



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

| | |
|-------------------------------|----------------|
| Inspection No: | IN016794 |
| Establishment ID No: | 1484 |
| Name of Establishment: | Dunlarg |
| Date of Inspection: | 7 October 2014 |
| Inspector's Name: | Raymond Sayers |

1.0 GENERAL INFORMATION

| | |
|--|---|
| Name of Home: | Dunlarg |
| Address: | 224 Keady Rd Keady BT60 3EW |
| Telephone Number: | 028 37530858 |
| Registered Organisation/Provider: | Four Seasons (Bamford Ltd)/Mr James McCall |
| Registered Manager: | Ms Patricia Graham |
| Person in Charge of the Home at the time of Inspection: | Ms Leena Mary Correa (Deputy Manager) |
| Other person(s) consulted during inspection: | Mr Gerry Hegarty (Four Seasons Maintenance Manager) & Mr Kevin Harvey (Maintenance Operative) |
| Type of establishment: | Nursing Home |
| Number of Registered Places: | 58 |
| Date and time of inspection: | 7 October 2014 from 09.40 – 12.20hrs |
| Date of previous estates inspection: | 22 May 2013 |
| Name of Inspector: | Raymond Sayers |

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes.

This is a report of an announced inspection to assess the quality of the premises and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. The report details the extent to which the standards measured during inspection were met.

3.0 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the premises and grounds were safe, well maintained and remain suitable for their stated purpose in compliance with legislative requirements and current minimum standards. This was achieved through a process of evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards.

The aims of the inspection were to examine the estates related policies, practices and monitoring arrangements for the provision of Nursing Homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003;
- The Nursing Homes Regulations (Northern Ireland) 2005;
- Nursing Homes Minimum Standards (DHSSPS, 2008).

Other published standards which guide best practice may also be referenced during the Inspection process.

4.0 METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with the person in charge;
- Examination of records;
- Inspection of the home internally and externally. Patients' private bedrooms were only inspected when unoccupied and permission was granted;
- Evaluation and feedback.

Any other information received by RQIA about this regulated establishment has also been considered by the Inspector in preparing for this inspection.

5.0 CONSULTATION PROCESS

During the course of the inspection, the Inspector spoke to Ms Leena Mary Correa (Deputy Manager) and Mr Gerry Hegarty.

6.0 INSPECTION FOCUS

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Nursing Homes Minimum Standards and to assess progress with the issues raised during and since the previous inspection:

Standards inspected:

- Standard 32 - Premises and grounds;
- Standard 35 - Safe and healthy working practices;
- Standard 36 - Fire Safety.

7.0 PROFILE OF SERVICE

Dunlarg Care Centre is a purpose built single storey home in close walking distance to the town centre of Keady in County Armagh.

The home can accommodate a maximum of 52 patients and six residents in the Nursing I, PH and LD and Residential RCI and MP (E) categories of care.

The home was re-registered on 31 October 2011. The new provider is Four Seasons Healthcare.

There are 58 single bedrooms, three large lounges and three dining rooms available. Bath/shower rooms and toilets are accessible. There are adequate car parking facilities at the front of the home. The grounds around the home are landscaped and central court yards are provided for patients and residents to relax in secure areas.

8.0 SUMMARY

Following the Estates Inspection of Dunlarg on 7 October 2014 improvements are required to comply with the Nursing Homes Regulations (Northern Ireland) 2005 and the criterion outlined in the following standards:

- Standard 32 - Premises and grounds;
- Standard 36 - Fire Safety.

This resulted in one requirement and three recommendations, listed in the quality improvement plan appended to this report.

Interior wall and floor finishes have sustained damage in a number of areas; Mr Hegarty reported that a refurbishment project is planned for 2015 and that wall and floor finishes will be renewed.

Building services are maintained effectively.

The Estates Inspector would like to acknowledge the assistance of Ms Leena Mary Correa and Mr Gerry Hegarty during the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from previous inspection

It is noted that a number of issues raised in the report of the previous estates inspection on 22 May 2013 have been addressed. Several issues require further attention and are restated in the relevant sections of the attached quality improvement plan sub-titled 'restated recommendations/requirements'.

| No | Regulation Ref. | Requirements | Action taken - as confirmed during this inspection | Inspector's Comments |
|----|------------------|--|---|----------------------|
| 1 | 14(2)(a),(b)&(c) | Complete legionella risk assessment recommended improvement works. Assess legionellosis prevention controls and implement management procedures to eliminate/reduce risk prior to improvement works completion; This should include necessary adjustments etc to ensure that the temperature of hot water storage and distribution system is maintained at appropriate temperatures. | Legionella risk assessment improvement works recorded as completed 29 July 2014 | Compliant |

| No | Regulation Ref. | Requirements | Action taken - as confirmed during this inspection | Inspector's Comments |
|----|----------------------|---|--|----------------------|
| 2 | 14(2)(a),(b)&(c) | Complete a BS7671 periodic inspection and test of the electrical installation and implement any recommended corrective works/procedures. | Periodic inspection report completed and remedial works completed (verified by letter) | Compliant |
| 3 | 14(2)(a),(b)&(c) | Assess Gas Safe Register engineer inspection report for kitchen gas installation dated 26 February 2013, complete recommended corrective/improvement works and implement management controls to eliminate/reduce risk prior to completion of recommended improvement works. | Gas safe inspection report dated 2 July 2014 satisfactory (Kitchen & Laundry) | Compliant |
| 4 | 27.(4)(c) & (d)(iii) | Assess BS5266 emergency lighting engineer maintenance inspection report dated 28 November 2012, complete a prioritized corrective/improvement works programme | BS5266 inspection report dated 26 June 2013 submitted. | Compliant |

| No | Regulation Ref. | Requirements | Action taken - as confirmed during this inspection | Inspector's Comments |
|----|---|---|--|----------------------|
| 5 | 27.(4)(b) &(iv) 27.(4)(d)(i),(ii) & (iv) | Assess BS5839 fire detection & alarm engineer maintenance inspection report dated 13 March 2013, complete a prioritized corrective/improvement works programme. | Improvement works currently in progress | Compliant |

| No | Minimum Standard Ref. | Recommendations | Action Taken – as confirmed during this inspection | Inspector's Comments |
|----|-----------------------|--|--|---|
| 6 | 32.5 | Replace broken roof tiles and wash roof eaves guttering, fascia and soffit. | Repairs/maintenance implemented | Compliant |
| 7 | 32.1 | Repair/replace shower rooms defective floor coverings. | Shower room opposite Keady day-room not replaced. Bathroom opposite Bedroom 5 not replaced. | Not compliant Refer to QIP items 1 & 3 |
| 8 | 32.1 | Complete an inspection of all bedroom vanity units, prepare a planned prioritised repair/replacement works project and implement planned corrective works. | A number of bedroom vanity units have become dilapidated. | Not compliant Refer to QIP items 2 & 3 |

| No | Minimum Standard Ref. | Recommendations | Action Taken – as confirmed during this inspection | Inspector's Comments |
|----|-----------------------|--|--|----------------------|
| 9 | 32.1 | Complete an inspection of all bedroom doors, assess surface finish condition and arrange to install surface protection at doors where impact damage is deemed likely to occur. | Repairs implemented | Compliant |
| 10 | 36 | Complete an inspection of all fire doors, create a prioritized action plan for repair/replacement works and commence a corrective works implementation programme. | Repairs implemented | Compliant |

9.2 Standard 32 - Premises and grounds - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

- 9.2.1 There was evidence of maintenance activity and procedures; the building and engineering services however require some attention in order to comply with this standard. Items requiring corrective action by the registered person are detailed in report items 9.2.2 - 9.2.5. Requirements and recommendations are listed in the attached Quality Improvement Plan section titled '**Standard 32 - Premises and grounds**'.
- 9.2.2 The Treatment room walls and ceiling was in poor decorative condition.
Lounge room wall paper was damaged by impact with chairs.
Kitchen wall decoration was in poor condition.
Kitchen extract ventilation filters were soiled.
The decorative finish of mechanical plant room doors is in poor condition.
(Reference: Quality Improvement Plan Item 1)
- 9.2.3 Bedrooms 1, 2, 3,6,9,19,53 carpet flooring was soiled and in poor physical condition.
Corridor carpet adjacent kitchen doorway was soiled.
Sluice room 3 floor covering is rust stained.
Bathroom flooring opposite bedroom 5 is in poor physical condition.
(Reference: Quality Improvement Plan Items 1 & 3)
- 9.2.4 A number of bedroom vanity units have sustained wear & tear damage and should be replaced.
(Reference: Quality Improvement Plan Items 2 & 3)
- 9.2.5 Mr Hegarty reported that a facility refurbishment contract is planned for implementation in 2015; interior finishes will receive modernization and upgrade during the proposed works.
(Reference: Quality Improvement Plan Item 1, 2 & 3)

9.3 Standard 35 - Safe and healthy working practices - *The home is maintained in a safe manner*

9.3.1 Safe and healthy working practices are evident in the home, compliant with this standard. There have been no issues identified for corrective/improvement works attention by the registered person in relation to this standard.

9.3.2 The hot & cold water storage and distribution systems were chlorinated on 14 January 2014.
Legionella prevention control measures are implemented and recorded.

9.4 Standard 36: Fire safety - *Fire safety precautions are in place that reduce the risk of fire and protect patients, staff and visitors in the event of fire.*

9.4.1 Fire Safety procedures implemented the home are compliant with this standard. Records inspected demonstrate attention to fire safety control measures. There is however one issue which needs to be addressed and is detailed in report paragraph 9.4.2. A recommendation is listed in the section of the attached quality improvement plan titled '**Standard 36: Fire safety**'.

9.4.2 The fire risk assessment review was completed by Mr Jonathan McCleery on 19 May 2014; It is understood that the fire risk assessor has applied for professional body registration for fire risk assessment with the Institute of Fire Engineers (IFE), and expects to obtain registration with that body.
(Reference: Quality Improvement Plan Item 4)

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement plan appended to this report were discussed with Ms Leena Mary Correa (Deputy Manager) during the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the quality improvement plan.

11.0 Enquiries

Enquiries relating to this report should be addressed to:

**Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT**

Quality Improvement Plan

Announced Estates Inspection

Dunlarg Nursing Home , RQIA ID 1484

7 October 2014

| QIP Position Based on Comments from Registered Persons (for RQIA use only) | | | QIP Closed | | Estates Officer | Date |
|---|--|--|------------|----|-----------------|------|
| | | | Yes | No | | |
| A. | All items confirmed as addressed. | | | | | |
| B. | All items either confirmed as addressed or arrangements confirmed to address within stated timescales. | | | | | |
| C. | Clarification or follow up required on some items. | | | | | |

NOTES:

The details of the quality improvement plan were discussed with Ms Leena Mary Correa (Deputy Manager) and Mr Gerry Hegarty during the inspection process.

The timescales commence from the date of inspection.

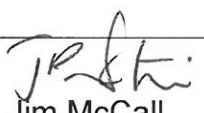

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by patients.

The registered provider is required to record comments on the quality improvement plan.

The quality improvement plan is to be completed by the registered provider and registered manager and returned to estates@rqia.org.uk.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

| | |
|---|--|
| NAME OF REGISTERED MANAGER COMPLETING QIP | Pat Graham |
| NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP |  Jim McCall  DIRECTOR OF OPERATIONS 15/12/14. |

Announced Estates Inspection to Dunlurg Nursing Home on 7 October 2014

Assurance, Challenge and Improvement in Health and Social Care

Standard 32 - Premises and grounds

The following requirements and recommendations should be noted for action in relation to Standard 32 - Premises and grounds

| Item | Regulation/ Standard Reference | Restated Requirements/Recommendations | Timescale | Details Of Action Taken By Registered Person (S) |
|------|-----------------------------------|---|-----------|---|
| 1 | Standard 32.1 | Repair/replace shower rooms defective floor coverings. (Reference: Report paragraphs 9.2.3 & 9.2.5) | 30 weeks | Flooring has been replaced in identified shower rooms. |
| 2 | Standard 32.1 | Complete an inspection of all bedroom vanity units, prepare a planned prioritised repair/replacement works project and implement planned corrective works. (Reference: Report paragraphs 9.2.4 & 9.2.5) | 30 weeks | All bedroom vanity units are included in the homes refurbishment plan and corrective works commenced and prioritised. |
| Item | Regulation Reference | Requirements | Timescale | Details Of Action Taken By Registered Person (S) |
| 3 | Regulation 27 (2)(b) | Verify that an internal refurbishment project is planned for 2015; all finishes should be inspected prior to drafting of the works specification. Submit a copy of the works proposal schedule to RQIA estates inspector. (Reference: Report paragraphs 9.2.2 - 9.2.5) | 12 weeks | A refurbishment programme is scheduled for 2015 and quotes are currently being obtained for same. |

Announced Estates Inspection to Dunlarg Nursing Home on 7 October 2014

Assurance, Challenge and Improvement in Health and Social Care

Standard 36 - Fire Safety

The following requirements and recommendations should be noted for action in relation to Standard 36 - Fire Safety

| Item | Standard Reference | Recommendations | Timescale | Details Of Action Taken By Registered Person (S) |
|------|--------------------|--|-----------|--|
| 4 | Standard 36. | <p>It is recommended that the annual reviews of the fire risk assessment should be carried out by a person or a company certified by a third party UKAS accredited certification body or a person who is registered with one of the fire safety professional bodies. Reference should be made to correspondence issued by RQIA to all Registered Persons on 13 January 2013 and the following guidance contained therein:</p> <p>http://www.rgia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf (Reference: Report paragraph 9.4.2)</p> | 12 Weeks | Nominated persons are currently being certified. |

Announced Estates Inspection to Dunlarg Nursing Home on 7 October 2014

Assurance, Challenge and Improvement in Health and Social Care