

Announced Premises Inspection Report 07 February 2017



The Somme

Type of Service: Nursing Home
Address: 121 Circular Road, Belfast, BT4 2NA
Tel No: 02890763044
Inspector: Kieran Monaghan

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of The Somme Nursing Home took place on 07 February 2017 from 10:25hrs to 13:10hrs.

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. A key focus for this inspection was the new extension areas.

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	1	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Charles Jonathon Kitson, Responsible Person and Mrs Gail Ellen Chambers, Registered Manager 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 17 February 2015.

2.0 Service Details

Registered Provider / Responsible Person: The Somme Nursing Home Board of Directors/Mr. Charles Jonathon Kitson	Registered manager: Mrs. Gail Ellen Chambers
Person in charge of the establishment at the time of inspection: Mrs. Gail Ellen Chambers, Registered Manager	Date manager registered: 11 June 2014
Categories of care: NH-I, NH-PH, NH-PH(E), NH-TI	Number of registered places: 41

3.0 Methods/processes

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

- The report for the previous premises inspection on 17 February 2015
- The notifications log
- The concerns log (No concerns logged).

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

- Mr. Charles Jonathon Kitson, Responsible Person
- Mrs. Gail Ellen Chambers, Registered Manager
- Mr. Neil Devlin, Michael Whitley Architects (new extension issues only).

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 04 January 2017

The most recent inspection of this nursing home was an unannounced medicines management inspection IN025493 on 04 January 2017. The completed QIP for this inspection was returned to RQIA on 17 February 2017 for approval by the pharmacy inspector. 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 on 17 February 2015

Last premises inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(c) 27(2)(q)</p> <p>Stated: First time</p>	<p>The issues identified for attention in the report for the legionella risk assessment should be addressed and signed off by the registered manager.</p> <p>Action taken as confirmed during the inspection:</p> <p>The most recent legionella risk assessment was carried out on 05 February 2015 by a specialist company. The issues identified for attention in the report for this risk assessment had been addressed and signed off by the registered manager.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(c) 27(2)(q)</p> <p>Stated: First time</p>	<p>The frequency for flushing the small number of infrequently used water outlets should be increased to twice weekly.</p> <p>Action taken as confirmed during the inspection:</p> <p>There was a procedure in place for flushing water outlets that are not in frequent use. The last flushing was carried out on 06 February 2017. It was agreed that the new rooms will be added to the schedule for infrequently used outlets until they are occupied.</p>	Met

Last premises inspection statutory requirements		Validation of compliance
<p>Requirement 3</p> <p>Ref: Regulations 27(2)(c)</p> <p>Stated: First time</p>	<p>The gas pipe should be identified.</p> <p>Action taken as confirmed during the inspection: Mr Kitson confirmed that this issue had been addressed. The most recent safety inspection to the gas equipment in the laundry was completed on 30 June 2016 with no issues being identified for attention. The details for the most recent safety inspection to the gas heating boilers should be confirmed to RQIA. Subsequent to this premises inspection Mrs Chambers provided RQIA with the information in relation to the heating boilers.</p>	Met
<p>Requirement 4</p> <p>Ref: Regulations 27(4)(b) 27(4)(d)(i)</p> <p>Stated: Second time</p>	<p>Further minor works should be carried out to the double doors to the Square at the reception to ensure that the hinge sides maintain a fully effective smoke seal. As a longer term solution to this issue, consideration should be given to the benefits of changing the double swing doors to single swing with stops. This would make it much easier to maintain an effective smoke seal.</p> <p>Action taken as confirmed during the inspection: Improvements had been made to the double doors to the Square at the reception.</p>	

Last premises inspection statutory requirements		Validation of compliance
Requirement 5 Ref: Regulations 27(4)(b) 27(4)(f) Stated: Second time	<p>The next session of fire safety training should be provided for all staff. Day and night fire drills should also be completed. Monthly function checks should be carried out to the emergency lights. Any remaining issues from the fire risk assessment that was carried out on 22 May 2014 should be addressed and signed off. All of the oxygen cylinders in the treatment room should be secured in position.</p>	Met
	<p>Action taken as confirmed during the inspection: Subsequent to this premises inspection Mrs. Chambers confirmed to RQIA that fire safety training had been provided on 10, 12 and 16 March 2015 as scheduled. The next three sessions of fire safety training for 2017 had also been arranged for week beginning 20 February 2017. The most recent fire drill was carried out on 07 February 2017. Subsequent to this premises inspection Mrs. Chambers also confirmed to RQIA that day drills were completed in 2015 and further unscheduled drills will be arranged with the fire risk assessor for the home for the coming year for both day and night staff. Monthly function checks were being carried out to the emergency lights but this was on a rotational basis which did not include all light fittings each month. Subsequent to this premises inspection Mrs Chambers confirmed to RQIA that this had been changed and the entire building will be covered in the months between the quarterly inspections and tests carried out by the outside maintenance engineers. Mrs Chambers also confirmed to RQIA that the remaining issues from the fire risk assessment that was carried out on 22 May 2014 had been addressed and the issue in relation to the storage of the oxygen cylinders had also been addressed.</p>	

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 which was carried out in line with the RQIA guidance in relation to the competency of fire risk assessors.

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 'areas for improvement' section below.

Areas for improvement

1. The door to new bedroom 11 should be adjusted to close properly. The free swing self-closers on the new bedroom doors should be commissioned. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.
2. Fire and smoke seals should be fitted to the doors of the store in the existing corridor leading to the new wing. This store should be kept locked and it should not be used for the storage of building materials. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.
3. The equipment for the new sluice should be fitted. Reference should be made to recommendation 2 in the attached Quality Improvement Plan.
4. The cupboards for the heating manifolds for the underfloor heating in the new wing should be reviewed with the fire risk assessor. The need for fire stopped ceilings, fire detectors and fire doors should be considered in this review. The outcome of this review should be confirmed to RQIA. Subsequent to this premises inspection Mr Neil Devlin, Michael Whitley Architects confirmed to RQIA that arrangements had been made to upgrade these cupboards to half hour fire rated, including 30 minute fire/smoke doors, fire rated ceilings and smoke detection and this work was in progress.

5. A request should be made to the local Northern Ireland Fire and Rescue Service to carry out a familiarisation visit to the home to review the changes to date and the revised temporary front entrance arrangements to facilitate the next phase of the works. Sequent to this premises inspection Mr Neil Devlin, Michael Whitley Architects confirmed to RQIA that one 'watch' from Knock Northern Ireland Fire and Rescue Service carried out a familiarisation visit to the home on 20 February 2017 and the remaining three 'watches' are also due visit within days. Up to date plans for the fire detection and alarm system should be provided at the main control panel and at the sub panel in the temporary entrance area. Reference should be made to requirement 1 in the attached Quality Improvement Plan.
6. A check should be made to ensure that all dust covers have been removed for the fire detectors. Reference should be made to requirement 1 in the attached Quality Improvement Plan.
7. Some of the premises support documentation for the new extension was provided during this premises inspection. The remaining premises support documentation for the new extension should be forwarded to RQIA. Reference should be made to recommendation 3 in the attached Quality Improvement Plan.
8. The Rogers wing has been vacated to facilitate the next phase of the redevelopment works. Refurbishment works will be carried out in this wing before it is reoccupied.
9. The double doors to the Square at the reception should be made single swing to ensure that they provide a fully effective smoke seal. Advice should be sought from the fire risk assessor in relation to this issue. The door to bedroom 4 in the Wilson Wing should also be adjusted to reduce the closing speed. Reference should be made to recommendation 4 in the attached Quality Improvement Plan.
10. It was noted that arrangements had been made for the next routine inspection and test to the fixed wiring installation in July 2017.

Number of requirements	1	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.

This supports the delivery of effective care.

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.

This supports the delivery of compassionate care.

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.

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
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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. Charles Jonathon Kitson, Responsible Person and Mrs Gail Ellen Chambers, Registered Manager 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 Private Dental Practice. 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 web portal for review 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	
<p>Requirement 1</p> <p>Ref: Regulations 27(4)(b) 27(4)(d)(i)</p> <p>Stated: First time</p> <p>To be completed by: Prior to occupation of new extension</p>	<p>Up to date plans for the fire detection and alarm system should be provided at the main control panel and at the sub panel in the temporary entrance area. A check should be made to ensure that all dust covers have been removed for the fire detectors.</p> <p>Response by registered provider detailing the actions taken: Large -scale up -to -date are present in both locations. These will be replaced again at completion of the whole build.</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 48</p> <p>Stated: First time</p> <p>To be completed by: Prior to occupation of new extension</p>	<p>The door to new bedroom 11 should be adjusted to close properly. The free swing self-closers on the new bedroom doors should be commissioned. Fire and smoke seals should be fitted to the doors of the store in the existing corridor leading to the new wing. This store should be kept locked and it should not be used for the storage of building materials.</p> <p>Response by registered provider detailing the actions taken: All free swing door closers have now been adjusted and commissioned. The store mentioned above has been handed over to the Home and is now used as intended for general medical supplies.</p>
<p>Recommendation 2</p> <p>Ref: Standard N44</p> <p>Stated: First time</p> <p>To be completed by: Prior to occupation of new extension</p>	<p>The equipment for the new sluice should be fitted.</p> <p>Response by registered provider detailing the actions taken: The sluice equipment, awaiting delivery at the time of inspection, has been fitted.</p>
<p>Recommendation 3</p> <p>Ref: Standard N1</p> <p>Stated: First time</p> <p>To be completed by: Prior to occupation of new extension</p>	<p>The remaining premises support documentation for the new extension should be forwarded to RQIA.</p> <p>Response by registered provider detailing the actions taken: Confirmed with Estates that all necessary documentation has been provided.</p>

Quality Improvement Plan

Recommendations

Recommendation 4

Ref: Standard 48

Stated: First time

To be completed by:
07 April 2017

The double doors to the Square at the reception should be made single swing to ensure that they provide a fully effective smoke seal. Advice should be sought from the fire risk assessor in relation to this issue. The door to bedroom 4 in the Wilson Wing should also be adjusted to reduce the closing speed.

Response by registered provider detailing the actions taken:

Bedroom 4 has been adjusted. Advice has been sought from the Fire Adviser concerning the double doors at reception. This have been fitted with single swing arms to reduce the speed of travel when activated.



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