

Announced Premises Inspection Report

19 April 2016



Wheatfield House

Address: 20 Wheatfield Gardens, Belfast, BT14 7HU

Tel No: 02890 391 555

Inspector: Colin Muldoon

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Wheatfield House took place on 19 April 2016 from 10:30 to 14:45hrs.

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 person. Refer 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. However one issue was identified for attention by the registered person. Refer to section 4.6

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	2	6

Details of the QIP within this report were discussed with Mr Edward McLoughlin (Registered Manager and Responsible Person) as part of the inspection process. The timescales for completion commence from the date of 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 last inspection.

2.0 Service Details

Registered organisation/registered person: Mr Edward McLoughlin	Registered manager: Mr Edward McLoughlin
Person in charge of the home at the time of inspection: Mr Edward McLoughlin	Date manager registered: 1 April 2005
Categories of care: NH-LD, NH-LD(E)	Number of registered places: 22

3.0 Methods/processes

Prior to inspection the following records were analysed: Previous premises inspection report, statutory notifications over the past 12 months, duty call log.

During the inspection the inspector, who was accompanied by Ms Gemma Mulholland (RQIA Estates Support Officer), met with Mr Edward McLoughlin (Registered Manager and Responsible Person).

The following records were examined during the inspection: Copies of 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.

4.0 The Inspection

4.1 Review of requirements and recommendations from the previous inspection dated 21/12/2015

The previous inspection of the establishment was an unannounced care inspection. The completed QIP was returned and approved by the specialist inspector.

4.2 Review of requirements and recommendations from the last estates inspection dated 06/06/2013

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27.-(2)(q) Stated: First time	The electrical installation should be tested and inspected by a competent person in accordance with BS7671.	Partially Met
	Action taken as confirmed during the inspection: An electrical condition report dated 18 March 2014 states that the electrical installation was in satisfactory condition. The report notes that two code 2 issues (requiring improvement) were found. A subsequent visual inspection was carried out in November 2014. The condition of the installation was regarded as satisfactory. One issue requiring urgent action was identified. Refer also to section 4.3 item 1 and recommendation 1 in Quality Improvement Plan.	
Requirement 2 Ref: Regulation 27.-(2)(b) Stated: First time	The front door should be repaired so that it operates correctly.	Met
	Action taken as confirmed during the inspection: On the day of inspection the front door was operating correctly.	
Requirement 3 Ref: Regulation 14.-(2)(c) Stated: First time	Pending the installation of the new first floor windows the condition of the existing opening windows and restrictors should be monitored to ensure they are in line with safety alert MDEA(NI)2007/100.	Partially Met
	Action taken as confirmed during the inspection: All windows reviewed during the inspection were fitted with restrictors. Refer also to section 4.3 item 2 and recommendation 2 in Quality Improvement Plan.	

<p>Requirement 4</p> <p>Ref: Regulation 14.-(2)(c)</p> <p>Stated: First time</p>	<p>All the measures in the scheme for controlling legionella must be fully actioned.</p> <p>The legionella risk assessment and the scheme for controlling legionella should be reviewed and updated. The updated scheme must be fully implemented and records kept of all actions taken. Reference should be made to HSE approved code of practice and guidance L8 Legionnaires's disease – the control of legionella bacteria in water systems and Health Technical Memorandum 04-01 The control of Legionella, hygiene, "safe" hot water, cold water and drinking water systems.</p>	<p>Partially Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>The legionella risk assessment was reviewed by a specialist contractor in June 2015. The contractor carries out periodic tests of water samples and the outcome of a sample tested at the end of January 2016 was reported by the contractor as being a "good result"</p> <p>The specialist contractor also carries out cleaning and disinfection of the thermostatic mixing valves and the hot and cold water systems. Refer also to section 4.3 item 3 and recommendation 3 in Quality Improvement Plan.</p>	
<p>Requirement 5</p> <p>Ref: Regulation 14.-(2)(c)</p> <p>Stated: First time</p>	<p>Although the thermostatic mixing valves are being maintained their performance between services should be verified. Therefore, the temperature of hot water from resident accessible outlets should be monitored and recorded at least monthly. Reference should be made to Health Guidance Note 'Safe' hot water and surface temperatures.</p>	<p>Partially Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>The manager confirmed that water safety checks include monitoring of blended and unblended water temperatures and servicing of the thermostatic mixing valves is being carried out by maintenance staff and a plumber.</p> <p>Refer also to section 4.3 item 3 and recommendation 3 in Quality Improvement Plan.</p>	

<p>Requirement 6</p> <p>Ref: Regulation 27.-(4)(f)</p> <p>Stated: Second time</p>	<p>Arrangements must be made which will ensure that all staff on all shifts participate in practice fire drills which are in compliance with the emergency action plan.</p> <p>Reference should be made to Firecode document Northern Ireland Health Technical Memorandum 84 (NIHTM84) - <i>Fire risk assessment in residential care premises</i>.</p> <p>Action taken as confirmed during the inspection:</p> <p>There was information relating to practice fire drills having been carried out.</p> <p>Refer also to section 4.3 item 4 and recommendation 4 in Quality Improvement Plan</p>	<p>Partially Met</p>
<p>Requirement 7</p> <p>Ref: Regulation 27.-(4)(e)</p> <p>Stated: Second time</p>	<p>All staff, including temporary and agency staff, must receive suitable and adequate fire safety information, instruction and training at the start of their employment and at least twice a year. The training should be in compliance with the fire plan, be specific to the premises and be led by a competent person.</p> <p>Reference should be made to NIHTM84 which gives guidance on the minimum content of fire safety training and drills.</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspector was given access to records which show that all active staff received fire safety training within the last six months. An accredited fire risk assessor who carried out a fire risk assessment in April 2016 confirms that staff receive suitable fire safety training.</p> <p>Refer also to section 4.3 item 4 and recommendation 4 in Quality Improvement Plan.</p>	<p>Met</p>
<p>Requirement 8</p> <p>Ref: Regulation 27.-(4)(d)(v)</p> <p>Stated: Second time</p>	<p>The emergency lights should be function tested monthly in accordance with BS 5266.</p> <p>Action taken as confirmed during the inspection:</p> <p>There were records in a log book relating to the monthly test of emergency lights.</p>	<p>Met</p>

<p>Requirement 9</p> <p>Ref: Regulation 27.-(4)(a)</p> <p>Stated: First time</p>	<p>The fire risk assessment must be reviewed by a competent person using the standards and guidance set out in Firecode document NIHTM84. The fire risk assessor should give particular consideration to means of escape and the suitability of the mechanical digital locks on the doors at the top and bottom of the main stairs. The responsible person must ensure that the action plan arising from the new fire risk assessment is fully addressed. Reference should be made to NIHTM84.</p> <p>Action taken as confirmed during the inspection: The fire risk assessment has been reviewed annually by an accredited fire risk assessor. The most recent review was carried out on 15 April 2016. The assessor considered the fire risk to be normal. The digital locks have been removed from the stair well doors.</p>	<p>Met</p>
<p>Requirement 10</p> <p>Ref: Regulation 27.-(4)(a)</p> <p>Stated: First time</p>	<p>The fire action plan should be displayed in a prominent location close to the fire panel. The plan should be reviewed to ensure it is in line with the new fire risk assessment. It should set out, among other things:</p> <ul style="list-style-type: none"> - Details of action to be taken by staff in case of fire; - The procedure to be followed in the evacuation of the premises in case of fire; - The arrangements for calling the Northern Ireland Fire and Rescue Service <p>The advice of the fire safety advisor should be sought and the procedures in the plan should be in line with current good practice and take account of the findings and recommendations arising from the Rosepark Inquiry.</p> <p>Action taken as confirmed during the inspection: There is a fire procedure in place and a zone plan at the fire alarm panel.</p>	<p>Met</p>

Requirement 11 Ref: Regulation 27.-(4)(b) 27.-(4)(d)(iv) Stated: First time	The fire extinguisher in the kitchen should be upgraded in accordance with the fire risk assessment. It should be ensured that the maintenance of the fire extinguishers is kept up to date. Action taken as confirmed during the inspection: This has been addressed and the extinguishers were serviced in December 2015.	Met
Previous Inspection Recommendations	Validation of Compliance	
Recommendation 1 Ref: Standard 36. Stated: First time	Personal emergency evacuation plans (PEEPs) should be drawn up. The findings of the PEEP assessments should inform the fire safety training, evacuation drills and action plan. The advice of the fire safety advisor should be sought. Action taken as confirmed during the inspection: PEEP's were not reviewed during this inspection.	

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 by a risk assessor holding professional body registration for 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. On the day of inspection it could not be confirmed that the issues identified in the electrical condition reports as requiring attention had been followed up.
Refer to recommendation 1 in Quality Improvement Plan.
2. While reviewing the restriction of opening windows it was found that the windows in two of the rooms on the first floor were fitted with restrictors which could be disengaged.
Refer to recommendation 2 in Quality Improvement Plan.
3. The arrangements for ensuring safe hot water and the control of legionella were discussed with the manager who confirmed that, although there were few records on the day of inspection, staff carry out water safety checks and a plumber is maintaining the thermostatic mixing valves.
Refer to recommendation 3 in Quality Improvement Plan.
4. The arrangements for staff fire training and practice drills were discussed with the manager and the inspector recommended that the frequency of training and drills be reviewed to ensure that staff take part at suitable intervals and that records are kept. The management of drills was raised by the accredited fire risk assessor in the fire risk assessment carried out in April 2016 but it was not a significant finding.
Refer to recommendation 4 in Quality Improvement Plan.
5. The home has patient hoists which were thoroughly examined to comply with LOLER (Lifting Operations and Lifting Equipment Regulations (NI) 1999) in February 2016. On the day of inspection records relating to the LOLER thorough examination of slings associated with the hoists were not presented.
Refer to requirement 1 in Quality Improvement Plan.
6. The report on the last LOLER thorough examination of the lift included some recommendations relating to the installation of emergency lighting in the lift car and fire detection in the lift shaft.
Refer to recommendation 5 in Quality Improvement Plan.
7. The home has a number of gas installations. On the day of inspection there was no Gas Safe certificate for the catering appliances.
Refer to requirement 2 in Quality Improvement Plan.

Number of requirements:	2	Number of recommendations:	5
--------------------------------	----------	-----------------------------------	----------

4.4 Is care effective?

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 premises.
This supports the delivery of effective care.

Number of requirements:	0	Number of recommendations:	0
--------------------------------	----------	-----------------------------------	----------

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

Service users are consulted about decisions around décor and the private accommodation where appropriate. It was good to note that residents' bedrooms and communal areas have recently been decorated with bedroom décor being personalised.

This supports the delivery of compassionate care.

Number of requirements:	0	Number of recommendations:	0
--------------------------------	----------	-----------------------------------	----------

4.6 Is the service well led?

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 and notifiable events. 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.

Areas for improvement

1. It should be ensured that issues raised during premises inspections and contractors service visits are followed through and that records are kept of all activity relating to maintaining the premises in a safe and suitable condition.
Refer to recommendation 6 in Quality Improvement Plan.

Number of requirements:	0	Number of recommendations:	1
--------------------------------	----------	-----------------------------------	----------

5.0 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Edward McLoughlin (Registered Manager and Responsible Person) as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the 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 person/manager meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The 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 person may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to estates.mailbox@rqia.org.uk and assessed 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 person/manager 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 person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory Requirements

Requirement 1 Ref: Regulation 27.-(2)(c) Stated: First time To be Completed by: 19 May 2016	LOLER thorough examination reports should be obtained which verify that hoist slings are safe to use. Response by Registered Manager Detailing the Actions Taken: The company who provides the hoist slings will check these next time they visit and reports provided by the company to evidence this.
Requirement 2 Ref: Regulation 27.-(2)(c) Stated: First time To be Completed by: 19 May 2016	A Gas Safe certificate should be obtained which verifies that the catering appliances and installation are in a satisfactory and safe condition. Response by Registered Manager Detailing the Actions Taken: This has been obtained and viewed by the inspector on a follow up visit and kept in the home.

Recommendations

Recommendation 1 Ref: Standard 44 Stated: First time To be Completed by: 19 May 2016	It should be confirmed that the issues identified in the electrical condition reports as requiring attention have been addressed and that the installation is in a satisfactory condition. Response by Registered Manager Detailing the Actions Taken: With regards the issues identified during the inspection, the electrician has been contacted and is in the process of addressing the content of the electrical condition reports and same
Recommendation 2 Ref: Standard 44 Stated: First time To be Completed by: 19 May 2016	The suitability of the window restrictors should be assessed using the guidance and standards in relevant safety alerts such as MDEA(NI)2007/100, EFA-2014-003 and EFA-2013-002. Reference should be made to the Northern Ireland Adverse incident Centre (NIAIC) website for all relevant safety alerts. It should be ensured that any remedial action identified is addressed. Response by Registered Manager Detailing the Actions Taken: Action is being taken in accordance with the relevant safety standards to ensure that the window restrictors in all rooms are assessed and meet the guidance and standards with reference also being made to the NIAIC.

Recommendation 3 Ref: Standard 44 Stated: First time To be Completed by: Ongoing	It should be ensured that records are kept of all water safety measures and checks including thermostatic mixing valve maintenance, safe hot water checks and legionella controls. To ensure the necessary actions are being taken the legionella risk assessment should be revisited and reference made to the code of practice guidance document HSG274 Part 2 which is freely available on the HSE website.		
	Response by Registered Manager Detailing the Actions Taken: Records are being kept of all safety measures and checks including thermostatic mixing valve maintenance, safe hot water checks and legionella controls. The home has a contractor who visits the home, checking the hot water temperature, tests for legionella and disinfects the whole water system in the home. This is carried out in accordance with the code of practice document HSG274 Part 2.		
Recommendation 4 Ref: Standard 48 Stated: First time To be Completed by: Ongoing	Arrangements should be made which will ensure that staff take part in fire safety training and practice drills at intervals outlined in DHSS Firecode guidance document NIHTM84. If necessary, advice should be sought from the fire safety advisor.		
	Response by Registered Manager Detailing the Actions Taken: All staff take part in a fire drill, and in fire safety training within the home in accordance with the DHSS Firecode guidance document NIHTM84.		
Recommendation 5 Ref: Standard 44 Stated: First time To be Completed by: Ongoing	Consideration should be given to the category B recommendations in the report on the last thorough examination of the lift. Advice should be sought from the fire safety advisor.		
	Response by Registered Manager Detailing the Actions Taken: The home will tender out to see if they can get an affordable light for the lift. The home manager will also discuss this with the fire safety advisor to see if one can be purchased within reasonable affordability.		
Recommendation 6 Ref: Standard 35 Stated: First time To be Completed by: Ongoing	Arrangements should be made which will ensure that issues raised during premises inspections and contractors service visits are followed through and that records are kept of all activity relating to maintaining the premises in a safe and suitable condition.		
	Response by Registered Manager Detailing the Actions Taken: The home will ensure that a more robust system of recording and documentation in relation to any activity relating to maintaining the premises is in place in a safe and suitable condition		
Registered Manager Completing QIP		Edward McLoughlin	Date Completed 08/06/2016
Registered Person Approving QIP		Edward Mcloughlin	Date Approved 08/06/2016
RQIA Inspector Assessing Response		C Muldoon	Date Approved 30/06/16

Please ensure this document is completed in full and returned to estates.mailbox@rqia.org.uk from the authorised email address



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
 @RQIANews

Assurance, Challenge and Improvement in Health and Social Care