



The Regulation and
Quality Improvement
Authority

Clareview House
RQIA ID: 1443
105 Doagh Road
Ballyclare
BT39 9ES

Inspector: Kieran Monaghan
Inspection ID: IN021640

Tel: 028 93 34 96 94
Email: sharon@hutchinsoncarehomes.com

Announced Estates Inspection
of
Clareview House Nursing Home, Ballyclare
on
27 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 27 October 2015 from 10:30am. to 1:30pm. . 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	8	1

The details of the QIP within this report were discussed with the Mrs. Sharon Bell, Registered Manager and Mr. Stephen Montgomery who deals with the premises issues in relation to the home, 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 / Ms. Naomi Carey	Registered Manager: Mrs. Sharon Bell
Person in Charge of the Home at the Time of Inspection: Mrs. Sharon Bell	Date Manager Registered: 08 November 2010
Categories of Care: RC-I, RC-PH(E), NH-I, NH-PH(E)	Number of Registered Places: 35
Number of Patients Accommodated on Day of Inspection: 32	Weekly Tariff at Time of Inspection: £580.00

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.

Discussions with Mrs. Sharon Bell, Registered Manager and Mr. Stephen Montgomery who deals with the premises issues in relation to the home.

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 IN022025 on 02 July 2015. The completed QIP for this inspection was returned to RQIA on 24 August 2015 and approved by the care inspector on 24 August 2015.

5.2 Review of Requirements and Recommendations from the last Estates Inspection on 12 August 2014

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulations 13(7) 27(2)(b)	<p>The works to the floor covering in toilet 2 on the ground floor should be completed and the support frame at this toilet should be replaced. Completion of the remedial works in relation to the gable wall internal surfaces in the stairs at bedroom 3 should be confirmed to RQIA. The current proposals in relation to the resurfacing of the loose stone area should also be confirmed to RQIA.</p>	Met
	<p>Action taken as confirmed during the inspection: It is good to report that all of these issues had been addressed.</p>	
Requirement 2 Ref: Regulation 32(h)	<p>Up to date floor plans for the home should be forwarded to RQIA. The Registered Persons should also follow up the need to apply for a variation with the RQIA Registration team. The bathrooms, shower rooms and toilets should be renumbered.</p>	Met
	<p>Action taken as confirmed during the inspection: Up to date floor plans were forwarded to RQIA and the issue in relation to the variation application had been addressed. The bathrooms had been renumbered although some of the numbers were not displayed on the doors. It was agreed however that this issue would be followed up.</p>	
Requirement 3 Ref: Regulations 13(7) 27(2)(b) 27(2)(c)	<p>The broken window in bedroom 13 should be repaired. The fixings for the toilet in the shower room at bedroom 13 should also be replaced.</p>	Met
	<p>Action taken as confirmed during the inspection: These issues had been addressed.</p>	

Previous Inspection Statutory Requirements	Validation of Compliance	
<p>Requirement 4</p> <p>Ref: Regulations 14(2)(a) 14(2)(c)</p>	<p>All of the window openings throughout the premises should be rechecked and further adjustments should be carried out to the windows as required. The maximum clear opening width should not exceed 100mm. Guidance in relation to the control of window openings is available via the following link on the RQIA website: http://www.rqia.org.uk/cms_resources/window%20restrictors.pdf</p> <hr/> <p>Action taken as confirmed during the inspection: Action had been taken in relation to the window openings following the last estates inspection. Further action was however required in relation to this issue to ensure that all window openings are controlled to a safe point of opening with a maximum clear opening of 100mm. The restrictors should also be fitted with tamperproof screws. Reference should be made to requirement 1 in the attached Quality Improvement Plan.</p>	<p>Partially Met</p>
<p>Requirement 5</p> <p>Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(q)</p>	<p>Completion of the work in relation to fixed wiring installation should be confirmed to RQIA. The cause of the water on the floor of the boiler room should be investigated and remedial works should be completed as required</p> <hr/> <p>Action taken as confirmed during the inspection: These issues had been addressed.</p>	<p>Met</p>
<p>Requirement 6</p> <p>Ref: Regulations 27(4)(b) 27(4)(d)(i)</p>	<p>A fire detector should be installed in the store opposite the visitor's room on the ground floor.</p> <hr/> <p>Action taken as confirmed during the inspection: This issue had been addressed.</p>	<p>Met</p>

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 7</p> <p>Ref: Regulations 27(4)(b) 27(4)(c) 27(4)(d)(i) 27(4)(d)(iv)</p>	<p>The missing section of the smoke seal for the meeting edges of the double doors to the lounge on the ground floor should be replaced. A smoke seal should be fitted to the door to the domestic store at the front reception area. Fire doors should not be propped open. The need for an appropriate hold open device linked to the fire detection and alarm system on the door to bedroom 22 should be assessed. The drawing for the fire detection and alarm system should be updated to reflect the current layout of the home.</p>	<p>Partially Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>A smoke seal had not been fitted to the door to the domestic store at the front reception area. The door to bedroom 14 and the door to the laundry should not be propped open. The door to bedroom 22 was closed at the time of this estates inspection. A new drawing had been provided for the fire detection and alarm system. Although the zones were identified on this new drawing, the zone boundaries were not clear as the drawings did not include the footprint for each floor. A further zone drawing superimposed on the footprint for each floor should be provided. Reference should be made to requirement 2 in the attached Quality Improvement Plan.</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.

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. This supports the delivery of compassionate care.

One issue was however identified for attention during this Estates inspection. This is detailed in the 'areas for improvement' section below.

Areas for Improvement

1. A privacy fastening should be fitted to the door to the toilet opposite bedroom 16. The splashbacks to the sluice hoppers in the sluice beside the staff room and the sluice beside bedroom 25 should be made good. A new floor covering should be provided in the store at bedroom 19 and the ceiling should be made good at the cable penetrations in this store. Reference should be made to requirement 3 in the attached Quality Improvement Plan.

Number of Requirements	1	Number Recommendations:	0
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5.4 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. 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 4 in the attached Quality Improvement Plan.

2. The most recent thorough examinations of the hoists and slings were carried out on 02 September 2015. The reports for these thorough examinations identified two issues for attention (wear and tear on a carabiner and recommendation to replace an actuator). Mrs. Bell however confirmed that these issues had been addressed.
3. The most recent thorough examination of the passenger lift was carried out on 10 May 2015. The report for this thorough examination included a number of observations. These issues should be reviewed with the engineer who carried out the thorough examination and the lift service company to decide what action should be taken re same. The outcome of this review should be confirmed to RQIA. Reference should be made to requirement 5 in the attached Quality Improvement Plan.

Areas for Improvement Continued

4. A risk assessment for the prevention or control of legionella bacteria in the water systems was completed in 2014. The results for the water samples taken on 15 June 2015 were satisfactory. The water systems were cleaned and disinfected on 13 June 2015. It was agreed that the last page of the issues identified for attention in the legionella risk assessment report would be signed off.
5. Following the recent redecoration and the provision of the new furniture a check should be carried out to the wardrobes and any wardrobes that are not fixed in position should be re-fixed to the walls. Subsequent to this estates inspection Mrs. Bell confirmed to RQIA that the wardrobes had all been checked in the home and attached to the walls as required.
6. The extract fans in shower/wc beside the small side lounge on the ground floor and beside bedroom 26 on the first floor should be replaced. Subsequent to this estates inspection Mrs. Bell confirmed to RQIA that the fans have been replaced in the shower rooms by the electrician. The support frame in the toilet adjacent to the small side lounge on the ground floor should also be replaced. Reference should be made to requirement 6 in the attached Quality Improvement Plan.
7. The doors to the store opposite bedroom 19 and the treatment room should be kept locked. Reference should be made to requirement 6 in the attached Quality Improvement Plan.
8. There is a ramp in the first floor bedroom corridor at bedroom 22. Subsequent to this estates inspection Mrs. Bell confirmed to RQIA that a risk assessment had been carried out in relation to this issue.
9. 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.

Number of Requirements	3	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 small metal external fire escape at the side of the premises adjacent to the boiler rooms should be washed down. Subsequent to this estates inspection Mrs. Bell confirmed to RQIA that this issue had been addressed.
2. Multiway electrical adaptors should not be used in the home. Subsequent to this estates inspection Mrs. Bell confirmed to RQIA that this issue had been addressed. The small hole in the ceiling of the ground floor linen store beside the staff room should be sealed. Reference should be made to requirement 7 in the attached Quality Improvement Plan.
3. The door to the visitor's lounge and the corridor door at bedroom 22 should be adjusted to latch fully with the self-closers. The closing speed of the corridor door adjacent to the activity room on the first floor should also be reduced. Subsequent to this estates inspection Mrs. Bell confirmed that these doors had been adjusted. A fire resistant panel should be fitted to the roof space opening in the first floor store at bedroom 20. The trap door in the ceiling of the bathroom at bedroom 23 should be kept in place. Reference should be made to requirement 7 in the attached Quality Improvement Plan.
4. The fire detection and alarm system was inspected and serviced on 25 June 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 8 in the attached Quality Improvement Plan

Areas for Improvement Continued

5. 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 8 in the attached Quality Improvement Plan.
6. The lift plant room and the roof space in the first floor store room should be kept free from storage. Subsequent to this estates inspection, Mrs. Bell confirmed to RQIA that this issue had been addressed.

Number of Requirements	2	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. Sharon Bell, Registered Manager and Mr. Stephen Montgomery who deals with the premises issues in relation to the home, 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)

Stated: Second time

To be Completed by:

Ongoing

Further action should be taken to ensure that all window openings are controlled to a safe point of opening with a maximum clear opening of 100mm. The restrictors should also be fitted with tamperproof screws.

Response by Registered Manager Detailing the Actions Taken:

All window openings are being adjusted to take into account the safe opening point.

Restrictors have been fitted with tamperproof screws.

Requirement 2

Ref: Regulations

27(4)(b)

27(4)(c)

27(4)(d)(i)

Stated: Second time

To be Completed by:

18 December 2015

A smoke seal should be fitted to the door to the domestic store at the front reception area. A further zone drawing superimposed on the footprint for each floor should also be provided.

Response by Registered Manager Detailing the Actions Taken:

A smoke seal is being fitted to the domestic store and will be in place before the 18th December 2015

The zone drawing has been reviewed and is being updated with a footprint for each floor.

Requirement 3

Ref: Regulation

27(2)(b)

Stated: First time

To be Completed by:

31 December 2015

A privacy fastening should be fitted to the door to the toilet opposite bedroom 16. The splashbacks to the sluice hoppers in the sluice beside the staff room and the sluice beside bedroom 25 should be made good. A new floor covering should be provided in the store at bedroom 19 and the ceiling should be made good at the cable penetrations in this store.

Response by Registered Manager Detailing the Actions Taken:

A privacy fastening has been fitted to the toilet door.

The splash backs to the sluice hoppers have been made good

The floor covering in the store has been steam cleaned while waiting for a replacement covering and the ceiling has been made good at the cable penetrations.

Quality Improvement Plan

Statutory Requirements

Requirement 4

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 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:

Quarterly disinfection of shower and twice weekly flushing of an infrequently used water outlets. Training development in progress for maintenance person

Requirement 5

Ref: Regulations

14(2)(a)

14(2)(c)

27(2)(q)

Stated: First time

To be Completed by:
22 January 2015

The observations included in the report for the most recent thorough examination of the passenger lift that was carried out on 10 May 2015 should be reviewed with the engineer who carried out the thorough examination and the lift service company to decide what action should be taken re same. The outcome of this review should be confirmed to RQIA.

Response by Registered Manager Detailing the Actions Taken:

Director in consultation with the lift service company Ritchie Hart in regards to the action that needs to be taken. Outcome/action required will be confirmed to RQIA at earliest possible time in regards to completion of the work.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 6</p> <p>Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(c)</p> <p>Stated: First time</p> <p>To be Completed by: 31 December 2015 and ongoing</p>	<p>The support frame in the toilet adjacent to the small side lounge on the ground floor should also be replaced. The doors to the store opposite bedroom 19 and the treatment room should be kept locked.</p> <p>Response by Registered Manager Detailing the Actions Taken: Support frame in toilet 5 adjacent to the Holestone lounge has been replaced Staff have been reminded and instructed to ensure that the doors to all stores are kept locked and trained staff reminded to keep treatment room door locked when not in use.</p>
<p>Requirement 7</p> <p>Ref: Regulations 27(4)(b) 27(2)(d)(i)</p> <p>Stated: First time</p> <p>To be Completed by: 31 December 2015 and ongoing</p>	<p>The small hole in the ceiling of the ground floor linen store beside the staff room should be sealed. A fire resistant panel should be fitted to the roof space opening in the first floor store at bedroom 20. The trap door in the ceiling of the bathroom at bedroom 23 should be kept in place.</p> <p>Response by Registered Manager Detailing the Actions Taken: The small hole in the ceiling has been repaired and a fire resistant panel has been securely fitted to the roof space opening in the first floor store. Have spoken to maintenance in regards to ensuring that the trap door is kept shut at all times.</p>
<p>Requirement 8</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 and ongoing</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 25 June 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. 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: Director in discussion with the above parties in regards to addressing the issues raised in the report as C3 recommendations. Due to budgetary constraints at this moment in time these have been noted but a date has not been agreed yet. Paperwork reviewed and updated as required to fully reflect the guidance.</p>

Quality Improvement Plan

Recommendations

Recommendation 1 It is recommended that the key members of staff in the home should attend a short legionella bacteria awareness course.

Ref: Standards
47.2
47.3

Stated: First time

To be Completed by:
22 January 2016

Response by Registered Manager Detailing the Actions Taken:
Course has been developed by the health and safety director developed in relation to this recommendation and staff will attend as required

Registered Manager Completing QIP	Sharon Bell	Date Completed	03/12/15
Registered Person Approving QIP	Naomi Carey	Date Approved	03/12/15
RQIA Inspector Assessing Response	K. Monaghan	Date Approved	*11/12/15

* Clarification or 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