



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: IN017937
Establishment ID No: 1304
Name of Establishment: Tudordale
Date of Inspection: 23 October 2014
Inspector's Name: Mr Gavin Doherty

1.0 GENERAL INFORMATION

Name of Home:	Tudordale
Address:	294 Holywood Road Belfast BT4 1SG
Telephone Number:	9065 1336
Registered Organisation/Provider:	Four Seasons Health Care
Registered Manager:	Ms Jewel Isip
Person in Charge of the Home at the time of Inspection:	Ms Jewel Isip
Other person(s) consulted during inspection:	Mr Stevie McCormick
Type of establishment:	Nursing Home
Number of Registered Places:	45 NH-DE
Date and time of inspection:	23 October 2014 from 10:30 – 12:30
Date of previous inspection:	20 May 2011
Name of Inspector:	Mr Gavin Doherty

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 the person in charge
- Examination of records
- Inspection of the home internally and externally. Patient's 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 Ms Jewel Isip, registered manager and Mr Stevie McCormick, estates manager.

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

Tudordale is a 45 bedded purpose built Nursing Home situated in private grounds on the Holywood Road, Belfast. The Home and is registered to care for a maximum of 45 patients living with dementia. The bedroom accommodation comprises single bedrooms, and sufficient numbers of bath/shower/toilet facilities are appropriately located throughout the home. A range of rooms including two dining rooms, a variety of sitting rooms positioned throughout the home, and a designated smoking area for patients who smoke are available. A kitchen, laundry, hairdressing room, visitor's room and treatment room are also available. The home has satisfactory grounds with available car parking spaces and all local amenities are nearby.

8.0 SUMMARY

Following the Estates Inspection of Tudordale on 23 October 2014 improvements are required to comply with the Nursing Homes Regulations (Northern Ireland) 2005 and the criterion outlined in the following standards:

- Standard 35 - Safe and healthy working practices
- Standard 36 - Fire Safety

This resulted in four requirements and no recommendations. These are outlined in the quality improvement plan appended to this report.

The Estates Inspector would like to acknowledge the assistance and hospitality of Ms Jewel Isip, Mr Stevie McCormick and the Home's staff throughout the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from previous inspection

It is good to note that the issues raised in the report of the previous estates inspection on 23 February 2012 have been fully addressed.

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
1	Regulation 27 (2)(b)(d)	Replace the kitchen units in the Staff Rest Room.	Work confirmed as completed.	Requirement fulfilled.
2	Regulation 14 (2)(a)(c)	Ensure that the shelving throughout the home has suitably sealed surfaces in accordance with current infection control protocols.	Work confirmed as completed.	Requirement fulfilled.
3	Regulation 27 (4)(a)	Replace the light fitting in the Linen Store adjacent to Bathroom 2D with a suitable bulkhead light fitting.	Bulkead light fitting confirmed.	Requirement fulfilled.

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 was good evidence of maintenance activities within the home, and the home appeared clean and very well kept. Maintenance procedures for the building and engineering services are in place and appear to comply with this standard. At the time of the inspection many areas of the home were being redecorated and this ongoing commitment to the quality of the premises is to be commended. There were therefore no requirements or recommendations made against this standard during this inspection.

9.3 Standard 35 - Safe and healthy working practices - *The home is maintained in a safe manner*

9.3.1 By in large, safe and healthy working practices appear evident in the home in accordance with this standard. The patient hoists used within the home receive suitable regular 'Thorough Examination' and the premises fixed electrical installation was inspected on 14 April 2011 and is in a 'satisfactory' condition. Portable appliance testing was undertaken on 20 January 2014 and no failures were identified. All gas appliances were inspected on 5 & 26 August 2014 and confirmed to be in a 'satisfactory' condition. The top score of '5' was awarded by the local council during their most recent inspection by their Environmental Health department on 13 July 2013. However, one issue has been identified for attention by the registered manager. This is detailed below and in the section of the attached quality improvement plan titled '**Standard 35 - Safe and healthy working practices**'.

9.3.2 The risk assessment in relation to the control of legionella bacteria in the home's hot and cold water systems was in the process of being reviewed by 'Clearwater'. It was good to note that many control measures are currently in place. However, it is essential that any requirements or recommendations contained within this reviewed document are fully implemented within the stipulated timescales and maintained accordingly. (Item 1 in the attached Quality improvement plan)

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 Safety procedures in the home are, in the main, generally in line with this standard. A fire risk assessment was undertaken on 22 October 2014 and the significant issues recorded had been assessed and implemented. Records inspected during the inspection demonstrated good attention to fire safety matters. However, several issues have been identified for attention by the registered manager. These are detailed below and in the section and in the

section of the attached quality improvement plan titled '**Standard 36: Fire safety**'.

9.4.2 The inspection & test certificates for the regular inspection & testing of the Home's:

- fire alarm and detection system; and
- emergency lighting installation

were not available for inspection within the home. Confirmation should be provided that current inspection certificates are in place, in accordance with current best practice, and that any remedial works required as a result of these inspections have been completed and that the installations are in a 'satisfactory' condition. (Item 2 in the attached Quality improvement plan)

9.4.3 The most recent Fire Drill was undertaken within the home on 29 September 2014. However, fire drills appear to take place during the morning or afternoon. Ensure that sufficient fire drills are undertaken within the home at various times, including evenings, to ensure that all staff participate in a fire drill at least annually. (Item 3 in the attached Quality improvement plan)

9.4.4 Staff fire safety training in the use of fire extinguishers was provided to staff on 21 October 2014. However, the manager stated there had been a large turnover of staff recently, and records in relation to the mandatory eLearning fire safety training module indicated that 88% of staff had completed this training within the last 12 months. It is essential that all staff receive suitable fire safety training at the start of their employment, and whenever there is a change in the fire risk. It must be repeated at least twice every year in accordance with NI Health Technical Memorandum 84 'Fire risk assessment in residential care premises'. (Item 4 in the attached Quality improvement plan)

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement plan appended to this report were discussed with Ms Jewel Isip 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
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Quality Improvement Plan

Announced Estates Inspection

Tudordale Nursing Home

23 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 Ms Jewel Isip 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	

Announced Estates Inspection to Tudordale Nursing Home on 23 October 2014

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)
1	Regulation 14 (2)(a),(c)	Ensure that any requirements or recommendations contained within the reviewed risk assessment, relating to the control of legionella bacteria in the home's hot and cold water systems, are fully implemented within the stipulated timescales and maintained accordingly. (9.3.2 in the Report)	12 weeks	

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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)
2	Regulation 27(4)(d)(iv)	Provide confirmation that current inspection certificates are in place in relation to the home's: <ul style="list-style-type: none">• fire alarm and detection system; and• emergency lighting installation and that all remedial works required as a result of these inspections have been completed and that the installations are in a 'satisfactory' condition. (9.4.2 in the Report)	8 Weeks	
3	Regulation 27(4)(f)	Ensure that sufficient fire drills are undertaken within the home at various times, including evenings, to ensure that all staff participate in a fire drill at least annually. (9.4.3 in the Report)	Immediate and ongoing	
4	Regulation 27(4)(e)	Ensure that all staff receive suitable fire safety training at the start of their employment, and whenever there is a change in the fire risk. It must be repeated at least twice every year in accordance with NI Health Technical Memorandum 84 'Fire risk assessment in residential care premises'. (9.4.4 in the Report)	Immediate and ongoing	

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Assurance, Challenge and Improvement in Health and Social Care



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