



The **Regulation** and
Quality Improvement
Authority

Ratheane Private Nursing Home
RQIA ID: 1431
58 Mountsandel Road
Coleraine
BT52 1JF

Inspector: Colin Muldoon
Inspection ID: IN021473

Tel: 028 7034 4299
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Announced Estates Inspection
of
Ratheane Private Nursing Home

09 June 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 09 June 2015 from 10.30 to 15.45. 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	9	1

The details of the QIP within this report were discussed with Mrs Araceli Flores (Manager) as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Ratheane Mr B Macklin Mrs M Macklin	Registered Manager: Mrs Araceli Flores
Person in Charge of the Home at the Time of Inspection: Mrs Araceli Flores	Date Manager Registered: 02 September 2014
Categories of Care: NH-I, NH-PH, NH-PH(E), RC-I, RC-PH, RC-PH(E)	Number of Registered Places: 79
Number of Patients and Residents Accommodated on Day of Inspection: 68	Weekly Tariff at Time of Inspection: RC £470 – £528 NH £593 - £637

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, and previous care inspection report.

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 care inspection dated 14 December 2014. The completed QIP was returned and the responses were considered to be acceptable by the care inspector.

5.2 Review of Requirements and Recommendations from the last Estates Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27.-(2)(q)	<p>The electrician's recommendation that the electrical installation be tested and inspected in February 2012 should be followed up.</p> <p>Action taken as confirmed during the inspection: Addressed.</p>	Met
Requirement 2 Ref: Regulation 27.-(2)(c) 27.-(2)(q)	<p>It must be confirmed that there is a valid Gas Safe certificate which verifies that the kitchen appliances and installation are in a safe and satisfactory condition.</p> <p>Action taken as confirmed during the inspection: Addressed.</p>	Met
Requirement 3 Ref: Regulation 27.-(2)(d)	<p>The walls and ceiling in the main kitchen should be redecorated. It is recommended that consideration be given to the provision of a more effective cooker hood.</p> <p>Action taken as confirmed during the inspection: Addressed.</p>	Met
Requirement 4 Ref: Regulation 27.-(2)(c)	<p>In relation to the maintenance of the thermostatic mixing valves it should be confirmed that all the manufacturers recommendations are being followed.</p> <p>Action taken as confirmed during the inspection: In the returned QIP following the last Estates inspection the manager and responsible person confirmed that 'the maintenance of the thermostatic mixing valves is performed in accordance with the manufacturer's recommendations' There was no relevant documentation on site on the day of this inspection but the inspector was informed that the TMV's were serviced by a specialist water hygiene contractor in February 2015.</p>	Met

<p>Requirement 5</p> <p>Ref: Regulation 27.-(2)(s)</p>	<p>The registered person must ensure that the contingency plans for the care of patients in the event of an interruption to water, gas and electrical supplies or the emergency evacuation of the home remain valid.</p> <p>All staff should be trained in the operation of the plans.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>In the returned QIP following the last Estates inspection the manager and responsible person confirmed that 'an emergency plan has now been established and communicated to all persons in relation to action required in the event of a supply failure from Gas, Water or Electricity'.</p>		
<p>Requirement 6</p> <p>Ref: Regulation 14.-(2)(c)</p>	<p>In relation to the control of legionella the monitoring procedures should ensure that the hot water return temperature to the calorifier and to sentinel outlets is 50°C or above. The frequency of these checks should be monthly.</p> <p>(Ref: Table 3 in HSE L8)</p> <p>The registered person must ensure that the scheme of control is in line with Health and Safety Executive document L8 - <i>The control of legionella bacteria in water systems</i> and Health Technical Memorandum 04-01: <i>The control of Legionella, hygiene, "safe" hot water, cold water and drinking water systems.</i></p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Addressed.</p>		
<p>Requirement 7</p> <p>Ref: Regulations 27.-(4)(c) 27.-(4)(d)(i)</p>	<p>The registered person must:</p> <ul style="list-style-type: none"> • Fit appropriate closers to all the doors in the laundry suite • Ensure that the laundry suite doors are not wedged open • Repair and adjust the doors as necessary to ensure that they provide effective fire seals. 	<p style="text-align: center;">Not Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The main laundry door has been fitted with an automatic closer. However, on the day of inspection this and most of the other doors in the laundry suite were wedged open.</p>		

<p>Requirement 8</p> <p>Ref: Regulation 27.-(4)(b)</p>	<p>In relation to the fire detection and alarm system the registered person must consider the comments made by the maintenance contractor and take appropriate action.</p>	<p>Partially Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>In the returned QIP following the last Estates inspection the manager and responsible person said ‘Comments considered, however, despite age the fire alarm system is working effectively. Therefore at present there are no plans to replace/upgrade’</p> <p>The records available on the day of inspection indicate that the fire alarm service contractor continues to have concerns about the design and age of the fire detection and alarm system.</p>		
<p>Requirement 9</p> <p>Ref: Regulation 27.-(4)(d)(i)</p>	<p>The registered person must arrange for all fire doors to be surveyed. The doors must be adjusted and repaired as necessary to ensure that they operate correctly and provide an effective fire seal.</p>	<p>Partially Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspector was informed that there are arrangements for the operation of the fire doors to be periodically checked.</p> <p>On the day of inspection it was found that a corridor door on the first floor was not releasing from the hold back position and a kitchen door on the first floor was wedged open.</p>		

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.

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

The last LOLER (Lifting Operations and Lifting Equipment Regulations (NI) 1999) thorough examination of the lifts took place in May 2015. Some category B defects were identified.

With regard to the control of legionella the flushing of little used water outlets appears to be carried out weekly and the calorifier return temperature is recorded as 50⁰c. The latest approved code of practice for legionella control sets 55⁰c as a suitable calorifier return temperature in healthcare premises. Although there is a cleaning procedure for the shower outlets it could not be confirmed that the fluid being used is a disinfectant suitable for use on shower heads and hoses.

The radiators in bedrooms are of the standard steel panel type. A hot surface risk assessment should be carried.

The last annual clean of the kitchen extract system appears to have been in January 2014.

Although there are current Gas Safe certificates for all the installations the certificate for the tumble dryers doesn't confirm that the appliances and installation are safe to use.

Number of Requirements	4	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.

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

No issues were identified during this inspection

Number of Requirements	0	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.

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.

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

The management of the fire doors in the laundry suite requires review.

The comments of the fire alarm contractor regarding the design and age of the fire alarm and detection system should be revisited. Independent professional advice should be sought and the necessary action taken which will ensure that the fire detection and alarm system in the home is suitable, reliable and fit for purpose.

The last fire risk assessment was carried out in August 2014. The assessment makes recommendations regarding automatic door closers, staff fire training and personal emergency evacuation plans (not all bedrooms are currently fitted with automatic door closing devices). The inspector discussed with the management of the home the benefits of free swing automatic door closers.

Records available indicate that a number of staff require to have their fire safety training brought up to date.

The inspector was informed that arrangements have been made for an accredited fire risk assessor to review the fire risk assessment in June 2015 (RQIA recommend that fire risk assessments for residential care homes are carried out by risk assessors who are accredited in accordance with guidance on the RQIA website).

There have been numerous fire drills over recent months. Many of these have been because of unwanted alarms. The NIFRS was not contacted on these occasions. Although there have been a number of drills it could not be confirmed that all staff have participated.

Number of Requirements	5	Number Recommendations:	0
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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 Araceli Flores (Manager) 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	
<p>Requirement 1</p> <p>Ref: Regulations 27.-(2)(c) 27.-(2)(q)</p> <p>Stated: First time</p> <p>To be Completed by: Within timescale acceptable to the lift inspection engineer</p>	<p>Arrangements should be made to address the lift defects which are noted in the report on the last LOLER thorough examination.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: Lift provider, Kone, has the Loler reports and has been instructed to repair the defects.</p>
<p>Requirement 2</p> <p>Ref: Regulation 13.-(7)</p> <p>Stated: First time</p> <p>To be Completed by: 09 July 2015</p>	<p>With regard to legionella control:</p> <ul style="list-style-type: none"> • The calorifier return and sentinel temperatures should be adjusted to be at least 55°C • Infrequently used outlets should be flushed at least twice a week. • One of the controls in the legionella risk assessment is to identify and remove dead legs. It should be confirmed that this has been carried out. <p>Reference should be made to the HSE Approved Code of Practice L8 and in particular HSG274 Part 2</p> <ul style="list-style-type: none"> • The procedure for cleaning shower heads and hoses should be reviewed. It should be ensured that the correct method and disinfection fluid are used. <hr/> <p>Response by Registered Manager Detailing the Actions Taken: With regards to the calorifier return and sentinel temperatures, our checks indicate that the temperatures must not fall below 55 degrees. If they do, the maintenance team are to take immediate remedial action. Infrequently used outlets are now flushed and recorded twice per week. The plumber has carried out an inspection of the property and all dead legs have subsequently been removed.</p> <p>The procedure and chemical used for the cleaning of shower heads has been reviewed by our chemical supplier, Ecolab. We have now switched to Lime Away Special, for the cleaning.</p>
<p>Requirement 3</p> <p>Ref: Regulation 14.-(2)(a) and (c)</p>	<p>A hot surface risk assessment should be carried out and actioned as necessary.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken:</p>

<p>Stated: First time</p> <p>To be Completed by: 09 August 2015</p>	<p>Mark Clifford, our Health & Safety Consultant, will carry out a Risk Assessment on Hot Surfaces.</p>
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<p>Requirement 4</p> <p>Ref: Regulation 27.-(2)(c)</p> <p>Stated: First time</p> <p>To be Completed by: 09 July 2015</p>	<p>The Gas Safe contractor should be asked to verify that the laundry appliances and installation are safe to use.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: The Gas Safety contractor has advised that the appliances are safe to use.</p>
<p>Requirement 5</p> <p>Ref: Regulation 27.-(4)(c) and (d)(i)</p> <p>Stated: Third time</p> <p>To be Completed by: 09 July 2015</p>	<p>The management of the fire doors in the laundry suite should be reviewed and action taken to ensure that the integrity of the fire compartmentation is maintained at all times.</p> <p>The advice of the fire safety advisor should be sought and followed.</p> <p>The maintenance officer undertook to repair the faulty hold back device on the first floor corridor door on the day of inspection. The subsequent operation of this door should be monitored.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: Hold back devices are currently being fitted to all doors in the Home that do not currently have the hold backs. These are all interfaced to the alarm system, hence in the event of the fire alarm sounding, all doors will automatically close.</p>
<p>Requirement 6</p> <p>Ref: Regulation 27.-(4)(b) 27.-(4)(d)(i) and (ii)</p> <p>Stated: Second time</p> <p>To be Completed by: 09 July 2015</p>	<p>The comments of the fire alarm contractor regarding the design and age of the fire alarm and detection system should be revisited. The advice of a competent independent consultant and the fire safety advisor should be sought and the necessary action taken which will ensure that the fire detection and alarm system in the home is suitable, reliable and fit for purpose.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: On completion of fitting of the door hold backs, a new Fire Risk Assessment is to be completed, by McLarnon's. They have been asked to review the Fire Alarm system during this Risk Assessment, and advise if the Alarm needs to be upgraded.</p>

<p>Requirement 7</p> <p>Ref: Regulation 27.-(4)(c) and (d)(i)</p> <p>Stated: First time</p> <p>To be Completed by: Within a timescale acceptable to the accredited fire risk assessor and NIFRS.</p>	<p>Arrangements should be made for suitable automatic door closers to be fitted to all fire doors on bedroom corridors. This expectation by the Northern Ireland Fire and Rescue Service is set out in a letter which is available on the RQIA website. The type of automatic closers chosen should take into consideration the needs of the residents. Door closing and hold open devices, including swing free closers, linked to the fire detection and alarm system should be installed and commissioned in accordance with BS7273.</p> <p>Response by Registered Manager Detailing the Actions Taken: This is currently being done.</p>
<p>Requirement 8</p> <p>Ref: Regulation 27.-(4)(e)</p> <p>Stated: First time</p> <p>To be Completed by: 09 July 2015 and ongoing</p>	<p>Arrangements should be made which will ensure that all staff receive fire safety information, instruction and training at least twice a year in accordance with Firecode document NIHTM84.</p> <p>Response by Registered Manager Detailing the Actions Taken: This has been reviewed by our Health & Safety consultant, and actioned accordingly.</p>
<p>Requirement 9</p> <p>Ref: Regulation 27.-(4)(a) 27.-(4)(f)</p> <p>Stated: First time</p> <p>To be Completed by: 09 July 2015</p>	<p>With regard to fire drills:</p> <ul style="list-style-type: none"> • The cause of the unwanted alarms should be investigated and action taken to eliminate them. • The emergency procedure should be reviewed to ensure that the NIFRS are always contacted as a priority when there is an unplanned activation of the fire alarm. • 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

	<p>should be included in subsequent training and team meetings.</p> <p>The advice of the fire safety advisor should be sought and followed.</p>
	<p>Response by Registered Manager Detailing the Actions Taken: A new procedure has been put in place. Subsequent to the activation of the Fire Alarm, an investigation is to be carried out by the Health & Safety Consultant, and the Nurse Manager, and any necessary training or action taken. The NIFRS are to be contacted immediately if the fire Alarm is activated. Mark Clifford, H&S Consultant has reviewed his training to ensure that all points listed are actioned.</p>

Recommendations			
Recommendation 1	The planned maintenance clean of the kitchen extract system should be brought up to date.		
Ref: Standard 44	<p>Response by Registered Manager Detailing the Actions Taken: Cleaning is up to date. Last clean took place in February 2015.</p>		
Stated: First time			
To be Completed by: 09 August 2015			
Registered Manager Completing QIP	Araceli Flores	Date Completed	18/08/15
Registered Person Approving QIP	Mary Macklin	Date Approved	18/08/15
RQIA Inspector Assessing Response	Colin Muldoon*	Date Approved	25/09/2015 *

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

*Clarification or follow up is required on some items.