



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No:	17997
Establishment ID No:	11120
Name of Establishment:	Parkmanor Private Nursing Home
Date of Inspection:	15 July 2014
Inspector's Name:	Colin Muldoon

1.0 GENERAL INFORMATION

Name of Home:	Parkmanor Private Nursing Home
Address:	6 Thornhill Road, Dunmurry, Belfast. BT17 9EJ
Telephone Number:	028 90 307700
Registered Organisation/Provider:	Parkmanor Mr B Macklin Mrs M Macklin
Registered Manager:	Ms Elizabeth Thompson
Person in Charge of the Home at the time of Inspection:	Ms Elizabeth Thompson
Other person(s) consulted during inspection:	Mr Mark Clifford (Health and Safety Advisor)
Type of establishment:	Nursing Home
Number of Registered Places:	78
Categories of Care	NH-I, NH-PH, NH-DE, RC-I, RC-PH
Date of inspection:	15 July 2014 10.20 – 14.20
Date of previous Estates inspection:	21 November 2011
Name of Inspector:	Colin Muldoon

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
- 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:

- Discussion with Ms Elizabeth Thompson and Mr Mark Clifford.
- Examination of records
- Inspection of the home internally and externally. Patients' private bedrooms were only inspected when unoccupied and permission was granted.
- 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 Ms Elizabeth Thompson and Mr Mark Clifford.

6.0 INSPECTION FOCUS

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Nursing Homes Minimum Standards and to assess 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

Parkmanor is a large, modern, purpose built care home which was opened in 2010. The home sits on a quiet private site on the outskirts of Dunmurry.

The bedrooms are all single occupancy. All bedrooms have en-suite toilet and wash hand basin and some also have an en-suite shower. There are assisted bath/shower rooms and communal toilets on each floor.

Sitting and dining rooms are located on each floor and there are outside sitting areas.

There is a passenger lift to facilitate access to the upper floors. There is good car parking space at the front of the home.

8.0 SUMMARY

There was good evidence of maintenance activities and the home was well presented. In general the building appeared to be in satisfactory condition although some matters relating to the environment were identified. Therefore, following the Estates Inspection of Parkmanor on 15 July 2014 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 seven requirements and two recommendations. These are outlined in the Quality Improvement Plan appended to this report.

The Estates Inspector would like to acknowledge the assistance of Ms Elizabeth Thompson and Mr Mark Clifford during the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from previous inspection

It is good to note that action has been taken on issues raised in the report of the previous Estates inspection on 21 November 2011.

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 Although there were records relating to the checking of blended water temperatures and the fail safe testing of the thermostatic mixing valves it could not be confirmed if the valves are being fully maintained in accordance with the manufacturer's instructions.

(Item 1 in Quality Improvement Plan)

9.2.2 On the day of inspection there was no documentation available relating to the thorough examination of the lifts (to comply with the Lifting Operations and Lifting Equipment Regulations (NI) 1999)

(Item 2 in Quality Improvement Plan)

9.2.3 On the day of inspection there were service record sheets for the gas appliances but not Gas Safe certificates.

(Item 3 in Quality Improvement Plan)

9.2.4 It is understood that although function checks are carried out on nurse call points it is on a random basis.

(Item 4 in Quality Improvement Plan)

These issues 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 home has a current legionella risk assessment and there are actions being taken towards the control of legionella. The control actions may not be fully in line with current good practice. For example, with regard to calorifier temperatures only the flow is being checked and the frequency of this check is quarterly rather than monthly and the showers are being disinfected less frequently than quarterly. The risk assessment and the control actions should be reviewed using the most current guidance including the Health and Safety Executive document HSG 274 Part 2 (2014) – *the control of legionella bacteria in hot and cold water systems*. The inspector recommended that the frequency of flushing infrequently used water outlets is increased to twice weekly.
(Item 5 in Quality Improvement Plan)

These issues are detailed in the section of the attached Quality Improvement Plan entitled 'Standard 35 - Safe and healthy working practices

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 home has a fire risk assessment which was carried out in December 2013. The assessor considers the fire risk to be tolerable. The RQIA guidance on accreditation of fire risk assessors was discussed with Ms E Thompson and Mr M Clifford.
(Item 9 in Quality Improvement Plan)
- 9.4.2 In some of the emergency stair wells a small store has been created under the stairs. These stores should be fire risk assessed using the criteria in Firecode document NIHTM84.
(Item 6 in Quality Improvement Plan)
- 9.4.3 Most of the final exit doors are electronically locked and are fitted with green break glass emergency overrides. One of the final exits leads into a small secure garden area. The gate out of the garden is also electronically locked but does not have an emergency override.
(Item 7 in Quality Improvement Plan)
- 9.4.4 During the walk round it was observed that a number of corridor doors on the second floor did not close correctly to provide an effective fire seal.
(Item 8 in Quality Improvement Plan)

These issues 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 Ms Elizabeth Thompson and Mr Mark Clifford 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 residents.

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**



The **Regulation** and
Quality Improvement
Authority

Quality Improvement Plan

- for -

Announced Estates Inspection

- of -

Parkmanor Private Nursing Home

- on -

15 July 2014

QIP Position Based on Comments from Registered Persons (for RQIA use only)			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 Muldoon	25 /09/2014
C.	Clarification or follow up required on some items.					

NOTES:

The details of the Quality Improvement Plan were discussed with Ms Elizabeth Thompson and Mr Mark Clifford 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.

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:

NAME OF REGISTERED MANAGER COMPLETING QIP	Liz Thompson
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Mary Macklin

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Standard 32 - Premises and grounds

The following requirements and recommendations should be noted for action in relation to Standard 32 - Premises and grounds

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
1	Regulation 14.-(2)(a) 14.-(2)(c)	The thermostatic mixing valves should be serviced, set and tested in accordance with the manufacturer's instructions. (Item 9.2.1 in report)	1 Month and ongoing	A system is now in place to ensure that the thermostatic mixing valves are serviced, set and tested in accordance with manufacturers instructions. This includes servicing and testing from external specialists / internal staff, taking into account a fail safe test, and temperature analysis.
2	Regulation 27.-(2)(c) 27.-(2)(q)	Valid LOLER (Lifting Operations and Lifting Equipment Regulations (NI) 1999) thorough examination reports should be obtained for the two lifts. The reports should verify that the lifts are without defects. (Item 9.2.2 in report)	1 Month	I can confirm that thorough examination reports are available for the two lifts, verifying that the lifts are without defects.
3	Regulation 27.-(2)(c) 27.-(2)(q)	Valid Gas Safe certificates should be obtained. The certificates should verify that the gas appliances and their associated pipework installations are in a safe and satisfactory condition. (Item 9.2.3 in report)	1 Month	Gas Safe certificates are available for the gas appliances and the associated pipe work, confirming that they are in a safe and satisfactory condition.
Item	Standard	Recommendation	Timescale	Details Of Action Taken By Registered Person (S)
4	Standard 32	It is recommended that a procedure be established to periodically check the effective operation of all nurse call points. (Item 9.2.4 in report)	Ongoing	A procedure has been introduced to check the effective operation of all nurse call points on a regular basis.

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Assurance, Challenge and Improvement in Health and Social Care

Standard 35 - Safe and healthy working practices

The following requirements and recommendations 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)
5	Regulation 13.-(7) 14.-(2)(a) and (c)	<p>The legionella risk assessment should be reviewed. The outcome of the review should be an updated scheme for the effective control of legionella. It should be ensured that the scheme is fully implemented.</p> <p>It is recommended that the flushing of infrequently used outlets is increased to two times a week.</p> <p>Consideration should be given to providing further guidance and training to staff that carry out the legionella control and monitoring tasks. Reference should be made to:</p> <p>Health and Safety Executive document L8 <i>Legionnaires' disease - The control of legionella bacteria in water systems</i> with particular attention to HSG274 Part 2 (2014) and the Department of Health document Health Technical Memorandum 04-01: <i>The control of Legionella, hygiene, "safe" hot water, cold water and drinking water systems.</i> (Item 9.3.1 in report)</p>	1 Month	<p>The legionella risk assesment has been reviewed and updated along with all associated procedures, ensuring that the system adheres to all relevant Leigislation.</p> <p>I can confirm that tests will be performed at the following intervals:</p> <ul style="list-style-type: none"> * Calorifiers - monthly * Sentinel taps - monthly * Little used outlets - twice per week * Showers heads cleaned- quarterly Cold water tanks - monthly <p>The cold water system is mains fed, with the water from the cold water tanks used for toliets only.</p>

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Assurance, Challenge and Improvement in Health and Social Care

Standard 36 - Fire Safety

The following requirements and recommendations should be noted for action in relation to Standard 36 - Fire Safety

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
6	Regulation 27.-(4)(a)	In relation to the stores under the stairs a fire safety risk assessment should be carried out by a competent person using the criteria in Firecode document NIHTM84. The findings of the risk assessment should be fully addressed. (Item 9.4.2 in report)	1 Month	The assessment has been updated as required, this includes the installation of fire doors in the respective stores, and also the fitting of smoke detectors in each of the stores, which are linked to the automated Fire alarm system
7	Regulation 27.-(4)(c)	A competent person should review the arrangements for emergency egress through the garden gate. Reference should be made to BS 7273 Part 4: - Code of practice for the operation of fire protection measures - Part 4: Actuation of release mechanisms for doors. (Item 9.4.3 in report)	1 Month	The arrangements for the emergency egress through the garden gate have been reviewed and the Fire Alarm Company have been instructed to link this gate to the alarm system, so that in the event of an emergency situation , egress is readily available.
8	Regulation 27.-(4)(c) 27.-(4)(d)(i)	The corridor doors on the second floor should be checked and adjusted as necessary so that they close correctly and provide an effective fire seal (Item 9.4.4 in report).	1 Month	I can confirm that the corridor doors throughout the home are checked in compliance with our internal inspection system, and that all required adjustments have been made, ensuring effective fire seals.

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Item	Standard	Recommendation	Timescale	Details Of Action Taken By Registered Person (S)
9	Standard 36	<p>The person carrying out the next review of the fire risk assessment should hold professional body registration or third party certification for fire risk assessment and be registered accordingly with the relevant body.</p> <p>Reference should be made to correspondence issued by RQIA to all registered homes on 13 January 2013 and the guidance contained in:</p> <p>http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf</p> <p>http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf</p> <p>(Item 9.4.1 in report)</p>	Not later than anniversary of current fire risk assessment.	I can confirm that the next review of the fire assessment will be conducted by a person who holds the professional body registration, and has third party certification.

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