

Announced Premises Inspection Report 21 December 2016



Nightingale

Type of Service: Nursing Home
Address: 34 Old English Road
Tel No: 028 87752666
Inspector: Raymond Sayers

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Nightingale Nursing Home took place on 21 December 2016 from 13:00 to 15:50 hrs.

The inspection sought to assess progress with any issues raised during and since the last premises inspection, and to determine if the nursing home was well led, delivering safe, effective and compassionate care.

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. Several issues were however identified as requiring remedial attention. Refer to section 4.3.

Is care effective?

On the day of the inspection the premises supported the delivery of effective care. Refer to section 4.4.

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care. Refer to section 4.5.

Is the service well led?

On the day of the inspection the management of the premises was considered to be well led. Refer to section 4.6.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr John Coyle, Acting Manager, and Mr Gerry Hegarty, Four Seasons Health Care Maintenance Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

There was no enforcement action implemented a result of the findings of this inspection.

1.2 Actions/enforcement taken following the most recent premises inspection

Other than those items detailed in the previous QIP there were no further actions required to be taken following the most recent premises inspection on 19 June 2014.

2.0 Service Details

Registered organisation/registered provider: Four Seasons Health Care/ Ms Maureen Claire Royston	Registered manager: Mr John Coyle (Acting Manager)
Person in charge of the home at the time of inspection: Mr John Coyle	Date manager registered: N/A
Categories of care: NH-I,NH-PH,NH-MP, RC-I,RC-PH	Number of registered places: 48

3.0 Methods/processes

Prior to inspection the following records were analysed: Previous premises inspection report, statutory notifications over the past 12 month period, concerns call log.

During the inspection the inspector met with two patients, catering and laundry staff, Mr Gerry Hegarty Maintenance Manager, and Mr John Coyle Acting Manager.

The following records were examined during the inspection: Copies of building services maintenance certificates, building user log books relating to the maintenance/inspection of the building and engineering services, legionellae risk assessment, and fire risk assessment.

4.0 The Inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 25 July 2016

The most recent inspection of the nursing home was an unannounced care inspection, IN024352 dated 25 July 2016. The completed QIP was returned, and approved by the care inspector on 10 October 2016. This QIP will be validated by the specialist inspector at their next inspection

4.2 Review of requirements and recommendations from the last premises inspection dated 24 June 2014.

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Requirement 1 Ref: Regulations 14.(2)(a),(b) & (c) Stated: First time	Submit verification that the Thermostatic Mixing Valves are maintained in accordance with good practice, compliant with legionella prevention control measures, and safe hot water/surfaces risk assessment recommendations.	Met
	Action taken as confirmed during the inspection: Verification submitted.	
Requirement 2 Ref: Regulations 14.(2)(a),(b) & (c) Stated: First time	Complete a review of the legionella risk assessment and implement effective control precautions compliant with the risk assessment recommendations.	Met
	Action taken as confirmed during the inspection Controls implemented.	
Requirement 3 Ref: Regulations 27.(4)(a) Stated: First time	Implement fire risk assessment report recommendations.	Met
	Action taken as confirmed during the inspection Controls implemented.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 32.1 Stated: First time	Complete an interior and exterior decoration condition survey; implement cleaning and redecoration work where required.	Met
	Action taken as confirmed during the inspection: Refurbishment works contract completed.	
Recommendation 2 Ref: Standard 32.1 Stated: First time	Inspect all bedroom furniture, prioritise and implement repair or replacement of damaged/deteriorated items.	Met
	Action taken as confirmed during the inspection: Refurbishment works contract completed in majority of bedrooms.	

Recommendation 3 Ref: Standard 32.1 Stated: First time	Repair/replace damaged/deteriorated radiator covers.	Met
	Action taken as confirmed during the inspection: Works completed.	
Recommendation 4 Ref: Standard 36.1 & 36.2 Stated: First time	Verify that the fire safety consultant commissioned to review the facility fire risk assessment has professional or third party accreditation as recommended by RQIA Guidance document "Competence of persons carrying out fire risk assessments in regulated residential care establishments" dated 31 Jan 2013.	Met
	Implemented.	

4.3 Is care safe?

A range of documents related to the maintenance of the premises was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services, and risk assessments.

Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this premises inspection.

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.

The standard used by the registered person to determine the level of fire safety within the premises takes account of: the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment which was carried out by a risk assessor holding professional body registration for fire risk assessors. This supports the delivery of safe care.

A number of issues were however identified for attention during this premises inspection, and are detailed in the 'areas for improvement' section below.

Areas for improvement

1. The replacement of the bedroom vanity units is progressing and it is understood that this will continue as financial resources are made available.
2. Medical equipment/devices were last subjected to inspection/testing on 16 December 2015; Management state that engineers are to visit the premises to undertake the testing.

Refer to Quality Improvement Plan recommendation 1.

3. The former smokers' room is in a poor decorative condition; management state that the room is to be refurbished and will be converted into a resident's quiet room. This variation has been approved by RQIA.
4. The sluice rooms do not have separate wash-hand basins, and therefore strict infection control procedures must be observed to eliminate the risk of cross contamination.

Refer to Quality Improvement Plan recommendation 2.

Number of requirements	0	Number of recommendations:	2
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4.4 Is care effective?

There are arrangements in place for routine maintenance and corrective breakdown/repair works. Where appropriate service users are involved in decisions around the refurbishment of bedroom finishes.

This supports the delivery of effective care.

There were no issues identified as requiring improvement during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

The accommodation reviewed during this premises inspection was well maintained, comfortable, clean, well ventilated and adequately illuminated.

Service users are consulted regarding decisions around replacement of bedroom finishes, where appropriate.

This supports the delivery of compassionate care.

There were no issues identified for improvement during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

Premises related policies and documentation are retained in a manner which is accessible to authorised persons.

Arrangements are in place for managing premises related incidents/notifiable events, and Medical Device and Equipment Alerts.

The registered person has dealt appropriately with previous RQIA QIP items, and other relevant issues relating to the premises. Adequate resources have been provided by the Registered Responsible Person.

Appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators have been established.

This supports a well led service.

There are no issues requiring improvement identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr John Coyle, Registered manager, and Mr Gerry Hegarty, Maintenance Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises, RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP [web portal for review](#) by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

Recommendation 1

Ref: Standards 45.1, 45.2 & 45.5

Stated: First time

To be completed by:
14 February 2017

The registered provider should submit verification that all medical equipment is maintained/tested in accordance with manufacturer's guidelines.

Response by registered provider detailing the actions taken:

The report for the medical equipment is now in place and available for viewing and future reference.

Recommendation 2

Ref: Standards 44.1, 46.2

Stated: First time

To be completed by:
14 February 2017

The registered provider should complete an infection control risk assessment, implementing good infection control procedures to minimise/eliminate cross contamination in the sluice rooms.

Response by registered provider detailing the actions taken:

Costing for additional hand washing facilities has been requested and will be presented for consideration.



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