

The Regulation and
Quality Improvement
Authority

Ballyclare Nursing Home
RQIA ID: 1442
107a Doagh Road
Ballyclare
BT39 9ES

Inspector: Kieran Monaghan
Inspection ID: IN021637

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Announced Estates Inspection

of

Ballyclare Nursing Home

on

29 October 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 29 October 2015 from 13:30am. to 12:55pm. 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	3	1

The details of the QIP within this report were discussed with the Mrs. Harriet Dunsmore, Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: HUTCHINSON HOMES LIMITED / Mrs. Janet Montgomery	Registered Manager: Mrs. Harriet Dunsmore
Person in Charge of the Home at the Time of Inspection: Mrs. Harriet Dunsmore	Date Manager Registered: 01 April 2005
Categories of Care: RC-I, RC-MP(E), RC-PH(E), NH-I	Number of Registered Places: 34
Number of Patients Accommodated on Day of Inspection: 32	Weekly Tariff at Time of Inspection: £461.00 - £601.00

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 inspection the following records were analysed: The previous estates inspection report and the statutory notifications over the past 12 months.

During the inspection the inspector met with Mrs. Harriet Dunsmore, Registered Manager

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, etc.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of this home was an unannounced primary care inspection IN022031 on 20 August 2015. The completed QIP for this inspection was returned to RQIA on 19 October 2015 and approved by the care inspector on 23 October 2015.

5.2 Review of Requirements and Recommendations from the last Estates Inspection on 03 June 2014

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(c) 27(2)(q)	The issue in relation to the slight odour of heating oil in bedroom 11 should be further investigated. The outcome of this further investigation should be confirmed to RQIA. The missing extract fan in the sluice at bedroom 33 should also be replaced.	Met
	Action taken as confirmed during the inspection: These issues had been addressed. There was no odour of heating oil in bedroom 11.	
Requirement 2 Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(q)	The current position with regard to the two code C3 issues as detailed in the report for the most recent inspection and test to the fixed wiring installation should be clarified and confirmed to RQIA. The date for the next inspection and test should also be clarified and confirmed to RQIA.	Met
	Action taken as confirmed during the inspection: The fixed wiring installation was inspected and tested on 06 May 2011. The overall condition of the fixed wiring installation was assessed as satisfactory during this inspection and test. Subsequent to this estates inspection the retest date was also confirmed to RQIA as May 2016. The position in relation to the code 3 issues was also clarified by Mrs. Dunsmore.	
Requirement 3 Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(c) 27(2)(q)	The next service of the standby electricity generator should be followed up. The report for the most recent service of thermostatic mixers should also be followed up and retained in the home available for review at future inspections.	Met
	Action taken as confirmed during the inspection: The standby electricity generator was serviced on 18 August 2015. The thermostatic mixing valves were serviced on 13 June 2015. The report for this work was available in the home for review during this estates inspection.	

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 4</p> <p>Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(q)</p>	<p>RQIA should be kept up to date in relation to the gas pipework issues.</p> <p>Action taken as confirmed during the inspection: Mrs. Dunsmore confirmed that the gas pipework issues had been resolved. The most recent gas safety inspection to the gas pipework was completed on 15 May 2015 with a satisfactory outcome.</p>	Met
<p>Requirement 5</p> <p>Ref: Regulations 27(4)(b) 27(4)(c) 27(4)(d)(i)</p>	<p>The doors to bedroom 19, bedroom 21 and the hairdressing room should not be wedged open. If these doors need to be held open appropriate hold open devices linked to the fire detection and alarm system should be installed.</p> <p>Action taken as confirmed during the inspection: The doors to bedroom 19, bedroom 21 and the hairdressing room were closed at the time of this estates inspection.</p>	Met
<p>Requirement 6</p> <p>Ref: Regulation 27(4)(b)</p>	<p>The current procedure for calling the Northern Ireland Fire and Rescue Service should be reviewed and revised to ensure that a call is made to the Northern Ireland Fire and Rescue Service as soon as the fire alarm activates and not following an initial check to determine the cause of the activation.</p> <p>Action taken as confirmed during the inspection: Mrs. Dunsmore confirmed that the procedure for calling the Northern Ireland Fire and Rescue Service had been changed to ensure that a call is made to the Northern Ireland Fire and Rescue Service as soon as the fire alarm activates and not following an initial check to determine the cause of the activation.</p>	Met

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.

No issues were identified for attention during this Estates inspection.

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.

No issues were identified for attention during this Estates inspection.

Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. It is good to report that improvements had been carried out in the home since the last estates inspection. This included ongoing redecoration, new furniture, new floor coverings and new lighting. This supports the delivery of effective care and is to be commended.

No issues were identified for attention during this Estates inspection.

Areas for Improvement

Not applicable.

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. Mrs. Dunsmore confirmed that three new hoists had recently been provided in the home. Mrs. Dunsmore agreed to clarify the current position in relation to the most recent thorough examination for the existing hoist. Subsequent to this estates inspection Mrs. Dunsmore confirmed to RQIA that the existing hoist had been thoroughly examined on 12 June 2015 with no issues being identified for attention.
2. It is good to report that a gas safety inspection was carried out to the gas pipework on 15 May 2015. The details for the most recent service and gas safety check to the kitchen and laundry equipment was not presented for review during this estates inspection. Subsequent to this estates inspection Mrs. Dunsmore confirmed to RQIA that arrangements were being made to have this equipment serviced.
3. The passenger lift was serviced on 08 October 2015 and a thorough examination was also carried out on 06 May 2015. The report for the thorough examination that was carried out on 06 May 2015 included a number of observations. These observations should be reviewed with the examining engineer and the service engineer to agree what action should be taken re same. The outcome of this review and the proposed action should be confirmed to RQIA. Reference should be made to requirement 1 in the attached Quality Improvement Plan.
4. It was not clear from the service report if there were separate thermostatic mixing valves on the baths/showers and wash basins and if these had all been serviced during the service visit by the specialist service company on 13 June 2015. Subsequent to this estates inspection however Mrs. Dunsmore confirmed to RQIA that the thermostatic mixing valves at all baths, showers and hand basins were cleaned, any scale/debris was removed and the valves were disinfected. Future reports should clearly state this.

Areas for Improvement Continued

5. The results of sample checks to the hot and cold water temperatures at the shower opposite bedroom 10 and at the bath opposite bedroom 28 carried out during this estates inspection were satisfactory. There was however an override button on the shower which could be engaged to raise the temperature above the current 41°C standard. This override button should either be disabled or the maximum temperature should be set to 41°C when the override button is engaged. A check to the other showers should also be carried out in relation to this issue. All staff should be made aware of any changes to the blended hot water controls at the showers. In addition to this the procedure for checking the temperatures of the unblended hot water, the blended hot water and the cold water should be reviewed and updated to ensure that the following temperatures are achieved:

- | | |
|--|--------------|
| a. Unblended hot water at the sentinel outlets | 55°C minimum |
| b. Blended hot water at the baths | 44°C maximum |
| c. Blended hot water at the showers | 41°C maximum |
| d. Blended hot water at the wash basins | 41°C maximum |
| e. Cold water temperatures | 20°C maximum |

A check should be carried out to ensure that DO8 Type 3 fail-safe thermostatic mixing valves are fitted at all baths and showers. A procedure should be implemented and a detailed record should be kept for the quarterly disinfection of the showers and the twice weekly flushing of any infrequently used water outlets. Reference should be made to requirement 2 in the attached Quality Improvement Plan.

6. It is recommended that the key members of staff in the home should attend a short legionella bacteria awareness course. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.

Number of Requirements	2	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.

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. The rebated meeting edges to some of the double corridor doors were not fitted with cold smoke seals. The double corridor doors should be reviewed and additional smoke seals should be fitted as required. Subsequent to this estates inspection Mrs. Dunsmore confirmed to RQIA that this issue had been addressed.
2. The arrangements for patients who smoke were discussed. Mrs. Dunsmore agreed that a fire blanket would be provided in the area used by the patients for smoking. Subsequent to this estates inspection RQIA received confirmation that this fire blanket had been provided.
3. The fire detection and alarm system was inspected and serviced on 24 August 2015. The report for this inspection and service identified a number of issues for attention. These issues should be reviewed with the service engineer and the fire risk assessor to agree how they should be addressed. The outcome of this review and the proposed action re same should be confirmed to RIQA. Reference should be made to requirement 3 in the attached Quality Improvement Plan.
4. Fire safety training, including the use of the fire-fighting equipment was provided in February 2015. Subsequent to this estates inspection Mrs. Dunsmore also confirmed that three further sessions of fire safety training were provided on 11, 17 and 20 August 2015.
5. It is good to report that a fire risk assessment was carried out on 09 March 2015. The report for this fire risk assessment evaluated the fire risk in the premises as 'Trivial'. Two issues were identified for attention one of which had been addressed. The other issue which related to the provision of a directional sign for the emergency lights should be checked to ensure that this has also been addressed.

Areas for Improvement Continued

6. A further fire alarm zone drawing superimposed on the footprint for each floor should be provided. Reference should be made to requirement 3 in the attached Quality Improvement Plan.
7. The procedures for carrying out the weekly tests to the fire alarm, the monthly checks to the emergency lights and the monthly checks to the first aid fire-fighting equipment should be reviewed and updated to fully reflect the guidance contained in British Standards (BS) 5839, BS5266 and BS5306 respectively. Reference should be made to requirement 3 in the attached Quality Improvement Plan.

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. Harriet Dunsmore, Registered 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 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

Requirement 1

Ref: Regulations
14(2)(a)
14(2)(c)
27(2)(c)

Stated: First time

To be Completed by:
31 December 2015

The observations included in the report for the thorough examination to the passenger lift that was carried out on 06 May 2015 should be reviewed with the examining engineer and the service engineer to agree what action should be taken re same. The outcome of this review and the proposed action should be confirmed to RQIA.

Response by Registered Manager Detailing the Actions Taken:

We had requested this to have been carried out before Christmas but can confirm that within the next two weeks the engineer will be here.

The outcome of this review and the proposed action will be confirmed to RQIA immediately following the visit.

Requirement 2

Ref: Regulations
13(7)
14(2)(a)
14(2)(c)
27(2)(c)
27(2)(q)

Stated: First time

To be Completed by:
31 December 2015
and ongoing

The override button at the shower opposite bedroom 10 should either be disabled or the maximum hot water temperature should be set to 41°C when the override button is engaged. A check to the other showers should also be carried out in relation to this issue. All staff should be made aware of any changes to the blended hot water controls at the showers. In addition to this, the procedure for checking the temperatures of the unblended hot water, the blended hot water and the cold water should be reviewed and updated to ensure that the following temperatures are achieved:

- | | |
|--|--------------|
| a. Unblended hot water at the sentinel outlets | 55°C minimum |
| b. Blended hot water at the baths | 44°C maximum |
| c. Blended hot water at the showers | 41°C maximum |
| d. Blended hot water at the wash basins | 41°C maximum |
| e. Cold water temperatures | 20°C maximum |

A check should be carried out to ensure that DO8 Type 3 fail-safe thermostatic mixing valves are fitted at all baths and showers. A procedure should be implemented and a detailed record should be kept for the quarterly disinfection of the showers and the twice weekly flushing of any infrequently used water outlets.

Response by Registered Manager Detailing the Actions Taken:

The maximum temperature of the shower opposite room 10 has been set at 41.. A check of all of the showers have been carried out all are satisfactory. The procedure for checking the temperatures of all the water in the Home has been reviewed and all the paper work for recording has been reviewed. A check has been carried out and I can confirm that DO8 Type 3 fail-safe thermostatic mixing valves are fitted at all baths and showers. Records are being kept to record that quarterly disinfection of the showers and twice weekly flushing of any infrequently used water outlets are being carried out.

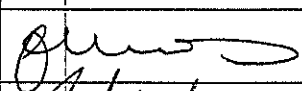
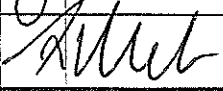
Quality Improvement Plan

Statutory Requirements

<p>Requirement 3</p> <p>Ref: Regulations 27(4)(d)(i) 27(4)(d)(iv) 27(4)(d)(v)</p> <p>Stated: First time</p> <p>To be Completed by: 31 December 2015</p>	<p>The issues identified for attention in the report for the inspection and service of the fire detection and alarm system that was completed on 24 August 2015 should be reviewed with the service engineer and the fire risk assessor to agree how they should be addressed. The outcome of this review and the proposed action re same should be confirmed to RIQA. A further fire alarm zone drawing superimposed on the footprint for each floor should be provided. The procedures for carrying out the weekly tests to the fire alarm, the monthly checks to the emergency lights and the monthly checks to the first aid fire-fighting equipment should be reviewed and updated to fully reflect the guidance contained in British Standards (BS) 5839, BS5266 and BS5306 respectively.</p>
	<p>Response by Registered Manager Detailing the Actions Taken:</p> <p>As the service report was marked satisfactory the issues identified will be addressed at the next service.</p> <p>A further fire alarm zone drawing with much more information will now be in each floor. The procedures for carrying out the weekly tests to the fire alarm, the monthly checks to the first aid fire-fighting equipment reviewed.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standards 47.2 47.3</p> <p>Stated: First time</p> <p>To be Completed by: 28 January 2016</p>	<p>It is recommended that the key members of staff in the home should attend a short legionella bacteria awareness course.</p>
	<p>Response by Registered Manager Detailing the Actions Taken:</p> <p>A course on legionella bacteria awareness is planned for Monday 11th January '16 at 11am. The nurse manager of both Clareview and here in Ballyclare will be attending plus the maintenance person.</p>

Registered Manager Completing QIP	Harriet Dunsmore	Date Completed	05/01/16
Registered Person Approving QIP		Date Approved	4.2.16.
RQIA Inspector Assessing Response		Date Approved	26/2/16

* Clarification of 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