



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

ANNOUNCED ESTATES INSPECTION

| | |
|-------------------------------|------------------------------|
| Inspection No: | 17920 |
| Establishment ID No: | 1381 |
| Name of Establishment: | Clonlee Private Nursing Home |
| Date of Inspection: | 26 June 2014 |
| Inspector's Name: | Gavin Doherty |

1.0 GENERAL INFORMATION

| | |
|--|---|
| Name of Home: | Clonlee Private Nursing Home |
| Address: | 132 Belfast Road Muckamore Antrim BT41 2ET |
| Telephone Number: | 9446 1166 |
| Registered Organisation/Provider: | Ms Naomi Carey and Mrs Janet Montgomery Hutchinson Homes Ltd |
| Registered Manager: | Mrs Perpetua Latta |
| Person in Charge of the Home at the time of Inspection: | Mrs Perpetua Latta |
| Other person(s) consulted during inspection: | None. |
| Type of establishment: | Nursing Home |
| Number of Registered Places: | 45 NH-I, NH-PH There may be a maximum of 8 patients in category NH-PH. The home is also approved to provide care on a day basis to 4 persons |
| Date and time of inspection: | 26 June 2014 from 1030-1300 |
| Date of previous estates inspection: | 8 November 2011 |
| Name of Inspector: | Gavin Doherty |

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect Nursing Homes.

This is a report of an announced inspection to assess the quality of the premises and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. The report details the extent to which the standards measured during 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 Mrs Perpetua Latta
- 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 the Home's Manager, Mrs Perpetua Latta.

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

Clonlee Private Nursing Home is situated on an attractive site on the outskirts of Antrim town. The Home is approached through a large reception area and the office accommodation is situated within this area. The home is a two-storey facility and comprises of 39 single bedrooms and three double bedrooms.

There are two lounges adjacent to the reception area and two dining rooms which are easily accessed from the kitchen. There are toilet and bathing facilities situated throughout the home. Catering and laundry services are provided on site and patients also have access to a hairdressing salon which is on the first floor. The garden and grounds are well maintained, with car parking facilities.

8.0 SUMMARY

Following the Estates Inspection of Clonlee on 26 June 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 six requirements and one recommendation. 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 of Mrs Perpetua Latta 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 It was good to note that the issue raised in the report of the previous estates inspection on 8 November 2011 had been fully addressed.

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 on-going maintenance activities within the home and the home appeared very 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. New floor finishes and furnishings have been provided in several areas since the last inspection. This on-going commitment to the quality of the building fabric is to be commended. There are therefore no requirements or recommendations made against this standard as a result of this inspection.

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

9.3.1 By in large, safe and healthy working practices appear evident in the home in accordance with this standard. Records indicate that the patient lifting equipment and the home's passenger lift are being suitably serviced and are subject to suitable thorough examination. The home's heating and gas installations are also subject to regular service, inspection and testing along with all portable electrical appliances. The hot and cold water systems were subject to a chemical treatment on 18 September 2013. The most recent environmental health inspection awarded the home the maximum score of '5'. 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 35 – Safe and healthy working practices**'.

9.3.2 A risk assessment for the 'control of Legionella bacteria within the home's hot and cold water systems' was undertaken by the home and was available for inspection. Several control measures required as a result of this risk assessment have been implemented. However, in light of recently revised guidance now issued by the Health and Safety Executive ('L8: Approved Code of Practice' and 'HSG274 part 2: The control of legionella bacteria in hot and cold water services'), the registered person should carry out a review of this risk assessment and ensure that adequate control measures are in place and maintained within the home. These control measures will include the:

- Provision of suitable schematic drawings identifying the key components of the system
- Identification of the sentinel outlets throughout the home
- Identification and removal of all dead legs throughout the home
- Temperature monitoring at Calorifiers and Cold water storage tanks
- Temperature monitoring at sentinel outlets
- Regular disinfection and descaling of shower heads and hoses
- Regular flushing of infrequently used outlets
- Provision of a suitable inspection and maintenance regime for the key components of the hot and cold systems, including the various tanks and any thermostatic mixing valves present in the system

(Item 1 in the attached Quality improvement plan)

9.3.3 It is good to note that the Home's passenger lift is subject to regular 'Thorough Examination' provided by their Insurer. This is in accordance with the Lifting Operations Lifting Equipment Regulations (LOLER). It is important that the remedial works required as a result of this inspection are fully implemented within the timescales stipulated in the report (10 March 2014). These items include:

- Lift car apron foot plate to be reinstated
- Lift access hole to be permanently covered
- Provision of emergency lighting in the Lift Plant Room
- Bund to protect from Lift Hydraulic oil spills
- Various safety notices and barriers

(Item 2 in the attached Quality improvement plan)

9.3.4 The Home's Fixed Electrical Installation was last formally inspected on 26 January 2009. Whilst this important inspection is now overdue, it is accepted that there are significant alterations and additions currently being undertaken to this installation within the home. Once these alterations and additions are completed it will be essential to have this formal inspection undertaken to ensure that the home's existing circuits remain in a satisfactory condition. (Item 3 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 demonstrated good attention to fire safety matters and a fire risk assessment was undertaken on 28 February 2014. This risk assessment has been implemented and signed-off by the home manager. Fire drills are carried out periodically for both day and night staff, with the latest one

recorded on 1 May 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. The in-house checks for the above are also maintained at the required intervals, and records were available for inspection within the home. However, three requirements and one recommendation 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 The engineers responsible for the maintenance and inspection of the fire alarm and detection system have stated in their maintenance reports since the 15 November 2012 that the Home's existing fire alarm panel is obsolete and should be replaced. This could have major ramifications for the home if the panel fails and suitable parts cannot be readily obtained. It is therefore essential that suitable action is taken to address this issue without further delay. Details should be forwarded to RQIA outlining how this issue will be addressed along with a suitable timescale for its implementation.
(Item 4 in the attached Quality improvement plan)
- 9.4.3 No current records were available for inspection in relation to the Home's Emergency Lighting installation. The most recent inspection report available was dated 30 November 2011. It is essential that a suitable inspection and battery discharge test is undertaken for this installation on an annual basis and in accordance with BS5266-8:2004 Emergency escape lighting systems. This inspection should be undertaken without further delay or a copy of the current inspection certificate should be forwarded to RQIA if available.
(Item 5 in the attached Quality improvement plan)
- 9.4.4 The fire resisting doors located at the
- Top of the main staircase (1st Floor)
 - Corridor adjacent to Bedroom 31 (1st Floor)
 - Corridor adjacent to Bedroom 36 (1st Floor)
- Have missing or damaged smoke seals which should be replaced.
(Item 6 in the attached Quality improvement plan)
- 9.4.5 It is recommended that the next annual review of the fire risk assessment should be carried out by a person or a company certified by a third party UKAS accredited certification body or a person who is registered with one of the fire safety professional bodies. Reference should be made to correspondence issued by RQIA to all Registered Persons on 13 January 2013 and the following guidance contained therein:
http://www.rqia.org.uk/what_we_do/registration_inspection_and_reviews/service_provider_guidance/fire_safety_information.cfm
(Item 7 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 Mrs Perpetua Latta 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**

Quality Improvement Plan

- for -

Announced Estates Inspection

- of -

Clonlee Private Nursing Home

- on -

26 June 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. | | | | | |

NOTES:

The details of the quality improvement plan were discussed with Mrs Perpetua Latta 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 | |
| NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP | |

Announced Estates Inspection to Clonlee on 26 June 2014

Assurance, Challenge and Improvement in Health and Social Care

Standard 35 – Safe and healthy working practices.

The following requirements and recommendations should be noted for action in relation to Standard 35 – Safe and healthy working practices

| Item | Regulation Reference | Requirements | Timescale | Details Of Action Taken By Registered Person (S) |
|------|--------------------------------------|---|--|--|
| 1 | Regulation 27 (2)(q) 14 (2)(a)(c) | Ensure that the risk assessment in relation to the 'control of legionella bacteria in the Home's hot and cold water systems' is suitably reviewed and ensure that adequate control measures are in place and maintained within the home. Reference should be made to recently revised guidance now issued by the Health and Safety Executive ('L8: Approved Code of Practice' and 'HSG274 part 2: The control of legionella bacteria in hot and cold water services' (Refer to 9.3.2 in the Report) | 8 Weeks | |
| 2 | Regulation 27 (2)(q) 14 (2)(a)(c) | Ensure that the remedial works required as a result of the latest LOLER 'thorough examination' on the Home's passenger lift, are fully implemented. (Refer to 9.3.3 in the Report) | within the timescales stipulated in the 'thorough examination' | |
| 3 | Regulation 27 (2)(q) 14 (2)(a)(c) | Ensure that the Home's fixed electrical installation is suitably tested and inspected upon completion of the current construction works currently being undertaken at the home. (Refer to 9.3.4 in the Report) | Upon completion of the current construction works. | |

Announced Estates Inspection to Clonlee on 26 June 2014

Assurance, Challenge and Improvement in Health and Social Care

Standard 36 – Fire safety.

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

| Item | Regulation Reference | Requirements | Timescale | Details Of Action Taken By Registered Person (S) |
|-------------|-----------------------------|---|---|---|
| 4 | Regulation 27 (4)(b) | Provide full details to RQIA, addressing the replacement of the existing fire alarm panel along with a suitable timescale for its implementation. (Refer to 9.4.2 in the Report) | 4 Weeks | |
| 5 | Regulation 27 (4)(d) | Ensure that a suitable inspection is undertaken for the Home's emergency lighting installation without further delay, or forward a copy of the current inspection certificate to RQIA if in place. (Refer to 9.4.3 in the Report) | 4 Weeks | |
| 6 | Regulation 27 (4)(d) | Replace the missing or damaged smoke seals to the fire resisting doors located at the <ul style="list-style-type: none">• Top of the main staircase (1st Floor)• Corridor adjacent to Bedroom 31 (1st Floor)• Corridor adjacent to Bedroom 36 (1st Floor) (Refer to 9.4.4 in the Report) | 8 Weeks | |
| Item | Standard Reference | Recommendation | Timescale | Details Of Action Taken By Registered Person (s) |
| 7 | Standard 29.5 | It is recommended that the next annual review of the fire risk assessment is carried out by a person or a company certified by a third party UKAS accredited certification body or a person who is registered with one of the fire safety professional bodies. (Refer to 8.4.5 in the report) | Upon review of the Fire Risk Assessment | |

Announced Estates Inspection to Clonlee on 26 June 2014

Assurance, Challenge and Improvement in Health and Social Care