



The Regulation and
Quality Improvement
Authority

Carryduff Nursing Home
RQIA ID: 1068
19 Church Road
Carryduff
BT8 8DT

Inspector: Gavin Doherty
Inspection ID: IN021576

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**Announced Estates Inspection
of
Carryduff Nursing Home**

14 March 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced estates inspection took place on 14 March 2016 from 10.00 to 11.30. 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	4

The details of the QIP within this report were discussed with Mrs Bella Calip, registered manager and Mr Ryan Murphy, estates manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Carryduff Nursing Home/Mr Edwin Samuel Johnston, Mr Gerald William Beattie	Registered Manager: Mrs Bella Calip
Person in Charge of the Home at the Time of Inspection: Mrs Bella Calip	Date Manager Registered: 22 October 2015
Categories of Care: NH-I, NH-PH, NH-PH(E), NH-TI	Number of Registered Places: 23
Number of Patients Accommodated on Day of Inspection: 23	Weekly Tariff at Time of Inspection: Not Ascertained

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: Previous estates inspection report, statutory notifications over the past 12 months.

Discussions with Mrs Bella Calip, registered manager and Mr Ryan Murphy, estates manager.

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, and fire risk assessment.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 04 February 2016. The completed QIP was returned and approved by the care inspector on 05 April 2016.

5.2 Review of Requirements and Recommendations from *the last Estates Inspection* dated 27 January 2015.

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27(2)(d)	Further re-varnishing should be completed as required to the built-in furniture in the bedrooms.	Met
	Action taken as confirmed during the inspection: The bedroom furniture has now been sealed and varnished.	

<p>Requirement 2</p> <p>Ref: Regulation 27(2)(b) 27(2)(c)</p>	<p>A record should be kept for the inspections, tests and in-house checks to the Nurse call system. Minor remedial works should be carried out to the paving along the edge of the timber decking at the rear of the home to remove the level variation.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The nurse call system is now inspected and tested by an electrical contractor at 6 monthly intervals. The most recent inspection was undertaken on 29 September 2015.</p>		
<p>Requirement 3</p> <p>Ref: Regulation 13(7) 14(2)(a) 14(2)(c) 27(2)(c) 27(2)(q)</p>	<p>The management recommendations included in the report for the legionella risk assessment that was completed in August 2013 should be implemented and signed off. In addition a basic schematic drawing for the water systems in the premises should be provided.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The Legionella risk assessor provided clear details regarding the written scheme, and the works were completed.</p>		
<p>Requirement 4</p> <p>Ref: Regulation 13(7) 14(2)(a) 14(2)(c) 27(2)(c) 27(2)(q)</p>	<p>The legionella risk assessment should be reviewed, updated and actioned as required to take the new biomass heating installation into account. In addition the 'dead leg' pipework in the store on the ground floor opposite bedroom 4 (previously a toilet) and at the back of the machines in the laundry should be removed. The monthly checks to the hot and cold water temperatures should be recorded in the log.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The legionella risk assessment was reviewed on 13 August 2015. Suitable control measures are now implemented and the dead leg pipework was removed.</p>		

<p>Requirement 5</p> <p>Ref: Regulation 14(2)(a) 14(2)(c) 27(2)(q)</p>	<p>Documentation to support the works that were carried out to address the issues identified for attention in the report for the inspection and test to the fixed wiring installation on 14 September 2012 should be followed up and retained in the home along with the inspection and test report.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection: This work was confirmed as being completed at the time of the inspection.</p>		
<p>Requirement 6</p> <p>Ref: Regulation 14(2)(a) 14(2)(c)</p>	<p>The procedure for accessing the Alerts issued by the Northern Ireland Adverse Incidents Centre should be reviewed and amended as required. Each of the different types of Alerts should be checked every week. Reference should be made to the following link in this regard: http://www.dhsspsni.gov.uk/index/hea/niaic.htm</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection: Confirmed during the inspection.</p>		
<p>Requirement 7</p> <p>Ref: Regulation 27(4)(b) 27(4)(c) 27(4)(d)(i) 27(4)(d)(iv)</p>	<p>All of the fire doors throughout the premises should be checked and cold smoke seals should be fitted where these are not already in place.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection: Confirmed during the inspection.</p>		
<p>Requirement 8</p> <p>Ref: Regulation 27(4)(b) 27(4)(d)(v)</p>	<p>Copies of the reports for the most recent inspections and tests to the fire alarm system and the emergency lights should be forwarded to RQIA. In addition a comprehensive record should be kept for the monthly function checks to the emergency lights.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection: The fire alarm and detection system was inspected and tested on 26 December 2015, and the emergency lighting installation was undertaken on 27 June 2015.</p>		

<p>Requirement 9</p> <p>Ref: Regulation 27(4)(b) 27(2)(c) 27(4)(d)(i)</p>	<p>The suspended ceiling voids above the corridor doors should be checked and fully fire stopped. The roof space fire compartments should be reviewed with the Fire Risk Assessor. The outcome of this review should be confirmed to RQIA. The fire detection and alarm system should be extended to the container building for the new biomass heating installation. The ductwork to the kitchen extract system should be inspected and cleaned if required and a cover should be fitted to the light in the laundry store room.</p> <hr/> <p>Action taken as confirmed during the inspection: Work confirmed as completed at the time of the inspection.</p>	<p>Met</p>
<p>Requirement 10</p> <p>Ref: Regulation 27(4)(b) 27(2)(c) 27(4)(d)(i) 27(4)(d)(iv)</p>	<p>All of the double swing corridor doors should be checked and remedial works should be carried out to ensure that they provide a fully effective cold smoke seal. In this regard consideration should be given to the benefits of changing the double corridor doors to single swing doors with stops. Advice should be sought from the Fire Risk Assessor in relation to this issue.</p> <hr/> <p>Action taken as confirmed during the inspection: Work confirmed as completed at the time of the inspection.</p>	<p>Met</p>
<p>Requirement 11</p> <p>Ref: Regulation 27(4)(b) 27(4)(e)</p>	<p>Fire safety training should be provided to the two members of staff who did not attend the session on 28 November 2014.</p> <hr/> <p>Action taken as confirmed during the inspection: The latest fire safety training for all staff was undertaken on 3 November 2015.</p>	<p>Met</p>

<p>Requirement 12</p> <p>Ref: Regulation 27(4)(b) 27(2)(f)</p>	<p>The instructions provided to staff during the weekly fire alarm tests should be supplemented with the completion of more formal fire drill exercises at appropriate intervals. In addition, a template should be developed to record the details for these fire drill exercises. This record should include a description of the scenario covered, the names of the staff who attend and any learning outcomes that should be carried forward into future practice. The Fire Risk Assessor should be consulted for advice in relation to this matter.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection: Dedicated fire drills are now held quarterly.</p>		

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

Areas for Improvement

Decoration of the premises was ongoing at the time of the inspection. Bedrooms were being redecorated and carpeted floor finishes were being replaced with a high quality slip resistant vinyl floor finish with coved skirtings. The ground floor corridor flooring was also scheduled for replacement.

The first floor shower room was noted as being in poor condition. It is recommended that this facility is refurbished to provide an accessible level deck shower facility for patients on this floor. (Refer to Recommendation 1 in the attached Quality Improvement Plan).

Number of Requirements	0	Number Recommendations:	1
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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. A number of issues were however 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. A number of issues were however 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 & safety procedures and control measures in place which support the delivery of compassionate care. A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Areas for Improvement

It is good to note that the Legionella risk assessment was recently reviewed on the 13 August 2015 and many control measures have been implemented and are maintained. However, no information was available at the time of the inspection regarding the program for the disinfection and descaling of the shower heads within the home. (Refer to Recommendation 2 in the attached Quality Improvement Plan).

The most recent records relating to the servicing of the premises thermostatic mixing valves were dated 26 January 2015. Mr Murphy agreed to investigate and forward a copy of the latest certificate to RQIA. (Refer to Recommendation 3 in the attached Quality Improvement Plan).

The most recent certificates in relation to the 'Thorough Examination' of the premises passenger lift were unavailable at the time of the inspection. Copies of these important certificates should be forwarded to RQIA for approval. (Refer to Recommendation 4 in the attached Quality Improvement Plan).

Number of Requirements	0	Number Recommendations:	3
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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. One issue was however identified for attention during this Estates inspection. This is 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.

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.

Areas for Improvement

Monthly function check of fire extinguishers.

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

No additional areas were examined during this estates inspection.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Bella Calip, registered manager and Mr Ryan Murphy, estates manager 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 / RQIA's office at 'Hilltop' Tyrone and Fermanagh Hospital, Omagh, County Tyrone BT79 0ns 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 person/manager 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 person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Quality Improvement Plan			
Recommendations			
Recommendation 1 Ref: Standard 44.1 Stated: First time To be Completed by: 6 June 2016	The first floor shower room was noted as being in poor condition. It is recommended that this facility is refurbished to provide an accessible level deck shower facility for patients on this floor.		
	Response by Registered Manager Detailing the Actions Taken: First floor shower room refurbishment has been authorized and awaiting flooring to be fitted.		
Recommendation 2 Ref: Standard 44.8 Stated: First time To be Completed by: 9 May 2015	Provide details to RQIA of the program in place for the disinfection and descaling of the shower heads within the home.		
	Response by Registered Manager Detailing the Actions Taken: Program in place and this will be carried out on quarterly basis. Documents in place to evidence this.		
Recommendation 3 Ref: Standard 44.8 Stated: First time To be Completed by: 9 May 2015	Provide details to RQIA with regards to the servicing of the premises thermostatic mixing valves.		
	Response by Registered Manager Detailing the Actions Taken: Servicing for the thermostatic mixing valves is continuously being monitored and serviced by our service provider. Plumber is due to visits the home this week.		
Recommendation 4 Ref: Standard 44.8 Stated: First time To be Completed by: 9 May 2015	The most recent certificates in relation to the 'Thorough Examination' of the premises passenger lift were unavailable at the time of the inspection. Copies of these certificates should be forwarded to RQIA for approval.		
	Response by Registered Manager Detailing the Actions Taken: Certificate for the examination of the lift that was completed on January 18, 2016. Copy forwarded to the RQIA Estates Inspector 13/05/2016.		
Registered Manager Completing QIP	Bella Calip	Date Completed	13/05/2016
Registered Person Approving QIP	Chris Arnold	Date Approved	13/05/2016
RQIA Inspector Assessing Response	Gavin Doherty	Date Approved	18/5/2016

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