

# Announced Premises Inspection Report

## 24 June 2016



## DOMNALL

**Type of Service: Nursing Home**  
**Address: 48 – 50 Old Dundonald Road, Belfast, BT16 2EH**  
**Tel No: 028 90 419 796**  
**Inspector: Kieran Monaghan**

## 1.0 Summary

An announced premises inspection of Domnall Nursing Home took place on 24 June 2016 from 10:10 to 12:30hrs.

### Is care safe?

On the day of the inspection the premises supported the delivery of safe care. However some issues were identified for attention by the registered persons. Refer to section 4.3.

### Is care effective?

On the day of the inspection the premises supported the delivery of effective care.

### Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care.

### Is the service well led?

On the day of the inspection the management of the premises was considered to be well led. However one issue was identified for attention by the registered persons. Refer to section 4.6.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs. Leanna Bonar, Registered Manager, Mr. Gerry Hegarty, Estates Manager with Four Seasons Health Care and Mr. Aaron Large, who is responsible for the ongoing maintenance of the home, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 1.2 Actions/enforcement taken following the most recent premises inspection

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

## 2.0 Service Details

<b>Registered organisation/registered provider:</b> FOUR SEASONS HEALTH CARE LIMITED / Dr. Maureen Claire Royston	<b>Registered manager:</b> Mrs. Leanna Bonar
<b>Person in charge of the home at the time of inspection:</b> Mrs. Leanna Bonar, Registered Manager	<b>Date manager registered:</b> 05 November 2012
<b>Categories of care:</b> NH-I, NH-PH, NH-PH(E)	<b>Number of registered places:</b> 52

## 3.0 Methods/processes

Prior to this premises inspection, the following records were reviewed:

- The previous premises inspection report
- The statutory notifications over the past 12 months
- The duty call log.

During this premises inspection discussions took place with the following people:

- Mrs. Leanna Bonar, Registered Manager
- Mr. Gerry Hegarty, Estates Manager with Four Seasons Health Care
- Mr. Aaron Large, who is responsible for the ongoing maintenance of the home.

During this premises inspection, the following records were reviewed:

- A range of service records and in-house records relating to the maintenance and upkeep of the premises
- The legionella bacteria risk assessment report
- The fire risk assessment report.

## 4.0 The Inspection

### 4.1 Review of requirements and recommendations from the most recent inspection on 17 June 2016

The most recent inspection of this home was an unannounced care inspection IN024711 on 17 June 2016. The report and QIP for this inspection have not yet been issued by RQIA. The QIP for this unannounced care inspection will be validated by the specialist inspector at their next inspection.

#### 4.2 Review of requirements and recommendations from the last premises inspection on 04 September 2013

Last premises inspection statutory requirements		Validation of compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 27(2)(b)  <b>Stated:</b> Second time	The grounds maintenance should be brought up to date.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The standard of grounds maintenance had improved and work in relation to this issue continues.	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 27(2)(d)  <b>Stated:</b> First time	The standard of décor particularly to the woodwork should be reviewed and a programme of redecoration should be implemented. A copy of this programme of redecoration works should be forwarded to RQIA.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The home was in good decorative order.	

Last premises inspection statutory requirements		Validation of compliance
<b>Requirement 3</b>  <b>Ref:</b> Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)  <b>Stated:</b> Second time	<p>The issues identified for attention in the legionella risk assessment report should be addressed and signed off. The unblended hot water and cold water temperatures at the sentinel outlets should be checked and recorded each month. The 'dead leg' pipe in toilet 7 should be rechecked to ensure that this is not a plumbing pipe. The outlets that are not frequently used should be flushed out twice each week.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Mr. Hegarty confirmed that the issues identified for attention in the legionella risk assessment report had been addressed and these had been signed off on a spread sheet. Records were presented for review during this premises inspection for the ongoing monthly checks to the unblended hot water and the cold water temperatures. There is a procedure in place for twice weekly flushing of any water outlet that is not in frequent use.</p> <p>The 'dead leg' pipe in toilet 7 had not been removed and it was not clear if this was connected to the plumbing system. Subsequent to this premises inspection Mr. Hegarty confirmed to RQIA that arrangements had been made to remove this pipe in the week following this premises inspection.</p>	
<b>Requirement 4</b>  <b>Ref:</b> Regulations 14(2)(a) 14(2)(c) 27(2)(q)  <b>Stated:</b> Second time	<p>The gas safety reports for all of the gas equipment and the gas pipework should be available in the home. These reports should be conclusive.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The reports for the most recent gas safety inspections were available in the home. Mr. Hegarty is following up the comment made on the report for the gas safety inspection to the gas pipework in the home.</p>	

Last premises inspection statutory requirements		Validation of compliance
<b>Requirement 5</b>  <b>Ref:</b> Regulation 27(2)(q)  <b>Stated:</b> First time	The documentation to support the completion of the remedial works to the fixed wiring installation should be followed up so that it is available in the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The fixed wiring installation was inspected and tested on 28 December 2012. Mr. Hegarty presented documentation to confirm that the code 1 and code 2 issues had been addressed. If any code 3 issues were identified during the inspection and test to the fixed wiring installation, risk assessments should be carried out re same.	
<b>Requirement 6</b>  <b>Ref:</b> Regulation 27(2)(c)  <b>Stated:</b> First time	The documentation to support the recent servicing of the washer disinfectors in the sluices should be followed up so that it is available in the home.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> A new washer/disinfector was installed in the ground floor sluice in June 2015. Mrs. Bonar confirmed that this equipment is maintained on a response basis with the most recent maintenance visit having been carried out on 26 February 2016. Mr. Hegarty also confirmed that the validation of the washer/disinfectors was an issue that Four Seasons Health Care was currently considering. A validation report for the two washer/disinfectors should be forwarded to RQIA. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.	
<b>Requirement 7</b>  <b>Ref:</b> Regulations 14(2)(a) 14(2)(c) 27(2)(c)  <b>Stated:</b> First time	The issues identified for attention in the report for the servicing of the thermostatic mixers that was completed on 11 April 2013 should be addressed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The most recent service of the thermostatic mixing valves was carried out on 01 July 2015. Remedial works were ongoing in the home during this premises inspection in relation to the thermostatic mixing valves.	

Last premises inspection statutory requirements		Validation of compliance
<b>Requirement 8</b>  <b>Ref:</b> Regulations 13(7) 27(2)(d)  <b>Stated:</b> First time	The cleaning arrangements for the home should be reviewed and improved as required to ensure that all areas of the home are maintained in a hygienic condition. Particular attention should be given to the frequency for deep cleaning. This should reflect the needs of the specific service being provided in this home. The cleaner's store should be reorganised and the ice machine should also be deep cleaned.	Met
	<b>Action taken as confirmed during the inspection:</b> No issues in relation to cleaning were identified during this premises inspection. The ice machine was not reviewed during this premises inspection. Mrs. Bonar however confirmed that the ice machine was on a cleaning schedule for the kitchen. Improvements had also been carried out to the kitchen with the provision of a new floor covering and new panelling to the walls to facilitate keeping the kitchen clean. The most recent visit by the local environmental health officer was carried out on 15 June 2015. The report for this visit identified some minor works. The kitchen upgrade had however been carried out subsequent to this inspection in April 2016.	
<b>Requirement 9</b>  <b>Ref:</b> Regulations 14(2)(a) 14(2)(c)  <b>Stated:</b> First time	Store 8 should be kept locked.	Met
	<b>Action taken as confirmed during the inspection:</b> Sample checks to the stores throughout the home indicated that these were being kept locked.	
<b>Requirement 10</b>  <b>Ref:</b> Regulations 27(4)(b) 27(4)(d)(i)  <b>Stated:</b> Second time	The appropriateness of the fire detector in the treatment room should be reviewed.	Met
	<b>Action taken as confirmed during the inspection:</b> The fire detector in this room had been changed to a smoke detector.	

Last premises inspection statutory requirements		Validation of compliance
<b>Requirement 11</b>  <b>Ref:</b> Regulations 27(4)(b) 27(4)(c) 27(4)(d)(i) 27(4)(d)(iv)  <b>Stated:</b> Second time	The standard of smoke sealing to the fire doors should be reviewed and improved as required. The local isolation switch for one leaf of the double corridor doors at the Nurse Station on the ground floor should also be repaired.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> The local isolation switch had been made good. Further remedial works were however required to ensure that the smoke sealing to the fire doors was up to standard. This issue had also been identified for attention in the most recent fire risk assessment report. Subsequent to this premises inspection Mr. Hegarty confirmed to RQIA that Four Seasons Health Care joiners would start in the home on Tuesday 28 June 2016 and carry out the remedial work to the doors. Completion of this work should be confirmed to RQIA when achieved. Reference should be made to recommendation 2 in the attached Quality Improvement Plan.	
<b>Requirement 12</b>  <b>Ref:</b> Regulations 27(4)(b) 27(4)(c) 27(4)(d)(iv)  <b>Stated:</b> Second time	The further remedial works required to the emergency lighting should be completed.	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> The emergency lights were inspected and tested in August 2015. The need for remedial works was identified for attention during this inspection and test. Subsequent to this premises inspection, Mr. Hegarty confirmed to RQIA that arrangements had been made to commence all required remedial works to the emergency lights on 04 July 2016. Completion of this work should be confirmed to RQIA when achieved. Reference should be made to recommendation 2 in the attached Quality Improvement Plan.	



Last premises inspection statutory requirements		Validation of compliance
<b>Requirement 13</b>  <b>Ref:</b> Regulations 27(4)(b) 27(4)(d)(i)  <b>Stated:</b> First time	Specific risk assessments for all patients who express a desire to smoke should be completed. The need for fire blankets in easily accessible locations in close proximity to the areas used for smoking should also be considered.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Mrs. Bonar confirmed that only one patient currently smokes in the home and a risk assessment had been carried out in relation to this patient. A fire blanket had been provided at the designated smoking area. The patient who currently smokes prefers to smoke at the front of the home. Mrs. Bonar agreed to provide an additional fire blanket in a location that would be convenient to the front of the home.	
<b>Requirement 14</b>  <b>Ref:</b> Regulations 27(4)(b) 27(4)(d)(i)  <b>Stated:</b> First time	A new drawing for the fire detection and alarm system which clearly indicates all of the activation locations should be provided adjacent to the fire alarm control panel.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A new drawing for the fire detection and alarm system had been provided.	
<b>Requirement 15</b>  <b>Ref:</b> Regulations 27(4)(b) 27(4)(c) 27(4)(d)(i)  <b>Stated:</b> First time	The door to the staff locker room should not be propped open.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This issue had been addressed.	

### 4.3 Is care safe?

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this premises inspection.

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.

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 service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment which was carried in accordance with the guidance issued by RQIA in relation to the competency of fire risk assessors.

This supports the delivery of safe care.

A number of issues were however identified for attention during this premises inspection. These are detailed in the 'areas for improvement' section below.

#### Areas for improvement

1. The switch room was tidy and in good order. There was however a metal bed frame being stored in this switch room. Although this item is not combustible, it is recommended that the switch room is kept completely clear. Reference should be made to recommendation 3 in the attached Quality Improvement Plan.
2. It was noted that some minor repairs were required to the ceiling in the linen store at bedroom 22 on the ground floor. It was agreed that this ceiling would be made good.

<b>Number of requirements</b>	0	<b>Number of recommendations:</b>	1
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### 4.4 Is care effective?

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the premises.

This supports the delivery of effective care.

<b>Number of requirements</b>	0	<b>Number of recommendations:</b>	0
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#### 4.5 Is care compassionate?

The areas of the premises reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit. Service users are consulted about decisions around décor and the private accommodation where appropriate. This supports the delivery of compassionate care.

<b>Number of requirements</b>	0	<b>Number of recommendations:</b>	0
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#### 4.6 Is the service well led?

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

Arrangements are in place for managing premises related incidents/notifiable events and Medical Device and Equipment Alerts.

The registered manager has generally dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the registered responsible person. Reference should however be made to section 4.6.1 in the areas for improvement noted below.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate. This supports a well led service.

One issue was however identified for attention during this premises inspection. This is detailed in the 'areas for improvement' section below.

#### Areas for improvement

1. Three issues from the Quality Improvement Plan for the last premises inspection on 04 September 2013 had either not been addressed or had only been partially addressed. The arrangements for ensuring that all of the issues included in Quality Improvement Plans for RQIA reports are fully addressed within the timescales should be reviewed and improved as required. Reference should be made to recommendation 4 in the attached Quality Improvement Plan.

<b>Number of requirements</b>	0	<b>Number of recommendations:</b>	1
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs. Leanna Bonar, Registered Manager, Mr. Gerry Hegarty, Estates Manager with Four Seasons Health Care and Mr. Aaron Large, who is responsible for the ongoing maintenance of the home as part of the inspection process. The timescales commence from the date of inspection.

The registered persons 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 persons 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 in respect of this nursing home. 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 Statutory requirements

This section outlines the actions which must be taken so that the registered persons meet the legislative requirements based on Nursing Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

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

## 5.3 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 Responsible Person should confirm that these actions have been completed and return completed QIP to [Estates.Mailbox@rqia.org.uk](mailto: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 areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered persons from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered persons with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Recommendations

<b>Recommendation 1</b>  <b>Ref:</b> Standard 47  <b>Stated:</b> First time  <b>To be completed by:</b> 26 August 2016	<p>A validation report for the two washer/disinfectors should be forwarded to RQIA.</p> <p><b>Response by registered provider detailing the actions taken:</b>  Aquilant Services will be carrying out a service on both machines week commencing 8.8.16, confirmation of this will be forwarded to RQIA on completion of this.</p>
<b>Recommendation 2</b>  <b>Ref:</b> Standard 48  <b>Stated:</b> Third time  <b>To be completed by:</b> 29 July 2016	<p>Completion of the remedial works to the fire doors to improve the smoke sealing and the remedial works to the emergency lights should be confirmed to RQIA when achieved.</p> <p><b>Response by registered provider detailing the actions taken:</b>  All remedial works have now been carried out for all fire doors and emergency lighting.</p>
<b>Recommendation 3</b>  <b>Ref:</b> Standard 48  <b>Stated:</b> First time  <b>To be completed by:</b> Ongoing	<p>The switch room should be kept completely clear.</p> <p><b>Response by registered provider detailing the actions taken:</b>  Switch room has been cleared and going forward there will be no inappropriate storage.</p>
<b>Recommendation 4</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time  <b>To be completed by:</b> 16 September 2016	<p>The arrangements for ensuring that all of the issues included in Quality Improvement Plans for RQIA reports are fully addressed within the timescales should be reviewed and improved as required.</p> <p><b>Response by registered provider detailing the actions taken:</b>  Arrangements are now in place to ensure all issues in QIP are fully addressed within the given timescales.</p>

*\*Please ensure this document is completed in full and returned to [Estates.Mailbox@rqia.org.uk](mailto:Estates.Mailbox@rqia.org.uk) from the authorised email address\**



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