



The Regulation and
Quality Improvement
Authority

Announced Premises Inspection Report 08 September 2016



Loughview

Type of Service: Nursing Home
Address: 68 Fortwilliam Park, Belfast, BT15 4AS
Tel No: 028 9077 1930
Inspector: C Muldoon

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Loughview Nursing Home took place on 08 September 2016 from 10.30 to 15.00hrs.

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. 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.

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	5	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Paula de Meulemeester (Loughview Homes Finance Manager), as part of the inspection process. The timescales for completion commence from the date of 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 19 November 2013.

2.0 Service Details

Registered organisation/registered provider: Loughview Homes Ltd Mr Michael Curran Mr Paul Steele	Registered manager: Ms Margaret Lakehal
Person in charge of the home at the time of inspection: Ms Helen Phiri	Date manager registered: 01 April 2005
Categories of care: NH-I, NH-PH, NH-PH(E), NH-TI	Number of registered places: 32

3.0 Methods/processes

Prior to inspection the following records were analysed: Previous premises inspection report, statutory notifications over the past 12 months, duty call log.

During the inspection the inspector met with Ms Paula de Meulemeester (Loughview Homes Finance 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, fire risk assessment.

4.0 The Inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 31 August 2016

The most recent inspection of the nursing home was an unannounced care inspection. The returned QIP will be assessed by the specialist inspector. This QIP will be validated by the specialist inspector at their next inspection

4.2 Review of requirements and recommendations from the last premises inspection dated 19 November 2013

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 27.- (2)(b)</p> <p>Stated: First time</p>	<p>The lid of the chest freezer requires to be refinished with washable impervious materials suitable for use in a kitchen.</p> <p>Action taken as confirmed during the inspection: The lid of the freezer has been clad with stainless steel.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulation 14.-(2)(a) and (b) and (c)</p> <p>Stated: First time</p>	<p>A comprehensive review of the legionella risk assessment should be carried out by a competent person. The outcome of the review must be a scheme for the effective control of legionella. The responsible person must ensure that the scheme is fully implemented.</p> <p>Reference should be made to Health and Safety Executive document L8 <i>Legionnaires' disease - The control of legionella bacteria in water systems</i> 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></p> <p>Action taken as confirmed during the inspection: A legionella risk assessment was carried out in January 2014 following the last premises inspection. The assessor recommended that a further review be carried out in January 2016. There are measures in place towards the control of legionella. Refer also to section 4.3 item 1 and recommendation 1 in Quality Improvement Plan.</p>	Partially Met

<p>Requirement 3</p> <p>Ref: Regulation 14.-(2)(a) and (b) and (c)</p> <p>Stated: First time</p>	<p>The reason for the hot water from some outlets accessible to patients being higher than recommended should be investigated. If thermostatic mixing valves are going out of adjustment they should be serviced and set by a competent person. Following service or adjustment of a valve the frequency of testing should be increased until the correct mixed flow temperature is proven to be consistent and stable. Reference should be made to Health Guidance Note '<i>Safe</i>' hot water and surface temperatures</p>	<p>Not Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>No documentation was presented relating to the maintenance of the thermostatic mixing valves. Refer to section 4.3 item 2 and requirement 1 in Quality Improvement Plan.</p>		
<p>Requirement 4</p> <p>Ref: Regulation 27.-(4)(d)(ii)</p> <p>Stated: First time</p>	<p>A fire alarm call point should be installed at the kitchen back door in accordance with the fire risk assessment action plan.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Completed</p>		
<p>Requirement 5</p> <p>Ref: Regulation 27.-(4)(a)</p> <p>Stated: First time</p>	<p>A copy of the fire action plan should be posted at the fire panel. It should be confirmed that the contents of the plan are included in fire safety training and tested during drills.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Addressed.</p>		

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 32 Stated: First time	Consideration should be given to upgrading the ground floor bathroom with a wet room shower.	Met
	Action taken as confirmed during the inspection: The ground floor bathroom has been upgraded to a shower room.	
Recommendation 2 Ref: Standard 32 Stated: First time	Plans should be made to redecorate the laundry.	Met
	Action taken as confirmed during the inspection: Completed.	

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 risk assessor holding professional body registration for 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 legionella risk assessment should be reviewed. There were records of actions and monitoring measures being taken towards the control of legionella although they did not appear to include records of some expected actions such as flushing and calorifier temperatures checks. There have been some alterations to the water system since the last legionella risk assessment was carried out.
Refer to recommendation 1 in Quality Improvement Plan.

2. No documentation was presented relating to the maintenance of the thermostatic mixing valves. There were records of checks made on the safe temperature of water from hot outlets. These indicate that frequent adjustment of the valves is necessary and that at some outlets the water temperature is higher than recommended in the Health Guidance Note 'Safe' hot water and surface temperatures.
Refer to requirement 1 in Quality Improvement Plan.
3. Fire training for staff was discussed. It is understood that the last training session was in February 2016. Although practice fire drills have been carried out it could not be confirmed that all staff have participated.
Refer to requirement 2 in Quality Improvement Plan.
4. It was found that the final exit door on the first floor at room 15 was dragging on the escape stair landing. The front door to the original part of the building is now a fire exit which is secured with barrel bolts and a rim latch.
Refer to requirement 3 in Quality Improvement Plan.
5. There was an electrical installation condition report dated February 2016. The report concluded that the installation was in unsatisfactory condition. Whilst staff on site thought that electrical repairs had been carried out there was no verification from an electrical contractor that the installation had been restored to a satisfactory condition.
Refer to requirement 4 in Quality Improvement Plan.
6. During the walk round it was observed that some wardrobes are not secured and that some radiators are uncovered.
Refer to requirement 5 in Quality Improvement Plan.
7. The last service reports relating to the fire alarm and emergency lighting installations have comments advising that the system devices are at, or coming to, the end of their working life.
This was discussed with the finance manager on the day of inspection.
8. During the walk round it was observed that in one of the rooms a small safe was set on the bedside cabinet. This was discussed with the finance manager who undertook to review the safety of this and take whatever action was necessary on the day of inspection.

Number of requirements	5	Number of recommendations:	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.

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.

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

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Paula de Meulemeester (Loughview Homes Finance Manager) as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the nursing home. The 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 provider meets 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 provider may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to 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 provider 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 provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements	
<p>Requirement 1</p> <p>Ref: Regulation 14.-(2)(a) and (c)</p> <p>Stated: Second time</p> <p>To be completed by: 08 October 2016</p>	<p>The thermostatic mixing valves should be maintained, set and fail safe tested in accordance with HSG274 Part 2 and the Health Guidance Note 'Safe' hot water and surface temperatures.</p> <hr/> <p>Response by registered provider detailing the actions taken:</p> <p>The thermostatic mixing valves have been serviced and will be tested on a monthly basis.</p>
<p>Requirement 2</p> <p>Ref: Regulation 27.-(4)(e) and (f)</p> <p>Stated: First time</p> <p>To be completed by: Ongoing</p>	<p>Arrangements should be made for all staff to receive fire training and participate in practice drills in accordance with NIHTM84. Records should be kept of each training session and drill.</p> <hr/> <p>Response by registered provider detailing the actions taken:</p> <p>All staff have received fire training. A data base has been established to ensure all staff also participate in fire drills.</p>
<p>Requirement 3</p> <p>Ref: Regulation 27.-(4)(c)</p> <p>Stated: First time</p> <p>To be completed by: 08 October 2016</p>	<p>The first floor final exit door at room 15 should be adjusted so that it swings freely. It should be confirmed with the fire risk assessor that the means of securing the original front door fire exit is satisfactory.</p> <hr/> <p>Response by registered provider detailing the actions taken:</p> <p>The first floor final exit door has been adjusted. Written confirmation by the fire risk assessor is available that the original front door fire exit is satisfactory.</p>
<p>Requirement 4</p> <p>Ref: Regulation 27.-(2)(q)</p> <p>Stated: First time</p> <p>To be completed by: 08 October 2016</p>	<p>Written verification should be obtained from an electrical contractor that the electrical installation has been restored to a satisfactory condition.</p> <hr/> <p>Response by registered provider detailing the actions taken:</p> <p>Written confirmation has been received. The installation was restored to satisfactory condition on 20/02/2016</p>

<p>Requirement 5</p> <p>Ref: Regulation 14.-(2)(a) and (c)</p> <p>Stated: First time</p> <p>To be completed by: 08 October 2016</p>	<p>A survey of each room should be carried out and all tall furniture secured against toppling.</p> <p>A risk assessment should be carried out in relation to hot surfaces and the necessary guarding fitted to prevent burns.</p> <hr/> <p>Response by registered provider detailing the actions taken:</p> <p>Each resident is risk assessed on an individual basis against the likelihood of receiving burns from hot surfaces and the likelihood of them topping high furniture. If thought to be at risk action will be taken as appropriate.</p>
<p>Recommendations</p>	
<p>Recommendation 1</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 20 October 2016</p>	<p>The legionella risk assessment should be reviewed. The action plan and scheme of legionella control arising from the risk assessment should be fully implemented within timescales acceptable to the risk assessor. Reference should be made to the document HSG274 Part 2 which supports the code of practice for the control of legionella (L8).</p> <hr/> <p>Response by registered provider detailing the actions taken:</p> <p>Risk assessment is under review due to new accomadation including Pou. A yearly maintenaance plan is in place including TMVs</p>

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