



The Regulation and
Quality Improvement
Authority

Hamilton Nursing Home
RQIA ID: 1444
The Plantain
168 Ballycorr Road
Ballyclare
BT39 9DF

Inspector: Colin Muldoon
Inspection ID: IN021468

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**Announced Estates Inspection
of
Hamilton Nursing Home**

17 December 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 December 2015 from 10.30 to 14.30. 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	2

The details of the QIP within this report were discussed with Mr Patrick Hamilton (General Manager) and Ms Heather King (Nurse in Charge) as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mrs Heather Hamilton	Registered Manager: Ms Lucy Hamilton
Person in Charge of the Home at the Time of Inspection: Ms Lucy Hamilton and Ms Heather King	Date Manager Registered: 05 June 2008
Categories of Care: NH-I, RC-I, RC-MP(E), RC-PH(E)	Number of Registered Places: 24
Number of Residents Accommodated on Day of Inspection: 22	Weekly Tariff at Time of Inspection: £535 = RC £658 = NH

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.

Discussion with Ms Lucy Hamilton (Registered Manager) Mr Patrick Hamilton (General Manager) and Ms Heather King (Nurse in Charge).

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 31 July 2015. There were no requirements or recommendations arising from that inspection.

Review of Requirements and Recommendations from *the last Estates Inspection* on 03 December 2012

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27.-(2)(q)	A competent person must verify that the electrical installation is in a safe and satisfactory condition.	Met
	Action taken as confirmed during the inspection: There was an electrical installation condition report dated 21/01/2013 which verifies that the installation was in a satisfactory condition. There was also electrical design, construction, inspection and testing certification dated 12/03/2015 for the new extension.	

<p>Requirement 2</p> <p>Ref: Regulation 27.-(2)(c) 27.-(2)(q)</p>	<p>The responsible person must get someone on the Gas Safe register to issues certificates which verify that all the gas appliances and installations are in a safe and satisfactory condition.</p> <p>Action taken as confirmed during the inspection: There was current Gas Safe certification for the gas installation and appliance.</p>	Met
<p>Requirement 3</p> <p>Ref: Regulation 27.-(2)(c)</p>	<p>The responsible person must have arrangements in place which will ensure that the portable electrical appliances are in a safe and satisfactory condition.</p> <p>Action taken as confirmed during the inspection: Portable electrical appliances were tested and inspected in July 2015.</p>	Met
<p>Requirement 4</p> <p>Ref: Regulation 14.-(2)(c)</p>	<p>The measures for controlling legionella should be extended to include the quarterly disinfection of all shower heads.</p> <p>Action taken as confirmed during the inspection: There are measures in place towards the control of legionella which includes the disinfection of shower heads and hoses.</p>	Met
<p>Requirement 5</p> <p>Ref: Regulation 14.-(2)(c)</p>	<p>The responsible person should establish arrangements for the Northern Ireland Adverse Incident Centre (NIAIC) website to be visited weekly and for any alerts relevant to the home to be actioned. Records should be kept of each visit and actions taken.</p> <p>Action taken as confirmed during the inspection: There are records relating to a system in place for periodically checking the NIAIC website.</p>	Met

<p>Requirement 6</p> <p>Ref: Regulation 14.-(2)(c) 27.-(2)(q)</p>	<p>With regard to the thermostatic mixing valves it should be confirmed that all the maintenance tasks and tests recommended by the manufacturer are being fully implemented.</p> <hr/> <p>Action taken as confirmed during the inspection: Significant construction work is being undertaken to extend and upgrade the home.</p> <p>Mr Hamilton informed the inspector that the opportunity has been taken to replace and upgrade the existing plumbing installation including all the thermostatic mixing valves.</p> <p>There are arrangements for the performance of the TMV's to be monitored.</p> <p>The requirement for subsequent ongoing maintenance of the TMV's was discussed with Mr Hamilton.</p>	Met
<p>Requirement 8</p> <p>Ref: Regulation 27.-(4)(a)</p>	<p>The fire risk assessment must be reviewed by a competent person using the criteria in the current NIHTM84 document. The responsible person must ensure that issues identified in the risk assessment are actioned.</p> <hr/> <p>Action taken as confirmed during the inspection: The fire risk assessment was reviewed in June 2015 by a specialist contractor using the NIHTM84 format.</p> <p>It could not be confirmed if the risk assessor has the accreditation recommended by RQIA.</p>	Met
<p>Requirement 9</p> <p>Ref: Regulation 27.-(4)(a)</p>	<p>The emergency plan must be reviewed. Factors to consider should include the number of staff on duty, the size of the sub compartment and the PEEP's. Good practice guidance suggests that staff should be able to conduct an evacuation of a sub compartment within two and a half minutes of the alarm being raised and this may be a starting point upon which to make an assessment.</p>	Met

	<p>Action taken as confirmed during the inspection:</p> <p>There are personal emergency evacuation plans which include consideration of evacuation times and the emergency plan is posted at the alarm panel. All staff undertook fire warden training led by a fire safety specialist in June 2015.</p>	
<p>Requirement 10</p> <p>Ref: Regulation 27.-(4)(a)</p>	<p>The emergency action plan should be posted at the fire panel.</p> <p>Action taken as confirmed during the inspection:</p> <p>Addressed.</p>	Met
<p>Requirement 11</p> <p>Ref: Regulation 27.-(4)(f)</p>	<p>The responsible person must ensure that all staff participate in drills which provide practice in all aspects of the emergency plan.</p> <p>Action taken as confirmed during the inspection:</p> <p>Mr Hamilton informed the inspector that the fire warden training which all staff attended in June 2015 included evacuation and escape procedures and practical drills which included the use of evacuation chairs.</p>	Met
<p>Requirement 12</p> <p>Ref: Regulation 27.-(4)(d)(iv)</p>	<p>It should be ensured that the fire detection and alarm system is serviced at least every 6 months and preferably quarterly.</p> <p>Action taken as confirmed during the inspection:</p> <p>In their response to the previous Estates inspection qip the provider confirmed that the fire detection and alarm system was serviced quarterly. This has lapsed. Mr Hamilton informed the inspector that because of the current phased building work the alarm contractor is frequently on site carrying out installation and alteration work and that arrangements have been made to reinstate planned servicing on completion of the works in January 2016. There are arrangements in place to test the alarm system weekly.</p>	Met

Requirement 13 Ref: Regulation 27.-(4)(d)(iv)	The servicing of the fire extinguishers should be brought up to date.	Met
Action taken as confirmed during the inspection: The fire extinguishers were serviced in January 2015.		
Previous Inspection Recommendations		Validation of Compliance
Recommendation 7 Ref: Standard 35	The nurse call system should be function tested monthly.	Met
Action taken as confirmed during the inspection: There is a system in place to check a number of nurse call points each week in rotation.		
Recommendation 14 Ref: Standard 36	Review dates should be included in the PEEP's	Met
Action taken as confirmed during the inspection: In their response to the previous Estates inspection QIP the provider confirmed that this has been addressed.		

5.2 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. A randomly selected bedroom window at first floor level did not have restrictors fitted. Refer to requirement 1 in quality improvement plan.
2. Mr Hamilton informed the inspector that arrangements have been made for a consultant to review the legionella risk assessment and scheme of control on completion of the last phase of the building work in January 2016. It is recommended that as part of this review the consultant be asked to provide guidance on the implementation of the latest legionella code of practice technical document in relation to the management and maintenance of thermostatic mixing valves. Refer to recommendation 1 in quality improvement plan.

Number of Requirements	1	Number Recommendations:	1
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5.3 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.

One issue was however identified for attention during this Estates inspection. This is 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 & safety procedures and control measures in place which support the delivery of compassionate care.

Areas for Improvement

1. There are arrangements in place for monitoring, on a rotating basis, the safe temperature of hot water from outlets accessible to residents. This should be extended to include all communal outlets including baths and showers. It is recommended that there is a higher frequency of checks at outlets where there is immersion. Refer to requirement 2 in quality improvement plan.

Number of Requirements	1	Number Recommendations:	0
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5.4 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.

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. There is no arrangement for carrying out a monthly function test of the emergency lighting. It should be ensured that the planned maintenance of the fire detection and alarm system is in line with BS5839.
Refer to requirement 3 in quality improvement plan.
2. On the day of inspection it could not be confirmed that the fire risk assessor has the accreditation recommended by RQIA.
Refer to recommendation 2 in quality improvement plan.

Number of Requirements	1	Number Recommendations:	1
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5.5 Additional Areas Examined

No additional areas were examined during this inspection.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Patrick Hamilton (General Manager) and Ms Heather King (Nurse in Charge) 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: Regulation 14.-(2)(a) and (c)</p> <p>Stated: First time</p> <p>To be Completed by: 17 January 2016</p>	<p>A survey should be carried out of all opening windows to ensure that their restriction is in line with relevant safety alerts such as EFA/2013/002, EFA/2012/001, EFA/2014/003 issued by the Northern Ireland Adverse Incident Centre.</p>
	<p>Response by Registered Manager Detailing the Actions Taken: A survey has been carried out of all opening windows to ensure that their restriction is in line with all relevant safety alerts. Work has been carried out to install missing window restrictor in bedroom 26. Work was completed 21/12/2015.</p>
<p>Requirement 2</p> <p>Ref: Regulation 14.-(2)(a) and (c)</p> <p>Stated: First time</p> <p>To be Completed by: 17 January 2016</p>	<p>The arrangement for monitoring the safe temperature of hot water from outlets accessible to residents should be extended to include all communal outlets including baths and showers. It is recommended that there is a higher frequency of checks at outlets where there is immersion.</p>
	<p>Response by Registered Manager Detailing the Actions Taken: A new arrangement for monitoring the safe temperature of hot water from all outlets accessible to residents has been instigated. All outlets will be monitored daily and records are available for inspection.</p>
<p>Requirement 3</p> <p>Ref: Regulation 27.-(4)(d)(iv) and (v)</p> <p>Stated: First time</p> <p>To be Completed by: 17 January 2016</p>	<p>The emergency lights should be function tested monthly in accordance with BS5266.</p> <p>It should be ensured that the planned maintenance of the fire detection and alarm system is reinstated in line with BS5839.</p>
	<p>Response by Registered Manager Detailing the Actions Taken: New monthly emergency lighting tests have been put in place to account for all new and existing emergency light fittings in accordance with BS5266. First test undertaken 23/01/2016.</p>

Recommendations			
Recommendation 1 Ref: Standard 47 Stated: First time To be Completed by: Ongoing	<p>To help ensure both the delivery of safe hot water and the control of legionella the advice of a competent person should be sought and followed regarding the ongoing management and maintenance of thermostatic mixing valves.</p> <p>Reference should be made to the current technical guidance document (HSG274 Part 2) associated with the code of practice (L8) for the control of legionella. These documents are available on the Health and Safety Executive website.</p>		
	<p>Response by Registered Manager Detailing the Actions Taken: RC Plumbing and heating have commissioned all TMVs currently in use in HPNH. Records are available for inspection. Coral enviromental have undertaken to maintain these TMVs annually or more frequently if the need arises (in line with the above stated technical guidance).</p>		
Recommendation 2 Ref: Standard 48 Stated: First time To be Completed by: At next review of fire risk assessment	<p>RQIA recommend that the person carrying out the next review of the fire risk assessment should hold professional body registration or third party certification for fire risk assessment and be registered accordingly with the relevant body.</p> <p>Reference should be made to correspondence issued by RQIA to all registered homes on 13 January 2013 and the guidance contained in: http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf</p>		
	<p>Response by Registered Manager Detailing the Actions Taken: I am satisfied that our Fire Risk Assessor Mr J.M. Crawford is suitably qualified to carry out a competent and robust Fire Risk Assessment of Hamilton Private Nursing Home. If required Mr Crawford is happy to furnish RQIA with his C.V. detailing his extensive experience.</p>		
Registered Manager Completing QIP	Lucy Hamilton	Date Completed	08/02/2016
Registered Person Approving QIP	Heather Hamilton	Date Approved	08/02/2016
RQIA Inspector Assessing Response	C Muldoon	Date Approved	12/02/16

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