

Announced Estates Inspection

of

Forest Lodge Nursing Home

on

04 February 2016

1. Summary of Inspection

An announced estates inspection took place on 04 February 2016 from 10:30am. to 12:30pm. Overall on the day of the inspection the premises supported the delivery of safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Care Standards for Nursing Homes 2015.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

| | Requirements | Recommendations |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 0 | 3 |

The details of the QIP within this report were discussed with the Ms. Alison Patience, Deputy Manager, Mr. Aidan Shaw, Estates Officer with the Belfast Health and Social Care Trust and Mr. Mark Gunning, Fire Safety Officer with the Belfast Health and Social Care Trust, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

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|--|--|
| Registered Organisation/Registered Person: Belfast Health and Social Care Trust / Mr. Martin Joseph Dillon | Registered Manager: Ms. Yvonne McKibbin |
| Person in Charge of the Home at the Time of Inspection: Ms. Alison Patience, Deputy Manager | Date Manager Registered: 21 May 2007 |
| Categories of Care: CH-LD, NH-LD | Number of Registered Places: 10 |
| Number of Patients Accommodated on Day of Inspection: 4 | Weekly Tariff at Time of Inspection: N/A |

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 44: Premises

Standard 47: Safe and Healthy working Practices

Standard 48: Fire Safety

4. Methods/Process

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

Prior to inspection the following records were analysed: The previous estates inspection report and the statutory notifications over the past 12 months.

Discussions with the Deputy Manager, the Estates Officer and the Fire Safety Officer.

The following records were examined during the inspection: Copies of service records and in-house log books relating to the maintenance and upkeep of the building and engineering services, legionellae risk assessment, fire risk assessment, etc.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of this home was an unannounced primary care inspection (IN022032) on 11 August 2015. The completed QIP for this inspection was returned to RQIA on 04 November 2015 and approved by the care inspector on 10 December 2015.

5.2 Review of Requirements and Recommendations from the last Estates Inspection on 08 January 2015

| Previous Inspection Statutory Requirements | | Validation of Compliance |
|--|--|--------------------------|
| Requirement 1 Ref: Regulations 27(4)(b) 27(2)(d) | There was evidence of water ingress at the corridor roof lights. This should be investigated and remedial works should be carried out as required. | Met |
| | Action taken as confirmed during the inspection: This issue had been addressed. | |
| Requirement 2 Ref: Regulations 27(2)(b) 27(2)(c) 27(2)(q) | The support documentation for the building and engineering services was not presented for review during this Estates inspection as this is held centrally by the Trust. The Estates Officer however agreed to confirm the details in relation to this documentation to RQIA by email following the inspection. | Met |
| | Action taken as confirmed during the inspection: A range of premises support documentation was presented for review during this estates inspection. | |

| Previous Inspection Statutory Requirements | Validation of Compliance |
|--|--------------------------|
| <p>Requirement 3</p> <p>Ref: Regulation 27(2)(a)</p> | <p>Met</p> |
| <p>Additional hold open devices linked to the fire detection and alarm system had not been installed on the corridor doors. This is a complex issue to resolve. The deputy manager advised that the profile of the current patients had changed with increasing dependency levels and reduced mobility. The controls in relation to the corridor doors were further discussed during this inspection. In addition to protecting the means of escape, the corridor doors may be required to perform one or more of the following functions depending on the needs of the specific patients being accommodated in the home at any particular time:</p> <ul style="list-style-type: none"> a. Automatic opening on activation by a swipe card to facilitate accessibility for patients in wheelchairs or beds. b. Electro-magnetic fastening linked to the fire detection and alarm system to facilitate the management of the premises on the basis of separate zones. c. Holding open linked to the fire detection and alarm system to facilitate monitoring patients at night. <p>A further review in relation to this issue should be carried out to determine what functions the corridor doors currently need to fulfil. The outcome of this review and the proposals to address same should be confirmed to RQIA.</p> | |
| <p>Action taken as confirmed during the inspection:</p> <p>The deputy manager confirmed that the corridor doors had been reviewed and changes had been made to meet the needs of the current patients. No issues were identified for attention in relation to this issue during this estates inspection.</p> | |

| Previous Inspection Statutory Requirements | | Validation of Compliance |
|---|--|--------------------------|
| Requirement 4 Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(c) 27(2)(q) | The Estates Officer confirmed that the risk assessment for the prevention or control of legionella bacteria in the water systems had been reviewed following the completion of the new plumbing installation works. A copy of the report for this risk assessment should be forwarded to RQIA. | Met |
| | Action taken as confirmed during the inspection: A copy of the report for the most recent water risk assessment that was completed on 29/30 December 2014 and 02 January 2015 was presented for review during this estates inspection. | |
| Requirement 5 Ref: Regulation 27(2)(c) | The next six monthly thorough examinations of the patient lifting equipment should be completed. | Met |
| | Action taken as confirmed during the inspection: The most recent six monthly thorough examination of the patient lifting equipment was carried out on 02 October 2015. The deputy manager confirmed that the issues identified for attention during these thorough examinations had been addressed with the exception of the issues in relation to the baths. An engineer was however in the home at the time of this estates inspection carrying out the works to address these issues. | |
| Requirement 6 Ref: Regulations 27(4)(b) 27(4)(d)(i) | The light in the boiler room had been made good and fire stopping had been carried out. The door to the cleaner's store was not propped open. New plumbing works to upgrade the energy conservation technology had however been completed recently in the home. Following this work the boiler room should be checked again and any further fire stopping should be completed as required. | Met |
| | Action taken as confirmed during the inspection: Further fire stopping works had been carried out in the boiler room. | |

| Previous Inspection Statutory Requirements | | Validation of Compliance |
|---|---|--------------------------|
| Requirement 7 Ref: Regulation 27(4)(b) | <p>The rationale in relation to the provision of green break glass units, escape route signage, and fastenings on the doors/gates along the escape routes had not been fully detailed in the report for the most recent fire risk assessment that had been carried out on 27 June 2014. It is recommended that all of the detail in relation to these issues should be included as part of the fire risk assessment report. In addition any remaining issues identified for attention in the action plan in this risk assessment report should be been addressed and signed off.</p> | Partially Met |
| | <p>Action taken as confirmed during the inspection:</p> <p>The deputy manager confirmed that the profile of the patients accommodated in the home had changed and the escape routes had been reviewed accordingly with the fire officer. Additional green break glass units had been fitted along the escape routes and arrangements had been to complete this work with the installation of one further easy opening device with a green break glass unit. The most recent fire risk assessment was carried out on 29 June 2015. The installation of the additional easy opening device with green break glass unit will complete the issues identified for attention in the action plan included in the report for this most recent fire risk assessment. Completion of this work should be confirmed to RQIA. Reference should be made to requirement 1 in the attached Quality Improvement Plan.</p> | |
| Requirement 8 Ref: Regulation 27(4)(b) | <p>The drawing adjacent to the control panel for the fire detection and alarm system did not include the first floor of the premises. New drawings which clearly identify the addresses for all of the devices should be provided at the fire alarm control panel. The Estates Officer confirmed that the Trust was currently working on this issue.</p> | Met |
| | <p>Action taken as confirmed during the inspection:</p> <p>New drawings had been provided at the fire detection and alarm control panel.</p> | |

| Previous Inspection Statutory Requirements | | Validation of Compliance |
|---|---|--------------------------|
| Requirement 9 Ref: Regulation 27(4)(b) | A fire drill was carried out on 09 September 2014. The deputy manager also confirmed that personal emergency evacuation plans were in place for all patients. This is to be commended. The position in relation to fire safety training should be reviewed to ensure that all staff have attended a fire safety training session within the last six months. In addition, the method of checking the fire alarm should be reviewed and amended as required to ensure compliance with British Standard 5839. | Met |
| | Action taken as confirmed during the inspection: Fire safety training was provided on 21 October 2015 and arrangements had been made for further fire safety training on 02 March 2016. The method of checking the fire alarm had been reviewed and amended. | |

5.3 Standard 44: Premises

Is Care Safe? (Quality of Life)

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this Estates inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. This supports the delivery of safe care.

Two issues were identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Is Care Effective? (Quality of Management)

A range of accommodation, facilities and support services is provided in the premises. This supports the delivery of effective care.

Two issues were identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. This supports the delivery of compassionate care.

Two issues were identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Areas for Improvement

1. The door to one of the communal toilets required redecorated. It is good to report that the Estates Officer confirmed that a programme of redecoration for the home had been drawn up for completion before the end of March 2016. This is to be commended.
2. The glass porch roof was leaking at the point where the rain water down pipe discharges. The Estates Officer agreed to have this roof sealed.

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| Number of Requirements | 0 | Number Recommendations: | 0 |
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5.4 Standard 47: Safe and Healthy Working Practices

Is Care Safe? (Quality of Life)

A range of documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this Estates inspection. This supports the delivery of safe care.

Two issues were identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Is Care Effective? (Quality of Management)

The nature and needs of the patients are considered as part of the risk assessment processes and this is reflected in the management of the home. This supports the delivery of effective care.

Two issues were identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Is Care Compassionate? (Quality of Care)

There are health and safety procedures and control measures in place which support the delivery of compassionate care.

Two issues were identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Areas for Improvement

1. A number of additional oxygen cylinders were being stored in the treatment room. The deputy manager advised that these additional oxygen cylinders had been ordered for an individual patient. This patient had not however been accommodated in the home. The deputy manager confirmed that arrangements would be made to have these additional oxygen cylinders returned to the supplier.

Areas for Improvement Continued

2. A water risk assessment was completed by a specialist company on 29/30 December 2014 and 02 January 2015. The water for the home is treated at source against legionella bacteria as part of the Trust's overall water safety management plan for the site. In addition the showers were cleaned and disinfected on 23 November 2015 and the water temperatures were also checked on this date. The record for this water temperature check presented for review during this estates inspection indicated that the temperature of the cold water in the bathroom for bedroom 6/8 was above the 20° C standard. In addition not all of the unblended hot water temperatures were in compliance with the current 55° C standard. This should be investigated and remedial works should be completed as required. Reference should be made to requirement 2 in the attached Quality Improvement Plan.

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| Number of Requirements | 0 | Number Recommendations: | 1 |
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5.5 Standard 48: Fire Safety

Is Care Safe? (Quality of Life)

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. This supports the delivery of safe care.

Three issues were identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Is Care Effective? (Quality of Management)

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of patients, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment. This supports the delivery of effective care.

Three issues were identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Is Care Compassionate? (Quality of Care)

The standard used by the registered persons to determine the extent of fire safety protection measures that are appropriate for the premises recognises the need to maintain a homely, non-institutionalised environment. This supports the delivery of compassionate care.

Three issues were identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Areas for Improvement

1. The gaps between the meeting edges to some of the bedroom doors were not fully smoke sealed. The deputy manager agreed to make a request to the Trust's estates department for the fire doors to be checked and remedial works to be carried out as required. The Estates Officer also agreed to have the remedial works completed on receipt of this request.
2. Two small gaps were noted in the ceiling of the switch gear cupboard beside the kitchen. The Estates Officer agreed to have these fire sealed.
3. The emergency lighting control system had been changed recently. The new system does not have a facility for completing the monthly function checks automatically. A manual system for carrying out the monthly function checks should be implemented in the home. Reference should be made to requirement 3 in the attached Quality Improvement Plan.

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| Number of Requirements | 0 | Number Recommendations: | 1 |
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5.6 Additional Areas Examined

No additional areas were reviewed during this estates inspection.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the deputy manager, the estates officer and the fire safety officer, as part of the inspection process. The timescales commence from the date of inspection.

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

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Persons

The QIP should be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to estates.mailbox@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered persons from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered persons with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

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|---|--|-----------------------|-----------|
| Recommendation 1 Ref: Standard 48 Stated: First time To be Completed by: 08 April 2016 | The installation of the additional easy opening device with green break glass unit should be confirmed to RQIA. | | |
| | Response by Registered Manager Detailing the Actions Taken: Estate Services have now identified an appropriate keypad system and will install the same by 31/8/16 | | |
| Recommendation 2 Ref: Standard 47 Stated: First time To be Completed by: Ongoing | This reason for the cold water temperature in the bathroom for bedroom 6/8 being above 20° C and for some of the unblended hot water temperatures being below the current 55° C standard should be investigated and remedial works should be completed as required. | | |
| | Response by Registered Manager Detailing the Actions Taken: The temperatures were subsequently checked for both hot and cold water in the identified rooms and were satisfactory/compliant with the above standards. Confirmed by Joanna Dougherty, Estates Services 14/3/16. | | |
| Recommendation 3 Ref: Standard 48 Stated: First time To be Completed by: 04 March 2016 | A manual system for carrying out the monthly function checks to the emergency lights should be implemented in the home. | | |
| | Response by Registered Manager Detailing the Actions Taken: Due to the fact that some of the switches in question are in roofspace areas Estates' Services have undertaken an exercise to identify the most appropriate and effective switches to enable staff in Forest Lodge to complete monthly checks for patient areas without risk of accident. These have now been sourced and will be installed by 31/8/16 | | |
| Registered Manager Completing QIP | Yvonne McKibbin | Date Completed | 14/3/16 |
| Registered Person Approving QIP | Yvonne McHugh | Date Approved | 24/5/16 |
| RQIA Inspector Assessing Response | K. Monaghan | Date Approved | *10/06/16 |

* Follow up or clarification required on some items.

Please ensure the QIP is completed in full and returned to estates.mailbox@rqia.org.uk from the authorised email address