

Announced Premises Inspection Report 18 January 2018



Victoria

Type of service: Nursing Home
Address: 22-24 Windsor Park, Belfast, BT9 6FR
Tel No: 028 9066 8437
Inspector: Gavin Doherty

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing and residential care for up to 33 persons.

3.0 Service details

Organisation/Registered Provider: Belfast Health & Social Care Trust	Registered Manager: Helen Chambers
Responsible Individual(s): Robert Francis Alistair Lynas	
Person in charge at the time of inspection: Helen Chambers	Date manager registered: Helen Chambers – 20 November 2008
Categories of care: NH-I, NH-PH, NH-PH(E), NH-TI	Number of registered places: 33

4.0 Inspection summary

An announced inspection took place on 18 January 2018 from 10.00 to 12.30.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

The inspection assessed progress with any areas for improvement identified during and since the last premises inspection and to determine if the service was delivering safe, effective and compassionate care and if the service was well led.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	4	0

Details of the Quality Improvement Plan (QIP) were discussed with Helen Chambers, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions required to be taken following the most recent inspection on 23 October 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- recent inspection reports and returned QIPs
- recent correspondence with the service
- the establishment related incidents reported to RQIA since the last premises inspection.

The following records were examined during the inspection:

- service records and in-house log books relating to the maintenance and upkeep of the building and engineering services
- legionellae risk assessment
- fire risk assessment

Areas for improvements identified at the last premises inspection were reviewed and the assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 23 October 2017

The most recent inspection of the service was an unannounced care inspection. This QIP will be validated by the care inspector at the next care inspection.

6.2 Review of areas for improvement from the last premises inspection dated 19 August 2014

Areas for improvement from the last premises inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005.		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (2)(a) 14 (2)(a)(c) Stated: First time	Consideration should be given to converting the 2 nd Floor bathroom in the home to a level deck shower facility. This would provide greater safeguards to the safety and welfare of patients and staff using this facility. (Refer to 9.2.2 in the Report)	Met

	<p>Action taken as confirmed during the inspection: This work was completed subsequent to the previous inspection and signed-off by the inspector.</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (2)(a) 14 (2)(a)(c)</p> <p>Stated: First time</p>	<p>The Wardrobes in Bedroom 15 should be repaired or replaced and securely fixed to the wall to ensure they cannot be toppled. (Refer to 9.2.3 in the Report)</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: The inspector confirmed that this work had been undertaken at the time of inspection.</p>	
<p>Area for improvement 3</p> <p>Ref: Regulation 27 (2)(b)</p> <p>Stated: First time</p>	<p>Several double glazed window units in Bedroom 17 were damaged and should be replaced. The carpet in this room was also in poor condition and should be deep cleaned and if necessary replaced. (Refer to 9.2.4 in the Report)</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: The inspector confirmed that this work had been undertaken at the time of inspection.</p>	
<p>Area for improvement 4</p> <p>Ref: Regulation 27 (2)(q) 14 (2)(a)(c)</p> <p>Stated: First time</p>	<p>Carry out a review of the current 'Control of legionella' risk assessment (26 August 2012), in accordance with 'The control of legionella bacteria in water systems, ACOP L8', issued by the Health and Safety Executive NI.</p> <p>It is essential that as part of this review, the risk assessor clearly identifies any remedial works which the home are required to implement. It is also essential that the home's monitoring responsibilities are clearly outlined, along with the required frequency for any such monitoring checks. This will enable the home to implement suitable procedures to ensure they fully comply with this important guidance. (Refer to 9.3.2 in the Report)</p>	<p>Partially met</p>
	<p>Action taken as confirmed during the inspection: A risk assessment was undertaken subsequent to the last premises inspection on the 03 September 2014. However, not all control measures have been fully implemented. This is discussed further in section 6.4 and an amended area of</p>	

	improvement is included in the Quality Improvement Plan attached to this report.	
Area for improvement 5 Ref: Regulation 27 (2)(q) 14 (2)(a)(c) Stated: First time	All Thermostatic Mixing Valves installed throughout the home should be serviced and maintained annually or in accordance with the manufacturer's recommendations. (Refer to 9.3.3 in the Report) Action taken as confirmed during the inspection: The inspector confirmed that this work had been undertaken at the time of inspection.	Met
Area for improvement 6 Ref: Regulation 27 (4)(a) Stated: First time	Ensure that the 'action plan' from the fire risk assessment reviewed on 2 July 2014 is fully implemented and signed off by the manger within the stipulated timescales. (Refer to 9.4.2 in the Report) Action taken as confirmed during the inspection: The inspector confirmed that this work had been undertaken at the time of inspection.	Met
Area for improvement 7 Ref: Regulation 27 (4)(d)(iv) Stated: First time	Ensure that the following in-house checks are in place and that records are maintained and available for inspection. <ul style="list-style-type: none"> • A weekly test of the fire alarm and detection system, highlighting which break glass was activated. • A monthly function check of the emergency lighting installation, highlighting any defective units and the appropriate action taken. • A regular check (at least monthly) of the homes portable fire-fighting equipment to ensure it is in place and that the seals have not been tampered with or the unit discharged. (Refer to 9.4.3 in the Report) Action taken as confirmed during the inspection: The inspector confirmed that this work had been undertaken at the time of inspection.	Met

Area for improvement 8 Ref: Regulation 27 (4)(e) Stated: First time	Ensure that all staff undertake suitable fire safety training; <i>'at the start their employment in the home, and whenever there is a change in the fire risk. It must be repeated in compliance with the fire plan and at least twice every year'</i> . (NIHTM84) (Refer to 9.4.4 in the Report)	Met
	Action taken as confirmed during the inspection: The inspector confirmed that this work had been undertaken at the time of inspection.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

A range of documentation in relation to the maintenance and upkeep of the establishment 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 establishments installations and engineering services was also presented for review during this premises inspection.

A range of fire protection measures are in place for the establishment. This includes a fire detection and alarm system, emergency lighting installation, 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 establishment 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 by a risk assessor holding professional body registration for fire risk assessors.

These measures support the delivery of safe care.

Areas for improvement

The most recent fire risk assessment for the premises was undertaken on the 17 October 2017. This found the risk from fire to be 'tolerable', but significant findings were highlighted.

These included:

- Introducing a more robust smoking policy for the home
- Providing additional escape mattresses at key locations
- upgrading the fire alarm system from the existing zonal system to a fully addressable system

It is essential that these items are addressed by the home within the timescales stipulated within the fire risk assessment.

The registered manager should re-establish the monthly function checks to the premises emergency lighting installation. It is important that records of this check are maintained and are available for inspection upon request.

It is good to note that the premises passenger lift is regularly serviced and thoroughly examined in accordance with the 'Lifting operations lifting equipment regulations' (LOLER). However, the most recent 'thorough examination report' which was due on the 27 August 2017 was not available in the home at the time of the inspection. It is important that this important safety report for the passenger lift is undertaken every six months.

The premises legionella risk assessment is now overdue a review. It is essential that any review includes reference to the guidance contained in HSG274 part2 issued by the Health and Safety Executive Northern Ireland. This important guidance may be downloaded from the following address: www.hse.gov.uk/pubns/priced/hsg274part2.pdf

This document includes full details of the temperature monitoring and physical checks which must be undertaken to ensure that the premises hot and cold water systems are maintained in a safe condition free of legionella bacteria.

	Regulations	Standards
Total number of areas for improvement	4	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

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 establishment.

This supports the delivery of effective care.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The areas of the establishment 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 their private accommodation where appropriate.

This supports the delivery of compassionate care.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

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

Arrangements are in place for managing premises related incidents/notifiable events and Medical Device and Equipment Alerts.

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.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Helen Chambers, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 nursing 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005.

<p>Area for improvement 1</p> <p>Ref: Regulation 27(4)</p> <p>Stated: First time</p> <p>To be completed by: As stipulated within the fire risk assessment</p>	<p>The registered person shall ensure that the significant findings highlighted in the most recent fire risk assessment are fully addressed within the timescales stipulated within the fire risk assessment.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken: Addressable fire alarm system will be installed 24th March 2018. Smoking policy updated as per fire risk assesor. One additional evacuation mattress ordered, awaiting delivery.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27(4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and Ongoing</p>	<p>The registered person shall re-establish the monthly function checks to the premises emergency lighting installation. It is important that records of this check are maintained and are available for inspection upon request</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken: Monthly Function checks were re-established 21st February 2018. Records are maintained and available for inspection.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 27(2)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and Ongoing</p>	<p>The registered person shall ensure that the premises passenger lift is thoroughly examined in accordance with the 'Lifting operations lifting equipment regulations' (LOLER) every 6 months.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken: Passenger lift has been examined in accordance with LOLER records are up to date and available for inspection.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 27(2)</p> <p>Stated: Second time</p> <p>To be completed by: 15 March 2018 and timescales stipulated in risk assessment</p>	<p>The registered person shall ensure that the premises legionella risk assessment is reviewed without further delay.</p> <p>It is essential that once this risk assessment is in place, the required temperature monitoring and physical checks are fully implemented to ensure that the premises hot and cold water systems are maintained in a safe condition free of legionella bacteria.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken: Risk Assesment reviewed 7th March awaitng report. Monthly checks of hot and cold water temperture remain in progress. Accurate documentation is maintained.</p>

Please ensure this document is completed in full and returned via Web Portal



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