



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:	17917
Establishment ID No:	1384
Name of Establishment:	Ravenhill Private Nursing Home
Date of Inspection:	10 June 2014
Inspector's Name:	Gavin Doherty

1.0 GENERAL INFORMATION

Name of Home:	Ravenhill Private Nursing Home
Address:	79-81 Shore Road Greenisland BT38 8TZ
Telephone Number:	028 9086 2169
Registered Organisation/Provider:	Mr William Trevor Gage
Registered Manager:	Mrs Christine Kim
Person in Charge of the Home at the time of Inspection:	Mrs Christine Kim
Other person(s) consulted during inspection:	None.
Type of establishment:	Nursing Home
Number of Registered Places:	38 NH-I, NH-PH, RC-I
Date and time of inspection:	10 June 2014 from 1030-1300
Date of previous estates inspection:	20 October 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 Christine Kim
- 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 Christine Kim.

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

Ravenhill Private Nursing Home is a substantial three story dwelling, which has been adapted and extended to create a 38 bedded nursing home. It is situated on the shores of Belfast Lough on the main Belfast to Carrickfergus Shore Road. Bedroom accommodation is provided in mainly single rooms with double rooms available. There are a range of toilet, bath and shower facilities, communal lounges and a large dining area. The home's gardens have been landscaped and the view over Belfast Lough provides a very pleasant outlook for patients accommodated in the home. The home is registered to provide nursing care to 38 patients within the categories of NH-I old age not falling within any other category and NH-PH physical disability other than sensory impairment under 65 years.

8.0 SUMMARY

Following the Estates Inspection of Ravenhill on 10 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 one restated recommendation, four requirements and two new 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 of Mrs Christine Kim 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 20 October 2011 had been substantially addressed. However, one item has not been fully addressed and this is restated below and in the section of the attached quality improvement plan titled '**Standard 35 – Safe and healthy working practices**'.
- 9.1.2 Ensure that suitable provision is made for the home to continue to operate in the event of the loss of its mains electricity supply. Consideration should be given to the provision of a suitable electrical hook-up point to allow for the use of an emergency electrical generator required as a result of such a mains electricity failure. (Item 1 in the attached Quality improvement plan)

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 carpets and curtains 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 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. The hot and cold water systems were subject to a chemical treatment on 3 February 2014. And the most recent environmental health inspection on 21 October 2013 awarded the home the maximum score of '5'. 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 A risk assessment for the 'control of Legionella bacteria within the home's hot and cold water systems' was undertaken on 3 October 2013 and was available within the home at the time of the inspection. Several of the control measures required as a result of this risk assessment have been implemented, but others remain outstanding. It is essential that the action plan flowing from this risk assessment is fully implemented and maintained including:

- 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

Advice regarding the implementation of these control measures should be sought from the author of the risk assessment.

(Item 2 in the attached Quality improvement plan)

9.3.3 The Gas Safe certification for the home was not available at the time of the inspection. Further correspondence from the home on 25 June 2014 confirmed that this inspection has taken place and that remedial works are in-hand. The certificate will be issued and forwarded to RQIA once these works are completed. (Item 3 in the attached Quality improvement plan)

9.3.4 The shelving in new stores formed in the decommissioned lift shaft should be painted/varnished or sealed in accordance with current infection control best practice. (Item 4 in the attached Quality improvement plan)

9.3.5 It is good to note that the Thermostatic mixing valves are currently being replaced throughout the home. Current best practice guidance in the fitting of such valves would recommend that the final connections to the sanitary ware be completed in solid copper, avoiding the use of flexible connectors. If flexible connectors are to be used then confirmation should be provided that these connectors meet the required 'WRAS' (Water regulations advisory scheme) approvals. (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 demonstrated good attention to fire safety matters and a fire risk assessment was undertaken on 3 October 2013. 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 4 April 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 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 weekly test of the fire alarm and detection system had recently not been carried out on a weekly basis. It is essential that this important test is carried out in accordance with the best practice guidance contained in BS5839-1:2013 'Fire detection and fire alarm systems for buildings. Code of practice for design, installation, commissioning and maintenance of systems in non-domestic premises'.
(Item 6 in the attached Quality improvement plan)
- 9.4.3 The most recent inspection certificates for the fire alarm and detection system and the emergency lighting installation were dated 15 January 2014. It was impossible to ascertain if the remedial works required as a result of these inspections had been completed. Further correspondence from the home on 25 June 2014, confirmed that Sentor Electrical Services Ltd had completed these remedial works and both system are deemed to be in a 'satisfactory' condition. No further action is therefore required at this time.
- 9.4.4 The fire resisting doors fitted to the new stores formed in the decommissioned lift shaft are not fitted with the required intumescent / smoke seals. It is essential that these seals are fitted without further delay to ensure that these doors perform as required. (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 Christine Kim 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 sign off sheet for estates inspectors

Name of Home	Ravenhill Nursing Home
Date of Inspection	10 June 2014
Name of Inspector	Gavin Doherty

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.		✓		Gavin Doherty	22/8/2014
C.	Clarification or follow up required on some items.					

Estates Inspection – QIP sign off sheet

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NOTES:

The details of the quality improvement plan were discussed with Mrs Christine Kim as part of the inspection process.

The timescales commence from the date of inspection.


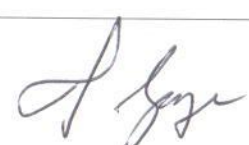
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Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the Nursing home to improve the 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 Ravenhill on 10 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	Restated Recommendation	Timescale	Details Of Action Taken By Registered Person (S)
1	Regulation 27 (2)(q) 14 (2)(a)(c)	Consideration should be given to the provision of a suitable electrical hook-up point to allow for the use of an emergency electrical generator in the event of a mains electricity failure. (Refer to 9.1.2 in the Report)	12 Weeks	SOURCING AT PRESENT AND SHOULD BE INSTALLED WITHIN GIVEN TIMESCALE
Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
2	Regulation 27 (2)(q) 14 (2)(a)(c)	Ensure that the action plan flowing from the risk assessment in relation to 'The control of legionella bacteria in the home's hot and cold water systems' is fully implemented and maintained. If required further advice regarding the implementation of these control measures should be sought from the author of the risk assessment. (Refer to 9.3.2 in the Report)	8 Weeks	TEMPERATURE GAUGES FITTED TO WATER TANKS TO FACILITATE MONTHLY MONITORING AS DIRECTED.
3	Regulation 27 (2)(q) 14 (2)(a)(c)	Forward a copy of the Gas Safe certificate for the home to RQIA once the outstanding remedial works are completed. (Refer to 9.3.3 in the Report)	4 Weeks	GAS SAFETY CERTIFICATE FORWARDED AS REQUESTED

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	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
4	Regulation 14 (2)(a)(c)	Ensure the shelving in the stores formed in the decommissioned lift shaft is sealed in accordance with current infection control best practice. (Refer to 9.3.4 in the Report)	12 Weeks	SHELVING HAS BEEN PAINTED + SEALED AS DIRECTED.
5	Regulation 27 (2)(q) 14 (2)(a)(c)	Ensure that the final connections between the newly fitted thermostatic mixing valves and the associated sanitary ware are completed in accordance with current best practice. (Refer to 9.3.5 in the Report)	Immediate & On-going	TMV CONNECTIONS CHECKED + CONFIRMED AS MEETING WRAS APPROVAL.

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 weekly test of the fire alarm and detection system is carried out in accordance with the best practice guidance contained in BS5839-1:2013. (Refer to 9.4.2 in the Report)	Immediate & On-going	MANAGER WILL ENSURE WEEKLY TESTING IS CARRIED OUT AS REQUIRED + RECORDED.
7	Regulation 27 (4)(b)	Ensure that the fire resisting doors fitted to the new stores formed in the decommissioned lift shaft are fitted with intumescent / smoke seals. (Refer to 9.4.3 in the Report)	4 Weeks	SMOKE SEALS HAVE BEEN FITTED AS DIRECTED.

Announced Estates Inspection to Ravenhill on 10 June 2014

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