



The Regulation and
Quality Improvement
Authority

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**Announced Estates Inspection
of
Glendun Nursing and Residential Home**

24 November 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An announced Estates inspection took place on 24 November 2015 from 10.30 to 14.30. 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	2	2

The details of the QIP within this report were discussed with Mr David Morgan (Registered Responsible Person) and Mrs Clare Burke (Registered Manager) as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Glendun Nursing Home Ltd Mr David Morgan (Registered Responsible Person)	Registered Manager: Mrs Clare Burke
Person in Charge of the Home at the Time of Inspection: Mrs Clare Burke	Date Manager Registered: 04 June 2015
Categories of Care: NH-I, NH-PH, RC-DE, RC-I, RC-MP(E), RC-PH(E)	Number of Registered Places: 46
Number of Residents Accommodated on Day of Inspection: 41	Weekly Tariff at Time of Inspection: £480 - £593

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 and the findings of the last care inspection.

Discussion with Mr David Morgan (Registered Responsible Person) and Mrs Clare Burke (Registered 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.

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 16 November 2015. The QIP arising from that inspection contained 1 requirement and 3 recommendations.

5.2 Review of Requirements and Recommendations from the last Estates Inspection on 10 October 2012.

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 27.-(2)(c)</p>	<p>Arrangements should be made to have the thermostatic mixing valves tested and maintained in accordance with the manufacturer's recommendations.</p> <p>Reference should be made to Health Guidance Note '<i>Safe</i>' hot water and surface temperatures</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The last service of the thermostatic mixing valves was on 02 November 2015. Following this service a decision was made to replace some TMV's. Mr Morgan confirmed that a program of replacement has been arranged with shower outlets being given the highest priority. Mr Morgan and Mrs Burke also confirmed that in the interim the supervision of showers where TMV's are to be replaced will be given particular attention.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulation 27.-(2)(c)</p>	<p>It must be confirmed that someone on the Gas Safe register has issued a valid certificate which verifies that the laundry equipment is in safe and satisfactory condition.</p> <p>The registered person must ensure that the necessary repairs identified in the pipework certificate are fully addressed.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>There was a valid Gas Safe certificate for the laundry which confirmed that the appliance was safe to use and that a gas tightness test was passed.</p>	Met

<p>Requirement 3</p> <p>Ref: Regulation 14.-(2)(c)</p>	<p>The registered person must review the current arrangements for restricting windows. The review and subsequent actions should be in line with safety alert MDEA(NI)2007/100:</p> <hr/> <p>Action taken as confirmed during the inspection: All windows observed were fitted with restrictors.</p>	<p>Met</p>
<p>Requirement 4</p> <p>Ref: Regulation 14.-(2)(c)</p>	<p>The registered person must ensure that the risk from hot surfaces is continually assessed in relation to the changing needs of the patients.</p> <hr/> <p>Action taken as confirmed during the inspection: Mr Morgan and Mrs Burke confirmed that hot surface risk assessments are carried out on admission of a resident and also if the circumstances change while residing in the home.</p>	<p>Met</p>
<p>Requirement 5</p> <p>Ref: Regulation 14.-(2)(c)</p>	<p>The registered person must fully implement the scheme of action for the control of legionella. Monitoring procedures should be established to ensure that the measures used to control legionella remain compliant.</p> <p>All actions relating to the control of legionella should be recorded.</p> <p>Reference should be made to Health and Safety Executive document L8 and Health Technical Memorandum 04-01.</p> <hr/> <p>Action taken as confirmed during the inspection: Following the last Estates inspection a specialist contractor reviewed the legionella risk assessment in December 2013 and verified that the control measures in place met the requirements of the code of practice for the control of legionella.</p> <p>The contractor recommended a further review of the risk assessment in December 2015.</p> <p>There were records of legionella control and monitoring measures.</p>	<p>Met</p>

<p>Requirement 6</p> <p>Ref: Regulation 14.-(2)(l)</p>	<p>The arrangements for storing oxygen cylinders should be reviewed. The minimum number consistent with care needs should be held in the treatment room and these cylinders should be secured to the wall.</p> <p>Reference should be made to Estates and Facilities Alert EFA/2010/008</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There are arrangements for securing stored oxygen cylinders.</p>	<p>Partially Met</p>	
<p>Requirement 7</p> <p>Ref: Regulation 27.-(4)(e) 27.-(4)(f)</p>		<p>The registered person must ensure that all staff participate in fire safety training and practice drills in accordance with NIHTM84.</p>
<p>Action taken as confirmed during the inspection:</p> <p>The records indicate that most staff received fire training during 2015. Mr Morgan and Mrs Burke confirmed that arrangements had been made for a specialist to provide fire training on 02 December 2015 and that all staff requiring fire training to be brought up to date have been identified and will attend this session.</p> <p>There have been a number of fire drills over the last year. These were discussed and the inspector recommended that a system be maintained which will facilitate the monitoring and recording of staff participation in drills.</p> <p>Refer also to section 5.5 item 1 and requirement 2 the quality improvement plan.</p>		

<p>Requirement 8</p> <p>Ref: Regulation 27.-(4)(c)</p>	<p>The registered person must review the override release arrangements for the electronically locked doors.</p> <p>The keys must be immediately available at the switches.</p> <p>Arrangements must be made to regularly test the operation of the switches.</p> <p>The fire safety advisor should confirm that these fittings are satisfactory.</p> <p>It is recommended that the key switches are upgraded to green break glass units.</p> <hr/> <p>Action taken as confirmed during the inspection: Arrangements have been made which Mr Morgan confirmed have been approved by the fire risk assessor.</p>	<p>Met</p>
<p>Requirement 9</p> <p>Ref: Regulation 27.-(4)(d)(i)</p>	<p>The corridor door at the first floor nurses station requires to be adjusted so that, when it is released automatically, it closes to provide an effective fire seal.</p> <hr/> <p>Action taken as confirmed during the inspection: Addressed.</p>	<p>Met</p>
<p>Requirement 10</p> <p>Ref: Regulation 27.-(4)(d)(i)</p>	<p>The arrangement and operation of the store at the dining room/lounge lobby requires to be reviewed. The registered person must ensure that fire safety is not compromised because the store door is not securely closed at all times. It is recommended that the advice of the fire safety advisor is sought.</p> <hr/> <p>Action taken as confirmed during the inspection: The arrangements for using this store have been revised to the satisfaction of the fire risk assessor.</p>	<p>Met</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.

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)

A range of accommodation, facilities and support services is provided in the premises. This supports the delivery of effective care.

It is good to note that there has been a program of improvement to the home including the upgrade of communal lighting.

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.

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

Areas for Improvement

1. In relation to the control of legionella there are arrangements in place to flush infrequently used outlets weekly. The inspector recommended that this be increased to twice weekly and considered in the next review of the legionella risk assessment. (see note on action taken on previous requirement 5 above)
Refer to recommendation 1 in the quality improvement plan.
2. During the walk round there was evidence of cigarette smoke in the ground floor corridor which was leaking from the smoking lounge. The arrangements for residents who wish to smoke, including extraction in the smoking room, were discussed with Mr Morgan who confirmed that this matter is currently being reviewed.
Refer to requirement 1 in the quality improvement plan.

Number of Requirements	1	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.

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 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.

Is Care Compassionate? (Quality of Care)

There are health and safety procedures and control measures in place which support the delivery of compassionate care.

Areas for Improvement

1. Although there were no records available Mr Morgan confirmed that the portable electrical appliances were tested and inspected approximately twelve months ago. The arrangements for maintaining portable electrical appliances were discussed. Refer to recommendation 2 in quality improvement plan.

Number of Requirements	0	Number Recommendations:	1
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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

1. Arrangements should be made which will ensure that all staff participate in practice fire drills at suitable intervals.
Refer to requirement 2 in quality improvement plan.

Number of Requirements	0	Number Recommendations:	1
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5.6 Additional Areas Examined

No additional areas were examined during this inspection.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr David Morgan (Registered Responsible Person) and Mrs Clare Burke (Registered 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 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

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 27.-(2)(a) and (p)</p> <p>Stated: First time</p> <p>To be Completed by: 24 December 2015 and ongoing</p>	<p>The arrangements for residents who wish to smoke should be reviewed and where necessary brought into line with the RQIA document <i>Guidance on Service Users Smoking in Residential Care and Nursing Homes</i> which is available on the RQIA website.</p>
	<p>Response by Registered Manager Detailing the Actions Taken:</p> <p>Relocation of the designated Smoking Area from inside the home to an outside area was discussed at a Residents meeting held on 23 June 2015 and accepted by all present. The work required to facilitate this are part of the Homes refurbishment plan. The designated smoking area will be in line with RQIA guidance</p>

<p>Requirement 2</p> <p>Ref: Regulation 27.-(4)(f)</p> <p>Stated: First time</p> <p>To be Completed by: 24 December 2015 and ongoing</p>	<p>Arrangements should be made which will ensure that all staff participate in fire drills which confirm that, using the emergency procedure, an effective evacuation can be carried out at any time including when the minimum number of staff are on duty. The learning points gained during drills and debriefs should be included in subsequent training and team meetings.</p>
	<p>Reference should be made to NIHTM84.</p>
	<p>Response by Registered Manager Detailing the Actions Taken:</p> <p>Arrangements are in place to ensure all staff participate in a fire drill. Any learning identified during Firedrills will be discussed with staff and further training arranged if required</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be Completed by: Ongoing</p>	<p>The flushing of infrequently used water outlets should be increased to at least twice weekly and considered in the forthcoming review of the legionella risk assessment.</p>
	<p>It is recommended that reference is made to the current technical guidance document (HSG274 Part 2) associated with the code of practice (L8) for the control of legionella. These documents are available on the Health and Safety Executive website.</p>
	<p>Response by Registered Manager Detailing the Actions Taken:</p> <p>.Flushing of infrequently used water outlets has been increased to twice weekly</p>

Recommendation 2 Ref: Standard 47 Stated: First time To be Completed by: 24 December 2015 and ongoing	The maintenance of the portable electrical appliances should be reviewed. It should be ensured that appliances are maintained in a safe condition through adequate and suitable testing and visual examination arrangements. It is recommended that reference is made to guidance on the Health and Safety Executive website.		
	Response by Registered Manager Detailing the Actions Taken: The testing of all portable appliances will be completed by mid February		
Registered Manager Completing QIP	Clare Burke	Date Completed	11/01/2016
Registered Person Approving QIP	David Morgan	Date Approved	11/01/2016
RQIA Inspector Assessing Response	C Muldoon	Date Approved	22/01/2016

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