



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No:	16789
Establishment ID No:	1502
Name of Establishment:	Valley
Date of Inspection:	11 April 2014
Inspector's Name:	Raymond Sayers

1.0 GENERAL INFORMATION

Name of Home:	Valley
Address:	8 Tullybroom Road Clogher BT76 0UW
Telephone Number:	0288554 8048
Registered Organisation/Provider:	Valley Nursing Home (MPS) Ltd/Mr Paul Gray
Registered Manager:	Mrs Alison Sweeney
Person in Charge of the Home at the time of Inspection:	Mrs Alison Sweeney
Other person(s) consulted during inspection:	Mr Roger Ferguson(Maintenance Operative)
Type of establishment:	Nursing Home
Number of Registered Places:	96; 58 NH-DE ,NH-I ,NH-MP ,NH-MP(E) ,NH-PH ,NH-PH(E) ,NH-TI ,RC-I
Date and time of inspection:	11 April 2014 from 10.15 – 13.15hrs
Date of previous inspection:	25 June 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 Manager, Mrs Alison Sweeney;
- 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 Alison Sweeney and Mr Roger Ferguson.

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

Valley Nursing Home is situated in its own private grounds, close to the village of Clogher. Tullybroom House, a single-storey building adjacent to the nursing home, was registered by RQIA in 2007.

The home can accommodate a maximum of 96 patients and residents. The bedroom accommodation comprises single bedrooms, some of which are en-suite, and double bedrooms. Day rooms and sitting rooms are available for patients and residents. An activity area and three dining rooms, including a small kitchenette are also available. Bath and shower facilities and toilets are situated throughout the home. The laundry facilities are located within the grounds of the home. There are adequate car parking facilities at the front and side of the home.

8.0 SUMMARY

Following the Estates Inspection of Valley on 11 April 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 one recommendation, outlined in the quality improvement plan appended to this report.

The Estates Inspector would like to acknowledge the assistance of Mrs Alison Sweeney and Mr Roger Ferguson 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 25 June 2013 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 item 9.2.2 and in the attached Quality Improvement Plan section titled '**Standard 32 - Premises and grounds**'.

9.2.2 Vinyl floor covering was splitting at corridor butt joints at several locations in Tullybroom House.
(Reference: Quality Improvement Plan Item 1)

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- 9.3.4 and in the attached Quality Improvement Plan section titled '**Standard 35 - Safe and healthy working practices**'.

9.3.2 The BS7671 Periodic Inspection Report (PIR) for the electrical installation was completed on 5 April 2011 and was listed as valid for three years from inspection date (Main building & Tullybroom House).
(Reference: Quality Improvement Plan Item 2)

9.3.3 The facility maintenance operative monitors flow and return temperatures of the hot & cold water storage and distribution systems, in compliance with legionella control precautions; Shower heads are sterilized at three monthly intervals and seldom used taps are flushed weekly, also in compliance with good legionella control precautions. The last recorded chlorination of the hot & cold water storage and distribution system was dated 3 December 2012.

The legionella risk assessment document dated 2009 recommended chlorination of the hot & cold water storage and distribution systems, plus tank cleaning and alteration to the tank storage arrangements.
(Reference: Quality Improvement Plan Item 3)

- 9.3.4 Valid Gas Safe Register inspection certificate for the kitchen gas appliance was not presented for examination.
Gas Safe Register certificate received by e-mail 28 April 2014

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 are completed in the home and a fire risk assessment review was completed on 5 February 2014; maintenance engineer service visits were recorded but the only inspection certificate presented for examination was dated 4 October 2013. Issues requiring corrective action by the registered person are detailed in report items 9.4.2 - 9.4.3 and in the section of the attached quality improvement plan titled '**Standard 36: Fire safety**'.

- 9.4.2 Visitor room/dementia day room door has moved on hinges and "cold smoke" could pass the fire barrier.
(Reference: Quality Improvement Plan Item 5)

- 9.4.3 The fire risk assessment was completed on 5 February 2014 by Mr John Gurney, an IFE accredited fire risk assessor.

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement plan appended to this report were discussed with Mrs Alison Sweeney 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	Valley NH Reg.1503
Date of Inspection	11 April 2014
Name of Inspector	Raymond 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	18 July 2014
C.	Clarification or follow up required on some items.					

Estates Inspection – QIP sign off sheet

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NOTES:

The details of the quality improvement plan were discussed with Mrs Alison Sweeney 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	
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	

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	Repair and re-seal Tulybroom House floor covering defective butt joints. (Reference: Report section 9.2.2)	12 weeks	<i>We are in the process of repairing the defective joints</i>

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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)
2	Regulations 14 (2)(a),(b) & (c)	Complete a BS7671 Periodic Inspection Report for the electrical installation and implement prioritized corrective/improvement works if recommended, in compliance with the Electricity at Work Regulations. (Reference: Report section 9.3.2)	8 weeks	The periodic electrical installation report was undertaken on 14.7.14
3	Regulations 14 (2)(a),(b) & (c)	The hot and cold water storage and distribution systems legionella prevention risk assessment should be reviewed. A prioritized works action plan must be implemented in compliance with L8 approved code of practice recommendations. (Reference: Report section 9.3.3)	8 weeks	The legionella risk assessment will be undertaken on 28th /29th July 2014

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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)
4	Regulations 27.(4)(c) & (d)(i)	Adjust and re-hang visitor room/dementia day-room door, ensuring that FD30S fire/smoke resistance is achieved. (Reference: Report section 9.4.2)	8 Weeks	<i>the doors as across have been re-adjusted</i>

Announced Estates Inspection to Valley Nursing Home on 11 April 2014

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