

Unannounced Premises Inspection Report 03 May 2018



Valley Nursing Home ID:1502

Type of service: Nursing Home
Address: 8 Tullybroom Rd, Clogher, BT76 0UW
Tel No: 028 8554 8048
Inspector: Raymond Sayers

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Service details

Organisation/Registered Provider: Responsible Individual(s): Valley Nursing Home (MPS) Ltd	Registered Manager: Lorraine Margaret Cozma
Person in charge at the time of inspection: Lorraine Margaret Cozma	Number of registered places: 96

2.0 Inspection summary

An unannounced inspection took place on 03 May 2018 from 10:00 to 13:30.

This inspection was underpinned by:

- The Nursing Homes Regulations (Northern Ireland) 2005
- Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

The purpose of the inspection was to follow up on information forwarded by the RQIA care inspector following an inspection on 1 May 2018, (ref IN030737).

The care inspector raised concerns regarding:

- The implementation of the care home`s fire safety precautions for service users smoking tobacco & tobacco products.
- The dilapidated condition of fixtures, fittings, floor and wall finishes.

The following areas were examined during the inspection:

- fire safety & patient tobacco smoking precautions.
- environment (fixtures, fittings, floor & wall finishes)

The findings of this report will provide the provider with the necessary information to assist them to fulfil their responsibilities.

3.0 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Lorraine Cozma, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action was implemented as a result of the findings of this inspection, RQIA reference EF000013.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

4.0 The inspection

Fire safety

1. Patient tobacco smoking policy and associated risk assessments were reviewed during the inspection. The patient bedroom designated as a room where smoking activity is permitted was inspected. A patient specific risk assessment related to the smoking activity was reviewed. Monitoring records detailing the specific patient smoking activity were reviewed.
2. The fire detection & alarm system BS5839 maintenance inspection certificates review indicated that the last service inspection visit was completed on 12 April 2018, it was not ascertained that the maintenance engineer inspection frequency was compliant with BS5839 recommendations (six monthly maximum interval between inspections, subject to fire risk assessor/BS5839 maintenance engineer / registered manager evaluation).

Environment

3. Some fixtures, floor & wall finishes were in a poor state of repair. Doors, door-frames, architraves & skirtings were damaged as a result of impact with hoists/wheelchairs. Some floor finishes were heavily stained and requiring replacement. Floor covering welded butt joints in Tullybroom House had become defective, joints were splitting.

Areas for improvement

1. The patient tobacco smoking activity risk assessment must be reviewed on a continuing basis; ensuring adequate fire safety precautions are implemented.
2. The fire detection and alarm system must be maintained/inspected at intervals compliant with BS5839 recommendations. (six monthly inspection frequency maximum interval, subject to BS5839 inspection engineer/fire risk assessor/registered manager evaluation).
3. The interior building fabric must have a prioritised refurbishment works programme implemented ensuring that all surfaces are well decorated and clean, in accordance with The Nursing Homes Regulations and infection control protocols. The inspector discussed this with the RQIA Senior Estates Officer and it was decided that the issue should be escalated to enforcement action. As a result, a meeting was convened inviting the Registered Responsible Person to a meeting at RQIA offices in Belfast on Thursday 10 May 2018 to discuss RQIA's intention to issue a Failure to Comply Notice. The failure to comply related to The Nursing Homes Regulations (Northern Ireland) 2005, Regulation 27 –. (2) (b) & (d) which state that:

The registered person shall, having regard to the number and needs of the patients, ensure that

- (b) the premises to be used as the nursing home are of sound construction and kept in a good state of repair externally and internally;
- (d) all parts of the nursing home are kept clean and reasonably decorated;

It is noted that following the meeting on 10 May 2018, The Registered Responsible Person submitted a prioritised refurbishment schedule to RQIA to address the condition of the finishes in the home in a specified time frame. RQIA will monitor progress of the refurbishment works detailed in the schedule to ensure that the decorative finishes are restored to an acceptable standard within the stated timescales.

	Regulations	Standards
Total number of areas for improvement	2	1

5.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Lorraine Cozma, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with:

- The Nursing Homes Regulations (Northern Ireland) 2005
- Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

5.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

Area for improvement 1
Ref: Regulations 27.(2)(b) & (d)
Stated: Second time

The registered person shall implement the refurbishment works programme in accordance with the schedule submitted by e-mail on 11 May 2018.

Ref: 4.3

To be completed by
 as per refurbishment schedule

Response by registered person detailing the actions taken:
 Refurbishment works implemented in accordance with refurbishment schedule

Area for improvement 2

Ref: Regulation 27.(4)(a)

Stated: First time

To be completed by
 immediate & continuing

The registered person must maintain a currently valid fire risk assessment, detailing the specific risk and precautions applicable for each tobacco smoker patient registered on the premises. The safety precautions must be appropriate and validated by the registered manager/fire risk assessor.

Ref.4.3

Response by registered person detailing the actions taken:
 Fire risk assesment in place detailing all relevant precautions

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

Area for improvement 1

Ref: Standard 48.3

Stated: First time

To be completed by:
 28 June 2018

The registered person shall verify that the fire detection and alarm system is maintained by a competent person at intervals compliant with BS5839 recommendations. (Six monthly maximum interval).

Ref 4.2

Response by registered person detailing the actions taken:
 ATLAS contacted regarding maintenance checks, visits booked 6 monthly

Please ensure this document is completed in full and returned via Web Portal



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