



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No:	16792
Establishment ID No:	1492
Name of Establishment:	Nightingale
Date of Inspection:	24 June 2014
Inspector's Name:	Raymond Sayers

1.0 GENERAL INFORMATION

Name of Home:	Nightingale
Address:	34 Old Eglish Rd, Dungannon BT71 7PA
Telephone Number:	028 87752666
Registered Organisation/Provider:	Four Seasons (Bamford) Ltd/ Mr James McCall
Registered Manager:	Mrs Hazel Black
Person in Charge of the Home at the time of Inspection:	Mrs Hazel Black
Other person(s) consulted during inspection:	Mr Gerry Hegarty , Estates Officer Four Seasons (Bamford) Ltd
Type of establishment:	Nursing Home
Number of Registered Places:	48; NH-I, NH-MP, NH-PH, RC-I, RC-PH
Date and time of inspection:	24 June 2014 from 09.40 – 12.10hrs
Date of previous estates inspection:	21 August 2012
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 Mr Gerry Hegarty and Mrs Hazel Black;
- 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 Mrs Hazel Black 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

Nightingale Care Centre is a purpose built single storey building and is located centrally to Dungannon and comprises of forty-four single bedrooms and two double bedrooms, two sitting rooms, a foyer, two dining rooms, a kitchen, a laundry, toilet / washing facilities, staff accommodation and offices.

Suitable car parking facilities are available at the front of the premises and an enclosed landscaped area is to the rear.

The home is registered to provide care under the following categories:

Nursing Care (I) Old age not falling into any other category

Nursing Care (MP) Mental disorder excluding learning disability or dementia

Nursing Care (PH) Physical disability other than sensory impairment

Residential Care (I) Old age not falling into any other category.

8.0 SUMMARY

Following the Estates Inspection of Nightingale on 24 June 2014 improvements are required to comply with the Nursing Homes Regulations (Northern Ireland) 2005 and the criteria outlined in the following standards:

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

This resulted in three requirements and four recommendations, outlined in the quality improvement plan appended to this report.

The building fabric and services are maintained in a satisfactory condition, although some interior and exterior redecoration will be required to maintain good decorative standards. Fire safety issues are evaluated and maintained to a satisfactory standard.

The Estates Inspector would like to acknowledge the assistance of Mrs Hazel Black and Gerry Hegarty during the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from previous inspection

The issues raised in the report of the previous estates inspection on 21 August 2012 have been addressed.

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 - 9.2.9, and in the attached Quality Improvement Plan section titled '**Standard 32 - Premises and grounds**'.
- 9.2.2 The surface finish of treatment room walls and cupboard doors is in a poor decorative condition.
(Reference: Quality Improvement Plan Item 1)
- 9.2.3 Kitchen service corridor wall finishes are damaged due to collision with trolleys etc.
(Reference: Quality Improvement Plan Item 1)
- 9.2.4 Day-room B ceiling water stain damage has not been redecorated.
(Reference: Quality Improvement Plan Item 1)
- 9.2.5 Kitchen wall finish is soiled/stained adjacent server hatch.
(Reference: Quality Improvement Plan Item 1)
- 9.2.6 Roof eaves fascia and gutters were stained and required cleaning.
(Reference: Quality Improvement Plan Item 1)
- 9.2.7 Window frames and doors at rear and side elevations had sustained deterioration of decorative & protective surfaces.
(Reference: Quality Improvement Plan Item 1)
- 9.2.8 Some bedside cabinets and washbasin/vanity units display wear and tear damage. (Reference: Quality Improvement Plan Item 2)

9.2.9 A number of radiator covers are damaged adjacent floor level.
(Reference: Quality Improvement Plan Item 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, although some issues have been identified for attention by the registered person. Items requiring corrective/improvement action by the registered person are detailed in report items 9.3.2, 9.3.3 and in the attached Quality Improvement Plan section titled '**Standard 35 - Safe and healthy working practices**'.

9.3.2 Facility manager states that the Thermostatic Mixing Valves received periodic maintenance works in June 2014, however no verification report had yet been received by the home management.
(Reference: Quality Improvement Plan Item 4)

9.3.3 The legionella risk assessment was completed on 2 February 2012, Mr Hegarty stated that some works had been completed and that a review would be arranged.
(Reference: Quality Improvement Plan Item 5)

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

9.4.2

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement plan appended to this report were discussed with Mrs Hazel Black as part of 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 sign off sheet for estates inspectors

Name of Home	NIGHTINGALE CARE CENTRE
Date of Inspection	24/06/2014
Estates Inspector	R.Sayers

QIP Position Based on Comments from Registered Persons			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.	X	X		R.Sayers	01/09/14
C.	Clarification or follow up required on some items.					

Estates Inspection – QIP sign off sheet

Informing and Improving Health and Social Care

NOTES:

The details of the quality improvement plan were discussed with Mrs Hazel Black and Mr Gerry Hegarty during the inspection process.

The timescales commence from the date of inspection.

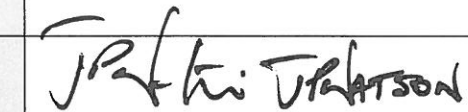
Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

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	Hazel Black
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	 Jim McCall DIRECTOR OF OPERATIONS 22/8/2014.

Announced Estates Inspection to Nightingale Nursing Home on 24 June 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	Standard Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
1.	Standard 32.1	Complete an interior and exterior decoration condition survey; implement cleaning and decoration works where required. (Reference: Report paragraphs 9.2.2, 9.2.3, 9.2.4, 9.2.5, 9.2.6 & 9.2.7)	12 weeks	Survey of interior and exterior decoration is being carried out. The regional painters and maintenance man will implement within next 3 months.
2.	Standard 32.1	Inspect all bedroom furniture, prioritise and implement repair or replacement of damaged/deteriorated items. (Reference: Report paragraph 9.2.8)	16 weeks	There is a planned refurbishment of like for like furniture in the bedrooms.
3.	Standard 32.1	Repair/replace damaged/deteriorated radiator covers. (Reference: Report paragraph 9.2.9)	12 weeks	There is a plan to replace the radiator covers

Announced Estates Inspection to Nightingale Nursing Home on 24 June 2014

Assurance, Challenge and Improvement in Health and Social Care

Standard 35 - Safe and healthy working practices

The following requirements and recommendations should be noted for action in relation to Standard 35 - Safe and healthy working practices

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
4.	Regulations 14 (2)(a),(b) & (c)	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. (Reference: Report paragraph 9.3.2)	8 weeks	Actions required from the report of October 2013 are currently being addressed with replacement valves being installed.
5.	Regulations 14 (2)(a),(b) &(c)	Complete a review of the legionella risk assessment and implement effective control precautions compliant with the risk assessment recommendations. (Reference: Report paragraph 9.3.3)	12 weeks	This has been completed

Announced Estates Inspection to Nightingale Nursing Home on 24 June 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	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
6.	Regulation 27.(4)(a)	Implement fire risk assessment report recommendations. (Reference: Report paragraph 9.4.2)	Immediate & ongoing	This is being implemented by FSHC estates.
Item	Standard Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
7.	Standards 36.1 & 36.2	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 fire risk assessments in regulated residential care establishments", dated 31 January 2013. (Reference: Report paragraph 9.4.2)	26 weeks	The fire safety assessor is currently registering with the Institute of Fire Engineers Risk Register.

Announced Estates Inspection to Nightingale Nursing Home on 24 June 2014

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