



The **Regulation** and
Quality Improvement
Authority

Prospect Private Nursing Home
RQIA ID: 1388
3 Old Galgorm Road
Ballymena
BT42 1AL

Inspector: Colin Muldoon
Inspection ID: IN021472

Tel: 028 2564 5813
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**Announced Estates Inspection
of
Prospect Private Nursing Home**

17 November 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 17 November 2015 from 10.30 to 15.15. 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 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	4

The details of the QIP within this report were discussed with Mrs Elizabeth Ross (Registered Manager) and Mr Mark McMullan (Registered Responsible Person) as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Prospect Private Nursing Home Ltd Mr Mark McMullan (Responsible Person)	Registered Manager: Mrs Elizabeth Ross
Person in Charge of the Home at the Time of Inspection: Mrs Elizabeth Ross	Date Manager Registered: 01 April 2005
Categories of Care: NH-I, NH-PH	Number of Registered Places: 52
Number of Patients Accommodated on Day of Inspection: 47	Weekly Tariff at Time of Inspection: £621 - £682

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 include the following:

Prior to inspection the following records were analysed: Previous estates inspection report, statutory notifications over the past 12 months and the last care inspection report.

Discussions with Mrs Elizabeth Ross (Registered Manager) and Mr Mark McMullan (Registered 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.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 05 February 2015. The completed QIP was returned to RQIA and the responses were assessed as acceptable by the specialist inspector.

5.2 Review of Requirements and Recommendations from the last Estates Inspection on 29 November 2012

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27.-(2)(q)	Arrangements should be made to have all the thermostatic mixing valves regularly maintained in accordance with the manufacturer's instructions.	Met
	Action taken as confirmed during the inspection: There were records of the thermostatic mixing valves being serviced by a contractor.	
Requirement 2 Ref: Regulation 27.-(2)(c)	The hoist slings must be thoroughly examined in accordance with the Lifting Operations and Lifting Equipment Regulations (NI) 1999 (LOLER).	Met
	Action taken as confirmed during the inspection: There were records of the slings having been checked by a specialist contractor in November 2015. Refer also to section 5.3 item 1 and requirement 2 in the quality improvement plan.	
Requirement 4 Ref: Regulation 27.-(4)(d)(i)	The fire doors to the laundry and in the first floor corridor at the back stairs require to be adjusted so that they close tight under force of the closer to provide an effective fire seal.	Partially Met
	Action taken as confirmed during the inspection: The first floor corridor door was working correctly. A free swing closer has been fitted to the laundry door. The closer was working on the day of inspection but required some adjustment to close the door tight to the stops. Refer also to section 5.5 item 1 and requirement 1 in the quality improvement plan.	

Requirement 5 Ref: Regulation 27.-(4)(a)	A copy of the emergency procedures should be posted at the fire panel.	Met
	Action taken as confirmed during the inspection: A general procedure is posted at the fire panel. The detailed procedure for staff to follow is on file. Refer also to section 5.5 item 2 and recommendation 1 in quality improvement plan.	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 3 Ref: Standard 35	A procedure should be established to function test each nurse call point at least monthly.	Not Met
	Action taken as confirmed during the inspection: Not implemented. Refer also to section 5.4 item 1 and recommendation 2 in quality improvement plan.	

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.

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)

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.

Areas for Improvement

1. There was no documentation available to confirm that the LOLER (Lifting Operations and Lifting Equipment Regulations (NI) 1999) thorough examination of the hoisting equipment is up to date.
Refer to requirement 2 in quality improvement plan.
2. The last review of the legionella risk assessment was carried out in July 2010. Water samples were tested in September 2015 although did not appear to include tests for the presence of legionella.
Refer to requirement 3 and recommendation 3 in quality improvement plan.
3. There were Gas Safe certificates dated January 2015 for each of the installations. The certificates relating to the tumble dryers and catering equipment did not confirm that the appliances were safe to use. The certificate for the catering equipment also confirmed that a gas tightness test was not carried out.
Refer to requirement 4 in quality improvement plan.
4. The report on a very recent test and inspection of the electrical installation records that it was in an unsatisfactory condition and a number of issues requiring remedial action were identified. Mr McMullan confirmed that arrangements were being made to address these issues.
Refer to requirement 5 in quality improvement plan.
5. The carpet on the 'old' staircase has some loose threads.
Refer to requirement 6 in quality improvement plan.

Number of Requirements	5	Number Recommendations:	1
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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.

Is Care Compassionate? (Quality of Care)

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

Areas for Improvement

1. It is recommended that there is a procedure to function test each nurse call point at least monthly or at a frequency established through risk assessment.
Refer to recommendation 2 in quality improvement plan.

Number of Requirements	0	Number Recommendations:	1
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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.

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 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 patients, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment. 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)

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 laundry door should be adjusted so that it reliably closes to provide an effective fire seal.
Refer to requirement 1 in quality improvement plan.
2. It is recommended that a detailed fire action plan is posted at the fire panel.
Refer to recommendation 1 in quality improvement plan.
3. Although some fire drills have taken place it could not be confirmed that all staff have participated.
Refer to requirement 7 in quality improvement plan.

4. The fire detection and alarm system was maintained recently by a specialist contractor. It was unclear from the documentation when the previous service was carried out. Refer to recommendation 4 in quality improvement plan.

Number of Requirements	2	Number Recommendations:	2
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5.6 Additional Areas Examined

Not applicable.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Elizabeth Ross (Registered Manager) and Mr Mark McMullan (Registered 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.

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 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 Persons

The QIP should 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 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 person/manager 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 person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 Ref: Regulation 27.-(4)(c) and (d)(i) Stated: First time To be Completed by: 17 December 2015	<p>The laundry door should be adjusted so that it reliably closes to provide an effective fire seal.</p> <p>Response by Registered Manager Detailing the Actions Taken: Laundry Door adjusted</p>
Requirement 2 Ref: Regulation 27.-(2)(c) Stated: First time To be Completed by: 17 December 2015	<p>It should be confirmed that there are arrangements to have the hoisting equipment thoroughly examined at least every six months in accordance with the Lifting Operations and Lifting Equipment Regulations (NI) 1999.</p> <p>Response by Registered Manager Detailing the Actions Taken: Hoisting equipment examined on 6th January 2016 in accordance with LOLER and is now scheduled 6 monthly.</p>
Requirement 3 Ref: Regulations 13.-(7) 14.-(2)(c) Stated: First time To be Completed by: 17 January 2016	<p>The legionella risk assessment should be reviewed by a competent person using the current code of practice technical guidance. The action plan and scheme of control arising from the risk assessment should be fully implemented within timescales acceptable to the risk assessor. Reference should be made to Health and Safety Executive document L8 and the associated technical guidance HSG274 Part 2.</p> <p>Response by Registered Manager Detailing the Actions Taken: Legionella risk assessment carried out 8th December 2015, action plan and control ongoing.</p>
Requirement 4 Ref: Regulation 27.-(2)(c) and (q) Stated: First time To be Completed by: 17 December 2015	<p>A Gas Safe contractor should provide verification that the kitchen and laundry appliances and installations are gas tight and safe to use.</p> <p>Response by Registered Manager Detailing the Actions Taken: Gas safety inspection for appliances and installations due before the end of January 2016.</p>

Requirement 5 Ref: Regulation 27.-(2)(q) Stated: First time To be Completed by: Immediate and ongoing	<p>The electrical installation should be restored to a satisfactory condition by carrying out the necessary remedial work in accordance with the urgency attached to the category of each issue.</p> <p>Response by Registered Manager Detailing the Actions Taken: All critical issues addressed and remaining work to be completed within next 1-2 weeks.</p>
Requirement 6 Ref: Regulation 14.-(2)(a) and (c) Stated: First time To be Completed by: Ongoing	<p>The condition of the stair carpet should be monitored and any necessary action taken before it becomes a hazard.</p> <p>Response by Registered Manager Detailing the Actions Taken: Stair carpet continues to be monitored and action taken as necessary.</p>
Requirement 7 Ref: Regulation 27.-(4)(f) Stated: First time To be Completed by: Ongoing	<p>Arrangements should be made which will ensure that all staff participate in practice fire drills which confirm that, using the emergency procedure and apparatus and the information in PEEPs, an effective evacuation can be carried out at any time including when the minimum number of staff are on duty. Records should be kept of all drills including the outcome of post drill debriefs. The learning points gained during drills and debriefs should be included in subsequent training and team meetings. Reference should be made to NIHTM84</p> <p>Response by Registered Manager Detailing the Actions Taken: Fire drill to take place to ensure all staff participate, this is ongoing.</p>
Recommendations	
Recommendation 1 Ref: Standard 48 Stated: First time To be Completed by: 17 December 2015	<p>A fire plan which gives staff detailed instructions to follow during a fire alert should be posted at the fire panel.</p> <p>Response by Registered Manager Detailing the Actions Taken: Fire plan now detailed at reception.</p>

Recommendation 2 Ref: Standard 47 Stated: Second time To be Completed by: Ongoing	There should be a procedure to function test each nurse call point at least monthly or at a frequency established through risk assessment.		
	Response by Registered Manager Detailing the Actions Taken: Monthly testing of nurse call resumed December 2015 and ongoing.		
Recommendation 3 Ref: Standard 44 Stated: First time To be Completed by: Ongoing	It is recommended that the water sample testing includes checks for the presence of legionella.		
	Response by Registered Manager Detailing the Actions Taken: Checks for legionella in water samples to be carried out at the next scheduled service.		
Recommendation 4 Ref: Standard 48 Stated: First time To be Completed by: Ongoing	It should be ensured that the fire detection and alarm system is being maintained in accordance with BS5839. It is recommended that the installation is serviced at least quarterly.		
	Response by Registered Manager Detailing the Actions Taken: Maintenance of fire detection and alarm system to be serviced quarterly.		
Registered Manager Completing QIP		Mrs Liz Ross	Date Completed 11/01/16
Registered Person Approving QIP		Mr Mark McMullan	Date Approved 11/01/16
RQIA Inspector Assessing Response		C Muldoon	Date Approved 27/01/2016

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