1.1 in report)	2 Months	The Legionella Risk Assessment has been reviewed by Clearwater. A list of remedial works is being drawn up for completion by Contractor.
2	Regulation 27.-(2)(b)	The condition of the kerbing and paving at the pedestrian area at the front of the home should be monitored and action taken before there is a tripping hazard. (Item 9.1.3 in report)	Ongoing	The required works to the kerbs and paving has been authorised and awaiting on contractor for completion.

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Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
3	Regulation 27.-(2)(q)	A fully completed Gas Safe certificate for the pipework installation should be obtained. (Item 9.2.1 in report)	1 Month	A copy of the completed Gas Certificate was e-mailed to Colin Muldoon on 7/1/2015
4	Regulation 27.-(2)(c)	The defects identified during the last thorough examination of the lift should be rectified. (Item 9.2.2 in report)	Within timescale set by lift inspector.	The order for these remedial works has been placed with Richie Hart. The works will be completed week beginning 12/1/2015

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)
5	Regulation 27.-(4)(a)	The emergency procedure should be displayed at the fire panel. The procedure should be reviewed periodically to ensure it is in line with current good practice. (Item 9.4.1 in report)	2 Weeks	A Four Seasons Emergency Procedure is now displayed at the Fire Panel.
6	Regulation 27.-(4)(d)(iv)	The reports on the latest service of the fire detection and alarm and emergency lights systems should be obtained. It should be confirmed that the reports verify that both installations are in satisfactory condition. (Item 9.4.2 in report)	1 Month	The fire detection and Emergency Lighting system serviced on 1/10/2014. These certificates were e-mailed to Colin Muldoon on 10/12/2014 and copies are attached.

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