

Announced Premises Inspection Report

07 October 2016



Rose Lodge

Type of Service: Nursing Home
Address: 185 Belsize Road, Lisburn, BT27 4LA
Tel No: 028 9267 6301
Inspector: K. Monaghan

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Rose Lodge Nursing Home took place on 07 October 2016 from 10:25hrs to 12:00hrs.

The inspection sought to assess progress with any issues raised during and since the last premises inspection and to determine if the nursing home was delivering safe, effective and compassionate care and if the service was well led.

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 provider. Reference should be made 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.

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
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mr. Ed Warnock, Registered Responsible Individual and Mr. Paul Jones, Senior Maintenance Officer, Rose Lodge, as part of the inspection process and can be found in the main body of the report.

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 most recent premises inspection on 20 June 2013.

2.0 Service Details

Registered organisation/registered provider: Rose Lodge Care Homes Ltd / Mr. Ed Warnock	Registered manager: Ms. Hilary Clark
Person in charge of the home at the time of inspection: Ms. Hilary Clark, Registered Manager	Date manager registered: 18 December 2015
Categories of care: NH-I, NH-PH, NH-PH(E), NH-TI	Number of registered places: 48

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 concerns log.

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

- Mr. Ed Warnock, Registered Responsible Individual
- Mr. Paul Jones, Senior Maintenance Officer, Rose Lodge.

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 18 July 2016

The most recent inspection of this nursing home was an unannounced care inspection IN024709 on 18 July 2016. The completed QIP for this inspection was returned to RQIA on 24 August 2016 and approved by the care inspector on 06 September 2016. This QIP will be validated by the care inspector at their next inspection.

4.2 Review of requirements and recommendations from the last premises inspection on 20 June 2013

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulations 27(2)(b) 27(2)(d) Stated: Second time	The redecoration programme and other upgrading works for the home should be completed as part of the planned extension and alteration works.	Met
	Action taken as confirmed during the inspection: The redecoration programme and other upgrading works had been completed as part of the extension and alterations works. Mr. Jones also confirmed that ongoing redecoration continues in the home as and when required.	
Requirement 2 Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(c) Stated: Second time	The servicing requirements for the thermostatic mixers should be clarified.	Met
	Action taken as confirmed during the inspection: The servicing details for the thermostatic mixing valves had been checked and there is now a procedure in place for the ongoing maintenance of these valves. This includes before and after fail-safe testing, disinfection and completion of any remedial works identified during the servicing. The most recent service was completed in August 2016.	

Last care inspection statutory requirements		Validation of compliance
Requirement 3 Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(c) Stated: Second time	The Northern Ireland Adverse Incidents website should be accessed once each week to check the Medical Device Equipment Alerts.	Met
	Action taken as confirmed during the inspection: The registered manager logs onto the Northern Ireland Adverse Incident Centre website each week and any alerts that are relevant are printed off and actioned.	
Requirement 4 Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(g) Stated: First time	A new lock should be fitted to the door to the store opposite bedroom 25 in the Dowling Wing to ensure that this door is kept locked. The damaged chair in the Quiet Lounge should be repaired or replaced.	Met
	Action taken as confirmed during the inspection: A new key pad lock had been fitted to the door of the store opposite bedroom 25 in the Dowling Wing and this door was locked. The damaged chair in the Quiet Lounge had been removed from the home.	
Requirement 5 Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(q) Stated: First time	The report for the inspection and test to the complete fixed wiring installation that was completed on 18 July 2012 should be reviewed with the inspecting engineer with a view to providing a further report which is specific for this type of premises.	Met
	Action taken as confirmed during the inspection: This issue had been resolved. The most recent inspection and test to the fixed wiring installation was completed on 12 February 2016. A number of code C2 and code C3 issues were identified for attention during this inspection and test. Mr. Jones however confirmed that the code C2 issues had been addressed and they were currently working through the remaining code C3 issues.	

Last care inspection statutory requirements		Validation of compliance
Requirement 6 Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(c) 27(2)(q) Stated: First time	The frequency for the flushing of the infrequently used outlets should be increased to twice each week. The arrangements for completing the remedial works to the gas equipment should also be confirmed to RQIA.	Met
	Action taken as confirmed during the inspection: The frequency for flushing the infrequently used outlets had been increased to twice weekly. The most recent safety inspections to the gas installations and equipment were carried out on 07 April 2016 with satisfactory outcomes. This included the catering equipment, the laundry equipment and the heating boilers. The documentation for these gas safety inspections only appeared to cover the gas pipework and not the gas equipment. Mr. Jones agreed to follow up this issue with the gas safe engineers and to obtain the same type of documentation that had been issued in previous years for the gas safety inspections.	

Last care inspection statutory requirements		Validation of compliance
Requirement 7 Ref: Regulations 27(4)(b) 27(4)(c) 27(4)(d)(i) 27(4)(d)(iv) Stated: Second time	<p>Further remedial works should be carried out to the fire doors to ensure that all of the fire doors operate effectively. In this regard it is important to ensure that the gaps between the meeting edges of double doors are fully smoke sealed and that the all of the fire doors close fully into the frames with the self-closers and provide an effective smoke seal. The smoke sealing to the bedroom doors should also be checked to ensure that this remains effective.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Further remedial works had been carried out to the fire doors. The most recent review of the fire risk assessment was also completed by a third party accredited fire risk assessor on 22 August 2016 with no issues being identified for attention. Sample checks to the double corridor doors indicated that the gaps between the meeting edges were fully smoke sealed. The corridor door at bedroom W1 in the Warnock Wing however required minor adjustment to prevent it catching on the carpet and to ensure that it remains tight to the door stops when closed. The closing speed of the kitchen door should be increased to ensure this door latches fully and the closing speed of the corridor door at bedroom 6 in the Dowling Wing should be reduced. Mr. Jones agreed that these minor adjustments would be completed as quickly as possible. Subsequent to this premises inspection RQIA received confirmation from Mr. Warnock that the corridor doors had been adjusted and that the door to the kitchen would be adjusted on 11 October 2016.</p>	

Last care inspection statutory requirements		Validation of compliance
Requirement 8 Ref: Regulation 27(4)(b) Stated: Second time	The type of fire detector in the linen store at bedroom 2 in the Warnock Wing should be checked (appeared to a heat detector where a smoke detector may be more appropriate). The missing cover for the light in the linen store at bedroom 2 in the Warnock Wing should be reinstated. Items of storage should not be located close to the switchgear in this store. The switchgear cupboard in the Warnock Wing should be cleared out and a cover should be fitted to the consumer unit in this switchgear cupboard.	Met
	Action taken as confirmed during the inspection: The completed Quality Improvement Plan returned to RQIA for the last premises inspection confirmed that these issues had been addressed. Sample checks carried out during this premises inspection confirmed that a smoke detector had been installed in the linen store at bedroom 2 in the Warnock Wing and linen was not being stored close to the switchgear in this cupboard.	
Requirement 9 Ref: Regulations 27(4)(b) 27(4)(c) Stated: Second time	The arrangements for completing the installation of the self-closing devices to the bedroom doors should be finalised and the works should be completed on a prioritised basis. Appropriate hold open devices should also be fitted as required by individual needs assessments.	Met
	Action taken as confirmed during the inspection: Self-closing devices and hold open devices as considered necessary had been installed on the bedroom doors.	

Last care inspection statutory requirements		Validation of compliance
Requirement 10 Ref: Regulation 27(4)(e) Stated: First time	The new system for monitoring fire safety training to ensure that this is kept up to date should be finalised. Further fire safety training should be provided as required to ensure that all staff attend two fire training sessions each year.	Met
	Action taken as confirmed during the inspection: The new system for monitoring fire safety training had been finalised. Subsequent to this premises inspection Mr. Warnock also confirmed to RQIA that at least four fire training sessions were held in the home each year and additional sessions are provided if required. Fire drills were carried out on 18 August 2016, 25 August 2016 and 21 September 2016.	

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 out by a third party accredited fire risk assessor in line with the guidance issued by RQIA.

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.

Comments and Areas for improvement

1. The home continues to work with a specialist company to manage the risks in relation to legionella bacteria in the water systems. The most recent review of the legionella risk assessment was completed in July 2016, the water system was cleaned and disinfected on 18 January 2016 and there are schematic drawings for the water system available in the home. The sentinel water outlets have been identified and are checked each month with the most recent check having been completed on 15 September 2016. In addition the water storage tanks were inspected on 08 June 2016 and water samples with satisfactory results were taken in January 2016. Subsequent to this premises inspection Mr. Warnock also confirmed to RQIA that the external water taps had been added to list for twice weekly legionella flushing.
2. The most recent review of the fire risk assessment was carried out by a third party accredited fire risk assessor on 22 August 2016. The report for this review which identified no issues for attention was available for review during this premises inspection. The fire detection and alarm system was inspected and serviced on 09 September 2016 and a three hour duration test to the emergency lights was completed in June 2016. This inspection and test identified a number of issues for attention. These had however been addressed on 23 June 2016. There are also carbon monoxide detectors provided in the kitchen, laundry and boiler room.
3. Only the ground floor of the premises is used by patients. The first floor areas of the premises are exclusively for staff use. The window openings in the patient areas of the premises on the ground floor are controlled but the windows on the first floor do not have opening restrictors fitted. Although the first floor areas are only for staff use, access to these areas is not formally controlled. There may therefore be a risk of a patient accessing the first floor unnoticed by staff. Following a discussion in relation to this issue, Mr. Warnock confirmed that arrangements would be made to fit controls to all of the opening windows on the first floor. Subsequent to this premises inspection Mr. Warnock confirmed to RQIA that window restrictors had been fitted on the upstairs windows.
4. The door to one of the staff rooms on the first floor was propped open. It was agreed that a hold open device would be fitted to this door and in the meantime it would be kept closed. Subsequent to this premises inspection Mr. Warnock confirmed to RQIA that a hold open device had been fitted to this door.
5. The standard of décor in the home was generally good. Bedroom W 21 in the Warnock Wing should however be prioritised for repainting due to scuff marks on the walls at low level. Mr. Jones also agreed to reseal the flooring in the shower room in the Warnock Wing and to make good the extract fan in the toilet in zone four. Subsequent to this premises inspection RQIA received confirmation from Mr. Warnock that this shower had been resealed and that the extract fan had been made good. In addition it was confirmed that the extract fans in all bathrooms had been cleaned and the repainting in bedroom W21 would be completed at the first opportunity.
6. There is a range of wardrobes in the bedrooms. Many of the bedrooms have wardrobes which are part of the fitted furniture and other bedrooms have free standing wardrobes. Some of the free standing wardrobes are fixed to the walls but a number are not fixed in position. Mr. Warnock confirmed that the decisions in relation to whether or not to fix the free standing wardrobes to the walls were made on the basis of risk assessment. It was however agreed that the remaining free standing wardrobes would be fixed to the walls in line with the current standard for nursing homes. Subsequent to this premises inspection Mr. Warnock confirmed to RQIA that this work was currently in progress.

Comments and Areas for improvement continued

7. The most recent thorough examination of the hoists was completed on 12 February 2016. Mr. Jones also confirmed that any issues identified for attention during this thorough examination were addressed on the day.
8. In line with current health and safety legislation, an asbestos survey was completed on 07 July 2014 for the home. There is also a procedure in place for the ongoing inspection and testing of portable electrical equipment.

Number of requirements	0	Number of recommendations:	0
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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.

Number of requirements	0	Number of recommendations:	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.

Number of requirements	0	Number of recommendations:	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 person has 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.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 provider from their responsibility for maintaining compliance with the regulations and standards.



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