



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No:	IN017926
Establishment ID No:	1305
Name of Establishment:	Victoria Private Nursing Home
Date of Inspection:	19 August 2014
Inspector's Name:	Gavin Doherty

1.0 GENERAL INFORMATION

Name of Home:	Victoria
Address:	22-24 Windsor Park Belfast BT9 6FR
Telephone Number:	028 9066 8437
Registered Organisation/Provider:	Dr. Robert Francis Alistair Lynas & Mrs. Helen Lynas
Registered Manager:	Ms. Helen Chambers
Person in Charge of the Home at the time of Inspection:	Ms. Helen Chambers
Other person(s) consulted during inspection:	Mr. David Oldroyd
Type of establishment:	Nursing Home
Number of Registered Places:	33 Beds NH-I, NH-PH, NH- PH(E), NH-TI
Date and time of inspection:	19 August 2014 from 1030-1330
Date of previous inspection:	1 March 2012
Name of Inspector:	Gavin Doherty, Estates Inspector Gemma Mulholland, Support Officer

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 the 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:

- HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- 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. Patients' private bedrooms were only inspected when unoccupied and permission was granted.
- Evaluation and feedback

Any other information received by RQIA about this Regulated Establishment 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. Helen Chambers, Home Manager and Mr. David Oldroyd, Home Administrator.

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

Victoria Private Nursing Home is a three-storey building situated in the quiet suburbs of South Belfast close to local amenities. Public transport is accessible, on street parking is available at the front of the home and car parking spaces are provided to the rear of the home.

Accommodation is provided for 33 patients in double, treble and single rooms. The kitchen and laundry are located on the ground floor and adequate numbers of toilet, shower and bathroom accommodation is appropriately distributed throughout the home.

8.0 SUMMARY

Following the Estates Inspection of Victoria on 19 August 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 eight requirements and no recommendations. These are outlined in the following section and the Quality Improvement Plan appended to this report.

The Estates Inspector would like to acknowledge the assistance and hospitality afforded by Ms. Helen Chambers, Mr. David Oldroyd and the Home's staff throughout the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from previous inspection

9.1.1 Details of the requirements and recommendations raised in the report of the previous estates inspection on 1 March 2012 are included below along with comment by the inspector.

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	Recommendation.	Timescale	Inspectors Comments
1	Regulation 27(2)(b)(d) 14(2)(a)(c)	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.	6 months.	This recommendation had not been progressed at the time of the inspection and is therefore restated in section 9.2.1 below. The manager stated she hoped to have funding in place to complete this work in this financial year.
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	Restated Requirement.	Timescale	Inspectors Comments
2	Regulation 14(2)(a)(c)	Ensure that the passenger lift in the home receives a 'Thorough Examination' every 6 months in accordance with 'The lifting operations lifting equipment regulations, issued by the Health and Safety Executive NI.	8 Weeks.	Thorough Examinations for the passenger lift are now in place and the reports dated 20/2/2014 and 18/8/2014 were examined. There were no outstanding remedial works in relation to these examinations.

Item	Regulation Reference	Restated Requirement.	Timescale	Inspectors Comments
3	Regulation 14(2)(a)(c)	<p>Carry out a review the current 'Control of legionella' risk assessment (October 2009), in accordance with 'The control of legionella bacteria in water systems, ACOP L8', issued by the Health and Safety Executive NI.</p> <p>Ensure that any required actions identified are implemented within the stipulated timescales.</p>	8 Weeks.	<p>This risk assessment had been reviewed on 26/8/2012 and a chemical treatment of the hot and cold water systems was undertaken on 23/8/2013.</p> <p>A further review of this risk assessment is now due and it is essential that the risk assessor clearly identifies the necessary control measures which must be implemented by the home. This is detailed in section 9.3.2 below.</p>

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	Restated Requirement.	Timescale	Inspectors Comments
4	Regulation 14(2)(a)(c)	Ensure that the existing window restrictors control each window to a safe point of opening of no more than 100mm.	8 Weeks.	The manager confirmed that all windows had been suitably restricted. This was confirmed by the inspector during the inspection of the premises.

Standard 36 - Fire safety

The following requirements and recommendations should be noted for action in relation to Standard 36 - Fire safety.

Item	Regulation Reference	Requirement.	Timescale	Inspectors Comments
5	Regulation 27(4)(a)	The current Fire risk assessment (19/7/2011) must take into account, the guidance and requirements contained in Health Technical Memorandum 84, 'Fire risk assessment in Residential Care Premises', issued by DHSSPS.	Upon annual Review, before 19/7/2012.	A fire risk assessment undertaken by an accredited fire risk assessor was in place and had been recently reviewed on 2/7/2014

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 well kept. Maintenance procedures for the building and engineering services were in place and good records are maintained and were available for inspection within the home. There is an on-going program of refurbishment within the home and it is important that this continues to be maintained. Three requirements have been made in relation to this standard. These are detailed below and in the section of the attached quality improvement plan titled '**Standard 32 – Premises and grounds**'.
- 9.2.2 Consideration should be given to converting the 2nd 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.
(Item 1 in the attached Quality improvement plan)
- 9.2.3 The Wardrobes in Bedroom 15 were noted to be in a poor state of repair and were not secured to the back wall. These wardrobes should be repaired or replaced and securely fixed to ensure they cannot be toppled.
(Item 2 in the attached Quality improvement plan)
- 9.2.4 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.
(Item 3 in the attached Quality improvement plan)

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. Records indicate that the lifting equipment is being suitably serviced and is subject to suitable thorough examination. The home's heating installation and electrical systems (fixed installation and portable appliances) are also subject to regular service, inspection and testing. A legionella risk assessment was undertaken on 26 August 2012 and the system was subject to a chemical treatment on 23 August 2013. However, two requirements have been made in relation to this standard. These are detailed below and in the section of the attached quality improvement plan titled '**Standard 35 – Safe and healthy working practices**'.
- 9.3.2 Carry out a review 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. 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. (Item 4 in the attached Quality improvement plan)

9.3.3 All Thermostatic Mixing Valves installed throughout the home should be serviced and maintained annually or in accordance with the manufacturer's recommendations. (Item 5 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 generally in line with this standard. Records inspected demonstrate good attention to fire safety matters and the fire risk assessment was suitably reviewed on 2 July 2014. A Fire drills was also recorded on 2 July 2014. The fire alarm and detection system, the emergency lighting installation and the portable fire-fighting equipment are suitably serviced and inspected by approved contractors in accordance with current best practice guidance. However, three requirements have been made in relation to this standard. These are detailed below and in the section of the attached quality improvement plan titled '**Standard 32 – Premises and grounds**'.

9.4.2 Ensure that the 'action plan' from the fire risk assessment recently reviewed on 2 July 2014 is fully implemented and signed off by the manager within the stipulated timescales. (Item 6 in the attached Quality improvement plan)

9.4.3 The records inspected in relation to the in house checks for the fire alarm and detection system, emergency lighting installation and portable fire-fighting equipment indicated they were not being carried out in accordance with current best practice guidance. It is essential that these critical fire safety system are maintained as follows;

- A weekly test of the fire alarm and detection system, highlighting which break glass was activated (BS5839).
- A monthly function check of the emergency lighting installation, highlighting any defective units and the appropriate action taken (BS5266).
- 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.

(Item 7 in the attached Quality improvement plan)

- 9.4.4 Records in relation to fire safety training within the home were inspected for June 2013 and July 2014. Health Technical Memorandum (NI) 84 'Fire risk assessment in residential care premises' stipulates that suitable fire safety training be undertaken by all staff;
'at the start of a person's employment in the residential care premises, 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'.
(Item 8 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. Helen Chambers and Mr. David Oldroyd 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 Nursing home to improve the quality of life experienced by patients.

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

Victoria

19 August 2014

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.	Clarification or follow up required on some items.			✓	Gavin Doherty	15/10/2014

NOTES:

The details of the quality improvement plan were discussed with Ms. Helen Chambers and Mr. David Oldroyd 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 Nursing 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 signed below by the registered provider and registered manager and returned to:

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	Helen Chambers
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Dr Lynas

Announced Estates Inspection to Victoria on 19 August 2014

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	Restated Recommendation	Timescale	Details Of Action Taken By Registered Person (S)
1	Regulation 27 (2)(a) 14 (2)(a)(c)	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)	6 Months	location of this new shower room has been changed to 1 st floor bathroom this has been agreed by the estates inspector on the 19 th September and will be completed by end of october
Item	Regulation Reference	Requirement	Timescale	Details Of Action Taken By Registered Person (S)
2	Regulation 27 (2)(a) 14 (2)(a)(c)	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)	8 Weeks	bedroom 15 is currently being redecorated week commencing 22 nd september 2014 and wardrobes will be fixed to the wall wardrobes in room 17 will be replaced and secured to the wall
3	Regulation 27 (2)(b)	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)	8 Weeks	window in room 17 will be repaired and carpets will be replaced by end of october room will also be completely redecorated

Announced Estates Inspection to Victoria on 19 August 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	Restated Requirement	Timescale	Details Of Action Taken By Registered Person (S)
4	Regulation 27 (2)(q) 14 (2)(a)(c)	<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>	8 Weeks	the home is waiting on a risk assessment form from the estates inspector to help met this requirement
Item	Regulation Reference	Requirement	Timescale	Details Of Action Taken By Registered Person (S)
5	Regulation 27 (2)(q) 14 (2)(a)(c)	<p>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)</p>		Plumber contacted and will service all thermostatic mixing valve in accordance with the manufactures recommendations will be completed by end of october

Announced Estates Inspection to Victoria on 19 August 2014

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Standard 36 – Fire safety.				
The following requirements and recommendations should be noted for action in relation to Standard 36 – Fire safety				
Item	Regulation Reference	Requirement	Timescale	Details Of Action Taken By Registered Person (S)
6	Regulation 27 (4)(a)	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)	Timescales stipulated in risk assessment	the Action plan at the back of the fire risk assessment is currently being addressed by the registered manager and will be completed by end of september
7	Regulation 27 (4)(d)(iv)	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)	Immediate & On-going	All monthly and weekly checks in this area are being re developed to ensure compliance with this requirement.

Announced Estates Inspection to Victoria on 19 August 2014

Assurance, Challenge and Improvement in Health and Social Care

Item	Regulation Reference	Requirement	Timescale	Details Of Action Taken By Registered Person (S)
8	Regulation 27 (4)(e)	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)	Immediate & On-going	All staff on commencing employment are sent for fire training and every 6 months thereafter it is however acknowledged that some staff did fail to attend there last session this has been discussed with these staff and the importance of ensuring attendance at this training

Announced Estates Inspection to Victoria on 19 August 2014

Assurance, Challenge and Improvement in Health and Social Care