



The Regulation and
Quality Improvement
Authority

Slemish House Nursing Home
RQIA ID: 1378
8 Broughshane Road
BT43 7DX
Ballymena

Inspector: Kieran Monaghan
Inspection ID: IN021649

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**Announced Estates Inspection
of
Slemish House Nursing Home**

05 May 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced estates inspection took place on 05 May 2015 from 10:20am. to 1:00pm. Overall on the day of the inspection the premises supported the delivery of safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Care Standards for Nursing Homes April 2015.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	7	1

The details of the QIP within this report were discussed with the Mrs. Dorothy McKeefry, Registered Manager and Mr. Pearse McGarry who deals with the maintenance issues in connection with the premises, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Responsible Individual: Mr. Ciaran Henry Sheehan, Slemish House Ltd	Registered Manager: Mrs. Dorothy McKeefry
Person in Charge of the Home at the Time of Inspection: Mrs. Dorothy McKeefry, Registered Manager	Date Manager Registered: 27 January 2014
Categories of Care: NH-I, NH-PH, NH-PH(E)	Number of Registered Places: 45
Number of Patients Accommodated on Day of Inspection: 39	Weekly Tariff at Time of Inspection: £593.00

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 44: Premises

Standard 47: Safe and Healthy working Practices

Standard 48: Fire Safety

4. Methods/Process

Specific methods/processes used in this inspection included the following:

Prior to this Estates inspection the following records were analysed:

Previous Estates inspection report and the statutory notifications over the past 12 months.

During the inspection, the inspector did not meet with patients, care staff, or support staff, visiting professionals or patient's visitors/representatives.

The following records were examined during this 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 and fire risk assessment.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was a primary announced finance inspection on 02 February 2015. The completed QIP was returned and approved by the specialist inspector.

5.2 Review of Requirements and Recommendations from the last Estates Inspection on 23 August 2012

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 2 Ref: Regulations 14(2)(a) 14(2)(c)	The method of controlling the window openings should be reviewed and improved as required to ensure that the restrictors cannot be easily disconnected without the use of a key or a specialist tool. All window openings should be controlled to a safe point of opening with a maximum clear opening of 100mm. Particular attention should be given to the window openings in bedroom 19 in this regard.	Met
	Action taken as confirmed during this inspection: Sample checks to the window openings undertaken during this Estates inspection indicated that the restrictors in bedrooms 19 and 22 could be disconnected with relative ease. Subsequent to this Estates inspection RQIA received confirmation that a full risk assessment had been carried out on all window openings and new restrictors had been fitted to the window openings in bedrooms 19, 22 and 29.	
Requirement 3 Ref: Regulation 27(2)(c)	The issues identified for attention in relation to the passenger lifts by the most recent thorough examinations should be followed up.	Met
	Action taken as confirmed during this inspection: The reports for the current thorough examinations of the passenger lifts were not presented for review during this Estates inspection. Subsequent to this Estates inspection RQIA received confirmation that thorough examinations of the passenger lifts were carried out on 06 May 2015 and the issues identified for attention were addressed on 13 May 2015.	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 4 Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)	<p>The report for the risk assessment in relation to the prevention or control of legionella bacteria in the water systems should be available in the home. The 'dead leg' pipe in the veg prep room should be checked to establish if this is part of the plumbing system and if so it should be removed. Water samples should be tested in relation to legionella bacteria.</p>	Partially Met
	<p>Action taken as confirmed during this inspection:</p> <p>The report for the most recent review of the legionella risk assessment that was completed on 21 August 2013 was presented for review during this Estates inspection. This report identified one issue for attention. This related to the provision of a schematic drawing for the water systems in the premises. This issue should be addressed and signed off. Taps had been fitted to the 'dead legs' in the veg prep room and the hairdressing room so that these outlets could be flushed out. These taps should be flushed twice each week and a record for this activity should be maintained in the home available for review during future inspections. Information in relation to the testing of water samples was not presented for review during this Estates inspection. The current position in relation to testing water samples should be clarified. Reference should be made to Requirement 1 in the attached Quality Improvement Plan.</p>	

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 5</p> <p>Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)</p>	<p>The results for the recent monthly checks to the blended and unblended hot water temperatures should be reviewed and adjustments should be made to the plumbing system including the thermostatic mixers to ensure that the following temperature standards are achieved and maintained.</p> <ul style="list-style-type: none"> • Blended hot water at baths 44°C Max. • Blended hot water at showers 41°C Max. • Blended hot water at WHBs 41°C Max. • Unblended hot water 50 – 60°C Min. 	<p>Partially Met</p>
	<p>Action taken as confirmed during this inspection:</p> <p>The results for the most recent monthly checks to the water temperatures were presented for review during this Estates inspection. These results indicated that the temperatures were generally satisfactory although not all outlets were fitted with thermostatic mixers in line with current standards. A temperature of 50°C , for example; was recorded at the hairdressing sink. Mrs. McKeefry advised that thermostatic mixing valves had been installed as required on the basis of risk assessments. A DO8 Type 3 fail-safe thermostatic mixing valve should however be fitted at the hairdressing sink. It is also recommended that DO8 Type 3 fail-safe thermostatic mixing valves should be fitted at all other wash basins which are accessible to patients and which do not currently have temperature controls in place. Reference should be made to Requirement 1 and Recommendation 1 in the attached Quality Improvement Plan.</p>	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 6 Ref: Regulations 14(2)(a)(c) 27(2)(c)	The position in relation to addressing the issues identified for attention in the reports for the most recent servicing of the passenger lifts should be clarified.	Met
	Action taken as confirmed during this inspection: The most recent services for the lifts were carried out on 06 February 2015. The reports for these services were presented for review during this Estates inspection. These reports identified the need for a safety mat in one of the plant rooms. The need for a safety mat in one of the plant rooms was also identified for attention in the reports for the most recent thorough examinations of the passenger lifts. Confirmation that this issue had been addressed on 13 May 2015 was however provided to RQIA. Refer also to previous Requirement 3.	
Requirement 7 Ref: Regulations 14(2)(a)(c) 27(2)(c)	The issue in relation to replacing the section of flexible duct to the dryer in the laundry identified for attention in the report for the most recent gas safety inspection should be addressed.	Met
	Action taken as confirmed during this inspection: This issue had been addressed.	
Requirement 9 Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(c)	The upgrading works to the fire alarm system and the remedial works to the emergency lights should be completed (in hand). The installation of the key pad fastening at the front door should be reviewed as part of this work to ensure compliance with the standards contained in BS 7273 – 4:2007. At present a green break glass unit has not been provided at this door.	Met
	Action taken as confirmed during this inspection: The works in relation to the upgrading of the fire detection and alarm system and the remedial works to the emergency lights had been completed. A green breakglass unit had also been installed for the electro-magnetic fastening on the front door.	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 10 Ref: Regulations 27(4)(b) 27(4)(d)(i)	The wall in the laundry where the duct from the dryer passes through should be fully fire sealed.	Met
	Action taken as confirmed during this inspection: The wall in the laundry where the duct from the dryer passes through had been sealed.	
Recommendation 1 Ref: Standard 32.8	It is recommended that the Nurse call system should be reviewed to establish if a comprehensive upgrade is required.	Met
	Action taken as confirmed during this inspection: Mr. McGarry confirmed that improvements had been carried out to the Nurse call system following the previous Estates inspection. The nurse call system had also been inspected and tested on 18 February 2015. The report for this inspection and test was presented for review during this Estates inspection. No issues were identified for attention in this report.	
Recommendation 8 Ref: Standard 32.8	It is recommended that the remaining radiator covers for the low risk locations should be fitted.	Met
	Action taken as confirmed during this inspection: Mrs. McKeefry confirmed that further radiator covers had been fitted following the previous Estates inspection. Mrs. McKeefry also confirmed that the controls in place in relation to this issue were adequate at this stage and this matter is kept under review.	

5.3 Standard 44: Premises

Is Care Safe? (Quality of Life)

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this Estates inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. This supports the delivery of safe care.

Is Care Effective? (Quality of Management)

A range of accommodation, facilities and support services is provided in the premises. This supports the delivery of effective care.

Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. This supports the delivery of compassionate care.

Two issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Areas for Improvement

1. The standard of décor in some of the bathrooms, for example bathroom 1 and bathroom 2 required attention. Subsequent to this Estates inspection RQIA received confirmation that the ground floor bathrooms had been repainted.
2. The floor coverings in bedrooms 29, 35 & 36 were not in a good condition. Subsequent to this Estates inspection RQIA received confirmation these floor coverings had been replaced.

Number of Requirements	0	Number Recommendations:	0
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5.4 Standard 47: Safe and Healthy Working Practices

Is Care Safe? (Quality of Life)

A range of documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this Estates inspection. This supports the delivery of safe care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Is Care Effective? (Quality of Management)

The nature and needs of the patients are considered as part of the risk assessment processes and this is reflected in the management of the home. This supports the delivery of effective care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Is Care Compassionate? (Quality of Care)

There are health and safety procedures and control measures in place which support the delivery of compassionate care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Areas for Improvement

1. It is good to report that the premises are equipped with a standby electricity generator. Mr. McGarry confirmed that this generator was tested each week. This is to be commended. The report for the most recent service of this generator was presented for review during this Estates inspection. This report identified a number of issues for attention. Subsequent to this Estates inspection RQIA received confirmation that the service engineer had returned to the home on the day of this Estates inspection and completed remedial works to the generator. A report for this work will also be forwarded to RQIA.
2. The heating boilers were serviced on 14 April 2015. The report for this service was presented for review during this Estates inspection. This report indicated that boiler No. 1 was in a poor condition. Mrs. McKeefry confirmed that arrangements were being made to replace this boiler. These arrangements should be finalised and confirmed to RQIA. Reference should be made to Requirement 2 in the attached Quality Improvement Plan.
3. An inspection and test report for the fixed wiring installation was presented for review during this Estates inspection. This report although indicating that the installation was in a satisfactory condition was out of date. Mrs. McKeefry confirmed that arrangements were being made to have the fixed wiring installation inspected and tested again within the next month. Subsequent to this Estates inspection RQIA received confirmation that this inspection and test had been arranged for 18 May 2015 and a copy of the report would be forwarded to RQIA. Reference should be made to Requirement 3 in the attached Quality Improvement Plan.
4. The extract fan in toilet 2 on the ground floor did not appear to be working. This extract fan should be checked and repaired or replaced as required. Reference should be made to Requirement 4 in the attached Quality Improvement Plan.

Areas for Improvement Continued

5. The splashback and the areas to each side of the hand wash basin in the staff changing facilities were in a poor condition. Remedial works should be completed to address these issues. Reference should be made to Requirement 4 in the attached Quality Improvement Plan.
6. Sample checks to the corridor doors indicated that these doors were closing when released from the hold open devices and that they were also providing an effective smoke seal between the meeting edges. One leaf of the double doors at bedroom 24 on the first floor was however closing too fast. A check should be carried out to all of the corridor doors and the self-closing devices should be adjusted or replaced as required to ensure that the closing of each door is adequately controlled. Reference should be made to Requirement 5 in the attached Quality Improvement Plan.
7. There was no lead in the Nurse call unit in bedroom 37. Mrs. McKeefry confirmed that this issue would be reviewed and a call lead would be provided if appropriate.
8. The most recent gas safety inspections to the cooker and the tumble dryer were completed on 28 April 2015. The reports for these safety inspections were presented for review during this Estates inspection. These reports confirmed that the installations were safe to use. A small number of issues were identified for attention in these reports. Mrs. McKeefry however confirmed that these issues had been addressed.
9. The most recent thorough examinations of the patient's lifting equipment were completed on 17 March 2015. The reports for these thorough examinations were presented for review during this Estates inspection. These reports did not contain all of the information set out in Schedule 2 of the Lifting Operations and Lifting Equipment (Northern Ireland) Regulations 1999. The frequency for these thorough examinations was also indicated as annual and not six monthly as referenced in the Lifting Operations and Lifting Equipment (Northern Ireland) Regulations 1999. One of the hoists also required a new actuator. Subsequent to this Estates inspection RQIA received confirmation that the layout and details in the reports for the thorough examinations would be reviewed with the engineers and that the outcome of this review would be confirmed to RQIA in due course. The position in relation to fitting the new actuator for one of the hoists should also be clarified. Reference should be made to Requirement 6 in the attached Quality Improvement Plan.

Number of Requirements	5	Number Recommendations:	0
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5.5 Standard 48: Fire Safety

Is Care Safe? (Quality of Life)

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. This supports the delivery of safe care.

Three issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Is Care Effective? (Quality of Management)

The standard used by the registered persons 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 patients, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment. Fire training was provided for all staff on 17 December 2014. This supports the delivery of effective care.

Is Care Compassionate? (Quality of Care)

The standard used by the registered persons to determine the extent of fire safety protection measures that are appropriate for the premises recognises the need to maintain a homely, non-institutionalised environment. This supports the delivery of compassionate care.

Areas for Improvement

1. The low level ventilation opening in the external wall of the laundry was not fully sealed from the wall cavity. This ventilation opening should be fully fire sealed from the cavity. Reference should be made to Requirement 7 in the attached Quality Improvement Plan.
2. The report for a fire risk assessment that was completed on 03 April 2014 was presented for review during this Estates inspection. Mrs. McKeefry confirmed that the issues identified for attention in the action plan in this report had been addressed with the exception of the replacement of the door between the kitchen and the vegetable prep/dry goods storage area. The need to replace this door had been discussed further during the most recent review of the fire risk assessment that had just been completed. The report for this most recent review was still pending. A copy of the report for this most recent review of the fire risk assessment should be forwarded to RQIA. Reference should be made to Requirement 7 in the attached Quality Improvement Plan.
3. The self-closing device for the door to the lounge at the end of the first floor corridor was missing. Subsequent to this Estates inspection RQIA received confirmation that a new self-closing device was fitted to this door in the afternoon following this Estates inspection.

Number of Requirements	1	Number Recommendations:	0
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5.6 Additional Areas Examined

No additional areas were examined during this Estates inspection.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs. Dorothy McKeefry, Registered Manager and Mr. Pearse McGarry who deals with the maintenance issues in connection with the premises 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.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Care Standards for Nursing Homes April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered responsible person should review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP should be returned to estates.mailbox@rqia.org.uk for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered persons from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered persons with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)</p> <p>Stated: First time</p> <p>To be Completed by: 05 August 2015 & Ongoing</p>	<p>A schematic drawing should be provided for the water systems in the premises. The taps to the 'dead legs' in the vegetable prep room and in the hairdressing room should be flushed twice each week. A record for this activity should be maintained in the home available for review during future inspections. The current position in relation to testing water samples should be clarified. A DO8 Type 3 fail-safe thermostatic mixing valve should be fitted at the hairdressing sink.</p> <p>Response by Registered Manager Detailing the Actions Taken: A schematic drawing has been drawn for the water systems and the completed drawing will be forwarded to RQIA before 1st July 2015.</p> <p>The taps to dead legs in the vegetable room and hairdressing room are flushed twice weekly and a record is maintained in the Home.</p> <p>Water samples are tested monthly.</p> <p>Mixing valve has been fitted to hairdressing room on 23rd June 2015.</p>
<p>Requirement 2</p> <p>Ref: Regulation 27(2)(c)</p> <p>Stated: First time</p> <p>To be Completed by: 05 August 2015</p>	<p>The replacement of heating boiler No. 1 should be confirmed to RQIA.</p> <p>Response by Registered Manager Detailing the Actions Taken: An assessment was carried out on 16th June 2015 - Jeff Castles is in the process of submitting a quote for the replacement boiler. We are also looking into gas/oil and this is the delay.</p>
<p>Requirement 3</p> <p>Ref: Regulation 27(2)(q)</p> <p>Stated: First time</p> <p>To be Completed by: 05 July 2015</p>	<p>A copy of the report for the inspection and test to the fixed wiring installation that is planned for 18 May 2015 should be forwarded to RQIA.</p> <p>Response by Registered Manager Detailing the Actions Taken: A copy of this report has been forwarded to the RQIA.</p>

Quality Improvement Plan

Statutory Requirements

<p>Requirement 4</p> <p>Ref: Regulations 13(7) 27(2)(b) 27(2)(p)</p> <p>Stated: First time</p> <p>To be Completed by: 05 August 2015</p>	<p>The extract fan in toilet 2 on the ground floor should be checked and repaired or replaced as required. The splashback and the areas to each side of the hand wash basin in the staff changing facilities should be improved.</p> <p>Response by Registered Manager Detailing the Actions Taken: The extractor fan was replaced 16th June in Toilet 2. New splashback has been fitted to staff changing facilities.</p>
<p>Requirement 5</p> <p>Ref: Regulations 14(2)(a) 14(2)(c)</p> <p>Stated: First time</p> <p>To be Completed by: 05 July 2015</p>	<p>A check should be carried out to all of the corridor doors and the self-closing devices should be adjusted or replaced as required to ensure that the closing of each door is adequately controlled.</p> <p>Response by Registered Manager Detailing the Actions Taken: A check has been carried out on all corridor doors and self closing devices have been adjusted or placed on 15th May 2015.</p>
<p>Requirement 6</p> <p>Ref: Regulations 27(2)(c) 14(2)(a) 14(2)(c)</p> <p>Stated: First time</p> <p>To be Completed by: 05 July 2015</p>	<p>The reports for the thorough examinations of the patient's lifting equipment should include all of the information set out in Schedule 2 of the Lifting Operations and Lifting Equipment (Northern Ireland) Regulations 1999. The frequency for these thorough examinations should be changed to six monthly. The position in relation to fitting the new actuator for one of the hoists should also be clarified.</p> <p>Response by Registered Manager Detailing the Actions Taken: The reports for the thorough examinations of the patient's lifting equipment (LOLER) include all the information. The examinations will be carried out 6 monthly.</p> <p>The new actuator for one of the hoists, has been fitted.</p>

Quality Improvement Plan

Statutory Requirements

<p>Requirement 7</p> <p>Ref: Regulations 27(4)(b)</p> <p>Stated: First time</p> <p>To be Completed by: 05 July 2015</p>	<p>The low level ventilation opening in the external wall in the laundry should be fully sealed from the cavity. A copy of the report for the most recent review of the fire risk assessment should be forwarded to RQIA</p>
	<p>Response by Registered Manager Detailing the Actions Taken:</p> <p>The low level ventilation opening in the external wall in the laundry has been fully sealed.</p> <p>Enclosed is recent First Risk Assessment.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 47.1</p> <p>Stated: First time</p> <p>To be Completed by: 05 August 2015</p>	<p>It is recommended that DO8 Type 3 fail-safe thermostatic mixing valves should be fitted at all wash basins which are accessible to patients and which do not currently have temperature controls in place.</p>
	<p>Response by Registered Manager Detailing the Actions Taken:</p> <p>A process is in place to fit DO8 Type 3 fail-safe thermostatic mixing valves at all wash basins which are accessible to Residents and will be completed by 5th August 2015.</p>

Registered Manager Completing QIP	Dorothy McKeefry	Date Completed	23/06/15
Registered Person Approving QIP	Nuala Green	Date Approved	24/06/15
RQIA Inspector Assessing Response	Kieran Monaghan	*Date Approved	06/10/2015

* Clarification or follow up required on some items.

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

Please provide any additional comments or observations you may wish to make below: