



The Regulation and  
Quality Improvement  
Authority

**THE REGULATION AND QUALITY IMPROVEMENT  
AUTHORITY**

9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

**ANNOUNCED ESTATES INSPECTION**

<b>Inspection No:</b>	IN021084
<b>Establishment ID No:</b>	1537
<b>Name of Establishment:</b>	Drombane Nursing Home
<b>Date of Inspection:</b>	16 January 2015
<b>Inspector's Name:</b>	K. Monaghan

## 1.0 GENERAL INFORMATION

<b>Name of Home:</b>	Drombane
<b>Address:</b>	39 Glen Road Blacksull Dromore BT25 1JX
<b>Telephone Number:</b>	028 40 62 60 64
<b>Registered Responsible Individual:</b>	Mrs. Elizabeth Kathleen Mary Lisk
<b>Registered Manager:</b>	Mrs. Daizy Samuel
<b>Person in Charge of the Home at the time of Inspection:</b>	Mrs. Daizy Samuel, Registered Manager
<b>Other person(s) present during inspection:</b>	Mr. David Stewart
<b>Type of establishment:</b>	Nursing and Residential Care Home
<b>Categories of Care:</b>	RC-I, NH-I, NH-PH, NH-PH(E)
<b>Conditions of Registration:</b>	There shall be a maximum of 10 residents accommodated within category RC-I.
<b>Number of Registered Places:</b>	20
<b>Date of previous Estates inspection:</b>	20 July 2012
<b>Date and time of inspection:</b>	16 January 2015 (10:45am – 1:25pm)
<b>Name of Inspector:</b>	K. Monaghan

## **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 and
- 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:

1. Discussions with Mrs. Daizy Samuel, Registered Manager and Mr. David Stewart
2. Inspection of the home internally and externally. Patients' private bedrooms were only inspected when unoccupied and permission was granted
3. 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. Daizy Samuel, Registered Manager and Mr. David Stewart.

#### **6.0 INSPECTION FOCUS**

This inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Nursing Homes Minimum Standards with the focus on assessing 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**

Drombane is located in a rural setting with views overlooking the countryside approximately six miles from Dromore, Banbridge and Lurgan.

Bedroom accommodation is provided on two floors and is comprised of four double bedrooms, twelve single bedrooms, six of which are en-suite. Two sitting rooms are available; one is located on the ground floor and one on the first floor. The dining room is situated on the ground floor. Bath/shower rooms and toilets are accessible to all communal and bedroom areas throughout the home. Designated staff areas and offices are located within the home.

The home is registered to accommodate patients who require nursing care and residents requiring health and social care as follows:

### **Nursing Care**

I Old age not falling into any other category  
PH Physical disability other than sensory impairment  
PH (E) Physical disability other than sensory impairment – over 65 years

### **Residential Care**

I Old age not falling into any other category

## **8.0 SUMMARY**

During this Estates inspection a number of issues were identified for attention. Following this Estates inspection of Drombane in Dromore on 16 January 2015, 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 fourteen requirements and one recommendation. These are outlined in the quality improvement plan appended to this report.

The Estates Inspector would like to acknowledge the assistance of Mrs. Daizy Samuel, Registered Manager and Mr. David Stewart, throughout the inspection process.

## 9.0 INSPECTION FINDINGS

### 9.1 Recommendations and requirements from the previous Estates inspection on 20 July 2012:

The following issues should be noted with regard to the issues identified for attention during the previous Estates inspection to this home on 20 July 2012:

Standard 32 - Premises and grounds				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
9.1.1	Regulation 27(2)(d)	<b>Previous QIP Item 1</b> The planned improvement (PVC upgrade) works to the external woodwork of the premises should be completed.	The planned PVC upgrade improvement works to the external woodwork of the premises had been completed.	The woodwork to the balcony at the front of the home required attention. Remedial works and repainting should be carried out as required. Reference should be made to item 1 in the attached Quality Improvement Plan.
9.1.2	Regulation 27(2)(m)	<b>Previous QIP Item 2</b> The remaining works in relation to the provision of a lockable space for each patient and resident in their bedroom should be completed.	Mr. Stewart confirmed that all patients and residents now had a lockable space in their bedrooms.	N/A

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.1 Recommendations and requirements from the previous Estates inspection on 20 July 2012:

Standard 32 - Premises and grounds continued				
No	Regulation	Recommendations	Action taken - As confirmed during this inspection	Inspector's Comments
9.1.3	Regulation 27(2)(j)	<b>Previous QIP Item 3</b> The ensuite bath for bedroom 3 was no longer in use as it did not meet the needs of the patients. It is recommended that this bath should be removed and replaced with an assisted shower facility.	It is good to report that the bath in the ensuite bathroom for bedroom 3 had been replaced with an assisted shower facility.	N/A

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.1 Recommendations and requirements from the previous Estates inspection on 20 July 2012:

Standard 35 - Safe and healthy working practices				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
9.1.4	Regulations 14(2)(a) 14(2)(c)	<b>Previous QIP Item 4</b> A procedure should be established for accessing the Northern Ireland Safety Alert Broadcast System Website once each week to check the alert notices. A detailed log should be kept for this activity. Reference should be made to the previous correspondence from RQIA in relation to this issue.	There was a log in place for recording the details in relation to the Safety Alert Broadcast System.	It was not clear if all of the different types of Alerts issued by the Northern Ireland Adverse Incident Centre were being accessed each week. Subsequent to this Estates inspection the details in relation to how to access all of the different types of Alerts were confirmed to Mrs. Samuel in an email from RQIA. Reference should be made to the following link in this regard: <a href="http://www.dhsspsni.gov.uk/index/hea/niaic.htm">http://www.dhsspsni.gov.uk/index/hea/niaic.htm</a> Reference should be made to item 6 in the attached Quality Improvement Plan.



## 9.0 INSPECTION FINDINGS CONTINUED

### 9.1 Recommendations and requirements from the previous Estates inspection on 20 July 2012:

Standard 35 - Safe and healthy working practices continued				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
9.1.5	Regulations 14(2)(a) 14(2)(c) 27(2)(q)	<b>Previous QIP Item 5</b> The arrangements for the ongoing maintenance of the general electrical installation should be reviewed and revised as required. Testing should be carried out in addition to the yearly visual inspections. Reference should be made to BS 7671.	An inspection and test of the general electrical installation was carried out on 18 September 2012. The report for this inspection and test indicated that the condition of the installation was unsatisfactory and it identified a list of issues that required attention in this regard. It was not clear if all of these issues had been addressed.	The position in relation to the completion of the issues identified for attention in the report for the inspection and test of the fixed wiring installation that was completed on 18 September 2012 should be reviewed. A letter of satisfactory completion from an Electrical Engineer should be obtained in relation to these issues. Reference should be made to item 7 in the attached Quality Improvement Plan.

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.1 Recommendations and requirements from the previous Estates inspection on 20 July 2012:

Standard 35 - Safe and healthy working practices continued				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
9.1.6	Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)	<b>Previous QIP Item 6</b> The risk assessment for the prevention or control of legionella bacteria in water systems should be reviewed, updated and actioned as required. As part of this review the action plan from the previous risk assessment should be checked to ensure that all of the issues identified for attention have been addressed and signed off. Water samples should also be tested.	The risk assessment for the prevention or control of legionella bacteria in the water systems was updated on 31 October 2014.	The position in relation to the completion of the issues that were identified for attention in the report for the previous risk assessments should be clarified to RQIA. The results for any water samples that were tested should also be confirmed to RQIA. Reference should be made to item 8 in the attached Quality Improvement Plan.

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.1 Recommendations and requirements from the previous Estates inspection on 20 July 2012:

Standard 35 - Safe and healthy working practices continued				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
9.1.7	Regulation 13(7) 14(2)(a) 14(2)(c) 27(2)(q)	<b>Previous QIP Item 7</b> Any water outlets that are not in frequent use should be flushed out twice each week. A list of these outlets and a record of the flushing should be maintained in the home. A record should also be kept for the quarterly descaling, cleaning and disinfection of the showers.	Records were presented for review in relation to the flushing of the water outlets that are not in frequent use. No record was presented for review in relation to the quarterly cleaning and disinfection of the showers.	The records for the flushing of the infrequently used water outlets did not indicate that these outlets were being flushed twice each week. The procedure in relation to this issue should be reviewed and amended as required. The registered persons should confirm that the showers are being cleaned and disinfected on a quarterly basis and that a record for this activity is being kept in the home available for review at future inspections. Reference should be made to item 8 in the attached Quality Improvement Plan.

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.1 Recommendations and requirements from the previous Estates inspection on 20 July 2012:

Standard 35 - Safe and healthy working practices continued				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
9.1.8	Regulation 13(7)	<b>Previous QIP Item 8</b> The pipes in the laundry and the store above the laundry should be encased to facilitate easy cleaning.	The pipes in the laundry had been encased.	There were a number of other issues that required attention in relation to the laundry. Reference should be made to section 9.2.3 in this report in relation to the overall condition of the laundry.

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.1 Recommendations and requirements from the previous Estates inspection on 20 July 2012:

Standard 35 - Safe and healthy working practices continued				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
9.1.9	Regulations 14(2)(a) 14(2)(c)	<b>Previous QIP Item 9</b> The ongoing process for carrying out individual risk assessments in relation to hot surfaces should be completed. Reference should be made to the advice contained in the Health Guidance Note 'Safe Hot Water and Surface Temperatures' issued by NHS Estates (1998 edition) and the information available from the Health and Safety Executive in relation to risk assessment methodology (fire steps to risk assessment). The use of the small electric fan heater in bedroom 11 should also be reviewed.	The small electric fan heater in bedroom 11 had been removed. Mrs. Samuel also confirmed that the hot surface risk assessments had been reviewed on 07 August 2014.	A number of new low surface temperature radiators had also been installed in some of the bedrooms as part of recent upgrading works to the heating installation in the home.

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.1 Recommendations and requirements from the previous Estates inspection on 20 July 2012:

Standard 35 - Safe and healthy working practices continued				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
9.1.10	Regulations 14(2)(a) 14(2)(c) 27(2)(q)	<b>Previous QIP Item 10</b> The issues noted for attention in the reports for the thorough examinations of the hoists and the passenger lift should be followed up and signed off.	The reports for the most recent thorough examinations for the hoists and the passenger lift were not presented for review during this Estates inspection. Subsequent to this Estates inspection, copies of these reports along with copies of the reports for the most recent thorough examinations to the stair lifts were forwarded to RQIA by Mrs. Samuel.	The issues identified for attention in the reports for the most recent thorough examinations to the passenger lift and the stair lifts should be addressed and confirmed as complete to RQIA. Reference should be made to item 9 in the attached Quality Improvement Plan.

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.1 Recommendations and requirements from the previous Estates inspection on 20 July 2012:

Standard 35 - Safe and healthy working practices continued				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
9.1.11	Regulations 14(2)(a) 14(2)(c) 27(2)(q)	<b>Previous QIP Item 11</b> The planned inspection of the drainage system should be completed and a report of the outcome for this inspection and the planned remedial works to the lift pit should be forwarded to RQIA.	The issues in relation to the drainage and the lift pit had been addressed.	These issues were followed up separately by RQIA.

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.1 Recommendations and requirements from the previous Estates inspection on 20 July 2012:

Standard 35 - Safe and healthy working practices continued				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
9.1.12	Regulations 14(2)(a) 14(2)(c)	<b>Previous QIP Item 12</b> The window opening in the visitors' toilet should be controlled to a safe point of opening with a maximum clear opening of 100mm. The restrictors should not be easy to disengage without the use of a specialist tool or a key.	A restrictor had been fitted to the window of the staff toilet on the first floor.	The restrictor fitted to the window in the staff toilet on the first floor was of the cable and socket design. An Estates and Facilities Alert was issued on 10 November 2014 in relation to this type of restrictor. The window restrictors in the home should be reviewed in relation to the information contained in this Alert and any action required should be taken re same. Reference should be made to the following link in this regard: <a href="http://www.dhsspsni.gov.uk/efa-2014-003.pdf">http://www.dhsspsni.gov.uk/efa-2014-003.pdf</a> Reference should be made to item 10 in the attached Quality Improvement Plan.



## 9.0 INSPECTION FINDINGS CONTINUED

### 9.1 Recommendations and requirements from the previous Estates inspection on 20 July 2012:

Standard 36 – Fire safety				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
9.1.13	Regulations 14(2)(a) 14(2)(c)	<b>Previous QIP Item 13</b> The switchgear store beside the manager's office should be kept completely free from storage. The door to the second floor stores should also be kept locked.	The switchgear store beside the manager's office was free from combustible storage. The door to the second floor stores was locked by Mr. Stewart immediately after this area was reviewed during this Estates inspection.	The switchgear store beside the manager's office and the door to the second floor stores should be checked on a regular basis. A cover should also be fitted to the consumer unit in this store. Reference should be made to item 14 in the attached Quality Improvement Plan.
9.1.14	Regulations 27(4)(b) 27(4)(d)(i)	<b>Previous QIP Item 14</b> The ceiling in the lift plant room should be fire stopped where the large diameter PVC pipe passes through.	The fire stopping had been carried out in the lift plant room.	N/A

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.1 Recommendations and requirements from the previous Estates inspection on 20 July 2012:

Standard 36 – Fire safety continued				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
9.1.15	Regulations 27(4)(d)(iv)	<b>Previous QIP Item 15</b> The emergency light identified for attention by the inspection and test that was carried out on 19 July 2012 should be replaced.	The emergency lights were inspected and tested on 16 July 2014 and again on the 16 October 2014. The reports for these inspections and tests indicated that the emergency lights were working satisfactorily.	N/A

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.1 Recommendations and requirements from the previous Estates inspection on 20 July 2012:

Standard 36 – Fire safety continued				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
9.1.16	Regulation 27(4)(b)	<b>Previous QIP Item 16</b> The drawing at the fire alarm control panel should be renewed. The new drawing should clearly indicate each complete floor level and the zones within each floor level. The terminology used to identify each floor should be agreed and communicated to all staff to ensure that there is full clarity on this issue in an emergency situation.	New drawings had been provided for the fire alarm system indicating each floor level and each fire alarm zone.	How to read the fire alarm drawing and the terminology used to identify each floor level should continue to be a focus for all staff during fire drills and fire safety training.
9.1.17	The above issues where appropriate are detailed in the relevant sections of the Quality Improvement Plan.			

## 9.0 INSPECTION FINDINGS CONTINUED

### 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 The following issues were identified for attention in relation to this standard during this Estates inspection:

9.2.2 There was some variation in relation to the standard of décor and furnishings throughout the premises. Some areas, such as the bedrooms in the most recent extension to the premises were generally in good condition. The central areas of the home were, however, in need of refurbishment. A detailed survey for all areas of the home should be carried out to identify the extent of works required. The outcome of this survey should be used to draw up a comprehensive refurbishment plan of works for the premises. This should be based on a detailed schedule of works for each room along with firm timescales for completion. A copy of this refurbishment plan of works should be forwarded to RQIA. Reference should be made to item 2 in the attached Quality Improvement Plan.

9.2.3 A number of issues were identified for attention in the laundry as follows:

1. The light was in a poor condition
2. The floor covering was torn and the joint between the sheet flooring had opened up
3. The walls and ceiling needed to be repainted
4. The area at the back of the machines should be cleared out and cleaned.
5. The hot tap at the sink was not working. The taps were also not in good condition.

Remedial works should be carried out in the laundry to address these issues. Reference should be made to item 3 in the attached Quality Improvement Plan.

## **9.0 INSPECTION FINDINGS CONTINUED**

### **9.2 Standard 32 – Premises and grounds continued**

- 9.2.4 The bath in the lower ground floor bathroom was marked. These marks should either be removed or if this is not possible, a new bath should be provided. The tiles at the assisted shower in this bathroom should also be deep cleaned to remove staining. Reference should be made to item 3 in the attached Quality Improvement Plan.
- 9.2.5 There was some variation in the standard of artificial lighting throughout the premises. A review of the artificial lighting should be carried out and a programme of upgrading should be implemented. Guidance in relation to lighting can be obtained from the Dementia Services Development Centre for Northern Ireland. Reference should be made to item 5 in the attached Quality Improvement Plan.
- 9.2.6 A number of the bedroom doors were fitted with small bolts that are operated with a special key. As these bolts are no longer used they should be removed or blanked off. Reference should be made to item 4 in the attached Quality Improvement Plan.
- 9.2.7 The above issues where appropriate are detailed in the section of the attached Quality Improvement Plan entitled 'Standard 32 – Premises and grounds'.

### **9.3 Standard 35 - Safe and healthy working practices**

#### ***The home is maintained in a safe manner***

- 9.3.1 The following issues were identified for attention in relation to this standard during this Estates inspection:
- 9.3.2 One of the restrictors on the window opening in the first floor bathroom required to be refixed in position. A sample check to the wardrobe in bedroom 11 indicated that it was not fixed to the wall. All wardrobes should be checked and fixed to the walls as required. Reference should be made to items 10 and 11 in the attached Quality Improvement Plan.

## **9.0 INSPECTION FINDINGS CONTINUED**

### **9.3 Standard 35 - Safe and healthy working practices continued**

- 9.3.3 It is good to report that a risk assessment for the prevention or control of legionella bacteria in the water systems had been carried out on 31 October 2014. The water systems had also been cleaned and disinfected on 31 October 2014. Two 'dead legs' in the plumbing systems were identified during this Estates inspection. These were located in the cylinder store opposite bedroom 14 on the first floor and in the laundry. These 'dead legs' should be reviewed with the legionella risk assessor to confirm what action should be taken re same. The outcome of this review and the action taken should be confirmed to RQIA. Reference should be made to item 8 in the attached Quality Improvement Plan.
- 9.3.4 There was a slight variation between the level of the lift car floor and the corridor floor at the lift landing area on the lower ground floor. The lift should be adjusted as required to remove this level variation. Reference should be made to item 11 in the attached Quality Improvement Plan.
- 9.3.5 The extract fan in the ensuite facility for bedroom 8 was not working. This should be replaced. Reference should be made to item 11 in the attached Quality Improvement Plan.
- 9.3.6 The record for the checks to the water temperatures presented for review during this Estates inspection indicated that the hot water at some of the wash basins was not controlled to 41°C. This should be reviewed and additional hot water controls should be fitted as required. The records for the monthly checks to the sentinel water outlets should be kept separate from the record for the checks to the controlled hot water outlets. In addition it is recommended that the method for recording the results for all of the water temperature checks should be changed to a spread sheet format. This would make it easier to identify trends. The thermostatic mixing valves at the showers should be rechecked and adjusted as required to ensure that the maximum hot water temperatures do not exceed 41°C. Documentation to support the ongoing maintenance to the thermostatic mixing valves should also be developed. Reference should be made to items 12 and 13 in the attached Quality Improvement Plan.
- 9.3.7 The above issues where appropriate are detailed in the section of the attached Quality Improvement Plan entitled 'Standard 35 - Safe and healthy working practices'.

## 9.0 INSPECTION FINDINGS CONTINUED

### 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 The following issues were identified for attention in relation to this standard during this Estates inspection:
- 9.4.2 A fire risk assessment was carried out on 30 January 2014 with a satisfactory outcome. A fire safety audit was also completed by the Northern Ireland Fire and Rescue Service on 12 February 2013 with a satisfactory outcome. The fire detection and alarm system and the emergency lights were inspected and tested on 16 October 2014. The report for these inspections and tests indicated that these installations were satisfactory.
- 9.4.3 A fire drill was carried out on 16 December 2014. Fire training was provided on 28 August 2014 and the next fire safety training session had been arranged for the 29 January 2015.
- 9.4.4 The ceiling in the cylinder store on the lower ground floor at bedroom 3 should be fire stopped where the pipes pass through. The bottom fastening to the final exit door at bedroom 3 should be refixed to the door. The chiropody chair at this final exit door should be removed and all of the oxygen cylinders should be securely chained in position. Reference should be made to item 15 in the Quality Improvement Plan.
- 9.4.5 The above issues where appropriate are detailed in the section of the attached Quality Improvement Plan entitled 'Standard 36 – Fire Safety'.

## **10.0 QUALITY IMPROVEMENT PLAN**

The details of the Quality Improvement plan appended to this report were discussed with Mrs. Daizy Samuel, Registered Manager and Mr. David Stewart, 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 nursing home to improve the quality of life experienced by patients.

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

<b>Name of Home</b>	Drombane, Dromore RQIA ID 1537
<b>Date of Inspection</b>	16 January 2015
<b>Estates Inspector</b>	Kieran Monaghan

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.	–	–	–	–	–
C.	Clarification or follow up required on some items.	√	–	√	K. Monaghan	12 March 2015

Announced Estates Inspection IN021084 – 16 January 2015 – QIP sign off sheet

**Informing and Improving Health and Social Care**

## **NOTES:**

The details of the quality improvement plan were discussed with Mrs. Daizy Samuel, Registered Manager and Mr. David Stewart, 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 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](mailto: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:**

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Daizy Samuel
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Elizabeth Lisk

Announced Estates Inspection IN021084 to Drombane, Dromore RQIA ID 1537

**Assurance, Challenge, Improvement in Health and Social Care**

**The following requirement should be noted for action in relation to Standard 32 – Premises and grounds:**

<b>Item</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Timescale</b>	<b>Details Of Action Taken By Registered Person (S)</b>
1.	Regulations 27(2)(b) 27(2)(d)	Remedial works and repainting should be carried out as required to the balcony at the front of the home. Reference should be made to paragraph 9.1.1 in the Report.	Six months	This balcony is no longer in use and would require some remedial works prior to repainting. This structure will therefore be completely removed within six months.
2.	Regulations 27(2)(b) 27(2)(d)	A detailed survey for all areas of the home should be carried out to identify the extent of refurbishment works required. The outcome of this survey should be used to draw up a comprehensive refurbishment plan of works for the premises. This should be based on a detailed schedule of works for each room along with firm timescales for completion. A copy of this refurbishment plan of works should be forwarded to RQIA. Reference should be made to paragraph 9.2.2 in the Report.	Two months	A detailed survey for all areas of the home has been completed and a comprehensive refurbishment plan of works is being drawn up. This will set out a detailed schedule of works for each room, where work is necessary along with timescales for completion. A copy of this refurbishment plan of works will be forwarded in due course.

Announced Estates Inspection IN021084 to Drombane, Dromore RQIA ID 1537

**Assurance, Challenge, Improvement in Health and Social Care**

**The following requirement should be noted for action in relation to Standard 32 – Premises and grounds:**

<b>Item</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Timescale</b>	<b>Details Of Action Taken By Registered Person (S)</b>
3.	Regulations 13(7) 27(2)(b) 27(2)(c) 27(2)(d)	<p>The following remedial works should be carried out in the laundry:</p> <ol style="list-style-type: none"> <li>1. A new light should be fitted</li> <li>2. The floor covering should be replaced</li> <li>3. The walls and ceiling should be repainted</li> <li>4. The area at the back of the machines should be cleared out and cleaned</li> <li>5. The taps to the sink should be replaced</li> </ol> <p>The marks to the bath in the lower ground floor bathroom should also be removed. If this is not possible, a new bath should be provided. In addition the tiles at the assisted shower in this bathroom should also be deep cleaned to remove the staining. Reference should be made to paragraph 9.2.3 and 9.2.4 in the Report.</p>	Two months	<p>A new light will be fitted as soon as the laundry has been redecorated.</p> <p>The floor covering will be replaced following redecoration of the laundry.</p> <p>The walls and ceiling will be repainted commencing on Wednesday 11/03/2015.</p> <p>The area at the back of the machines has been cleared out and cleaned.</p> <p>New taps will be fitted to the laundry sink following redecoration.</p> <p>The bath in the lower ground floor bathroom will be replaced.</p> <p>Tiles at the assisted shower in the lower ground floor bathroom will be deep cleaned to remove staining.</p> <p>A further two months is requested in order to carry out the works in this bathroom.</p>

**The following requirement should be noted for action in relation to Standard 32 – Premises and grounds:**

<b>Item</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Timescale</b>	<b>Details Of Action Taken By Registered Person (S)</b>
4.	Regulations 27(2)(a)	The small bolts that have been fitted to a number of the bedroom doors should be removed or blanked off. Reference should be made to paragraph 9.2.6 in the Report.	Three months	This will be completed in the week commencing the 16/03/2015.
5.	Regulations 27(2)(p)	A review of the artificial lighting throughout the premises should be carried out and a programme of upgrading should be implemented. Guidance in relation to lighting can be obtained from the Dementia Services Development Centre for Northern Ireland. Reference should be made to paragraph 9.2.5 in the Report.	Three months	A review of the artificial lighting throughout the premises has been carried out. Appropriate lighting will be installed to replace the light fittings in the lower ground floor corridor. A light will be fitted in the laundry room. These works will be completed within the timescale. A new light fitting has already been installed in the ensuite of room 3.

**The following requirement 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)
6.	Regulations 14(2)(a) 14(2)(c) 27(2)(c)	The procedure for accessing the Alerts issued by the Northern Ireland Adverse Incidents Centre should be reviewed and amended as required. Reference should be made to the following link in this regard: <a href="http://www.dhsspsni.gov.uk/index/hea/niaic.htm">http://www.dhsspsni.gov.uk/index/hea/niaic.htm</a> Reference should be made to paragraphs 9.1.4 in the Report.	One month	This has now been fully implemented and will be subject to ongoing practice.
7.	Regulations 14(2)(a) 14(2)(c) 27(4)(q)	The position in relation to completion of the issues identified for attention in the report for the inspection and test of the fixed wiring installation that was completed on 18 September 2012 should be reviewed. A letter of satisfactory completion from an Electrical Engineer should be obtained in relation to these issues. Reference should be made to paragraph 9.1.5 in the Report.	One month	The electrical engineer has been contacted and his response is awaited. RQIA will be notified as soon as a letter/report is made available.

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**The following requirement 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)
8.	Regulations 13(7) 14(2)(a) 14(2)(c) 27(4)(c) 27(2)(q)	The position in relation to the completion of the issues that were identified for attention in the report for the previous legionella risk assessments should be confirmed to RQIA. The results for any water samples that were tested should be confirmed to RQIA. The procedure in relation to the flushing of the infrequently used water outlets should be reviewed and amended as required to ensure that these outlets are being flushed twice each week. The registered persons should also confirm that the showers are being cleaned and disinfected on a quarterly basis and that a record for this activity is being kept in the home available for review at future inspections. The two 'dead legs' in the plumbing systems in the cylinder store opposite bedroom 14 on the first floor and in the laundry should be reviewed with the legionella risk assessor to confirm what action should be taken re same. The outcome of this review and the action taken should be confirmed to RQIA. Reference should be made to paragraphs 9.1.6, 9.1.7 and 9.3.3 in the Report.	One month and ongoing	<p>There are no outstanding issues from previous legionella risk assessments.</p> <p>The risk assessor considers that testing of water samples is unnecessary due to the type and size of the system.</p> <p>A procedure is in place in relation to flushing the infrequently used water outlets twice each week. Showers are being cleaned and disinfected on a quarterly basis and a record of this is maintained on an ongoing basis.</p> <p>The apparent dead leg in the cylinder store is a vent which is required for the system. The dead leg in the laundry room has been utilized as an outlet for a washing machine.</p>

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**The following requirement 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)
9.	Regulations 14(2)(a) 14(2)(c) 27(4)(c)	The issues identified for attention in the reports for the most recent thorough examinations to the passenger lift and the stair lifts should be addressed and confirmed as complete to RQIA. Reference should be made to paragraph 9.1.10 in the Report.	One month	<p>The Passenger Lift - The equipment was adjusted and the unit returned to normal service. Their certificate is on file.</p> <p>The Stair Lifts - The company has been out and serviced these lifts and previous issues attended to. We await the certificate in respect of these.</p>
10.	Regulations 14(2)(a) 14(2)(c)	<p>The window restrictors in the home should be reviewed in relation to the information contained in the Estates and Facilities Alert that was issued on 10 November 2014 for restrictors of the cable and socket design. Any action required should be taken re same. Reference should be made to the following link in this regard:</p> <p><a href="http://www.dhsspsni.gov.uk/efa-2014-003.pdf">http://www.dhsspsni.gov.uk/efa-2014-003.pdf</a></p> <p>Reference should be made to paragraph 9.1.12 in the Report.</p>	One month	All window restrictors in the home have been reviewed in relation to the estates and facilities alert (issued on 10/11/2014). One window has had a new compliant restrictor fitted. Two other windows have had the restrictors replaced with compliant restrictors.

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**The following requirement 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)
11.	Regulations 14(2)(a) 14(2)(c) 27(2)(c) 27(2)(p)	The window restrictor in the first floor bathroom should be refixed in position. All wardrobes should be checked and fixed to the walls as required. The lift should be adjusted as required to remove the slight variation between the level of the lift car floor and the corridor floor at the lift landing area on the lower ground floor. The extract fan in the ensuite facility for bedroom 8 should be replaced. Reference should be made to paragraphs 9.3.2, 9.3.4 and 9.3.5 in the Report.	One month	<p>A new window restrictor has been fitted.</p> <p>A full check of all wardrobes has been completed. Those that are not already fixed to the wall, will be fixed during the week commencing 16/03/2015.</p> <p>The lift has been adjusted to remove the variation between levels. A certificate for the work is on file.</p> <p>A new extractor fan is to be fitted in the ensuite of room 8. This has been delayed due to a new shower trap and new flooring having to be fitted. The extractor fan will be fitted by 31/03/2015.</p>

**The following requirement should be noted for action in relation to Standard 35 - Safe and healthy working practices:**

<b>Item</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Timescale</b>	<b>Details Of Action Taken By Registered Person (S)</b>
12.	Regulations 13(7) 14(2)(a) 14(2)(c) 27(4)(c) 27(2)(q)	The wash basins should be reviewed and additional hot water controls should be fitted as required. The records for monthly checks to the sentinel water outlets should be kept separate from the record for the checks to the controlled hot water outlets. Documentation to support the ongoing maintenance to the thermostatic mixing valves should also be developed. The thermostatic mixing valves at the showers should be rechecked and adjusted as required to ensure that the maximum hot water temperatures are not exceeding 41°C. Reference should be made to paragraphs 9.3.6 in the Report.	One month and ongoing	<p>The plumber who was to carry out the review of the thermostatic mixing control valves and fit new ones where necessary is now unable to carry out the work. A new plumber will be sourced and the work completed as soon as possible. A further month is requested in order for this to be done.</p> <p>The records for the sentinel water outlets are now separate from the controlled hot water outlet records.</p> <p>Documentation is in place for ongoing maintenance to the thermostatic mixing valves. Existing valves to showers have been rechecked and adjusted accordingly.</p>
<b>Item</b>	<b>Regulation Reference</b>	<b>Recommendations</b>	<b>Timescale</b>	<b>Details Of Action Taken By Registered Person (S)</b>
13.	Standard 35.1	It is recommended that the method for recording the results for all of the water temperature checks should be changed to a spreadsheet format. This would make it easier to identify trends. Reference should be made to paragraphs 9.3.6 in the Report.	Ongoing	A new spread sheet format for recording the results of water temperature checks will be implemented from 01/04/2015.

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**The following requirement should be noted for action in relation to Standard 36 - Fire Safety:**

<b>Item</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Timescale</b>	<b>Details Of Action Taken By Registered Person (S)</b>
14.	Regulation 27(4)(b)	The switchgear store beside the manager's office and the door to the second floor stores should be checked on a regular basis. A cover should also be fitted to the consumer unit in this store. Reference should be made to paragraphs 9.1.13 in the Report.	Ongoing	Documentation is now in place and both doors will be checked on an ongoing basis.  Covers are on order for the consumer units and will be fitted upon arrival.
15.	Regulations 27(4)(b) 27(2)(c) 27(4)(d)(i)	The ceiling in the cylinder store on the lower ground floor at bedroom 3 should be fire stopped where the pipes pass through. The bottom fastening to the final exit door at bedroom 3 should be refixed to the door. The chiropody chair at this final exit door should be removed and all of the oxygen cylinders should be securely chained in position. Reference should be made to paragraphs 9.4.4 in the Report.	One month	The ceiling in the cylinder store on the lower ground floor at bedroom 3 will be fire stopped during week commencing the 16/03/2015.  The bottom fastening to the final exit door at bedroom 3 is to be refixed. A new door is required and a further month is requested for this to be completed.  The cylinders of oxygen will be chained securely in position. This will be completed during the week commencing 16/03/2015.  The chiropody chair will be removed.  This will be completed during the week commencing 16/03/2015.

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