



Ballymaconnell Nursing Home
RQIA ID: 1051
48 Ballymaconnell Road
Bangor
BT20 5PS

Inspector: Colin Muldoon
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**Announced Estates Inspection
of
Ballymaconnell Nursing Home**

16 April 2015

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 16 April 2015 from 10.00 to 13.30. 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 | 7 | 2 |

The details of the QIP within this report were discussed with Mrs Elizabeth Doak (Manager) as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

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|---|---|
| Registered Organisation/Registered Person: Chester Homes Ltd Mr R D Wilson | Registered Manager: Mrs Elisabeth Doak |
| Person in Charge of the Home at the Time of Inspection: Mrs Elisabeth Doak | Date Manager Registered: 19/08/2013 |
| Categories of Care: NH-I, NH-PH, NH-PH(E), NH-TI | Number of Registered Places: 23 |
| Number of Residents Accommodated on Day of Inspection: 19 | Weekly Tariff at Time of Inspection: £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 and Grounds

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:

The returned quality improvement plan for the previous Estates inspection.

The returned quality improvement plan for the previous Care inspection.

The following records were examined during the inspection:

Fire and legionella risk assessments, fire safety installation test and maintenance records, water safety records, engineering services records eg gas, electric, lifts etc, fire training records.

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 12 February 2015. The completed QIP was returned and the responses were considered acceptable by the care inspector.

5.2 Review of Requirements and Recommendations from the last Estates Inspection

| Previous Inspection Statutory Requirements | | Validation of Compliance |
|--|--|--------------------------|
| Requirement 1 Ref: Regulation 14.-(2)(c) | The registered person must make plans to replace the water tanks. RQIA to be advised of plans. | Met |
| | Action taken as confirmed during the inspection: This and other plumbing upgrade work has been completed. | |
| Requirement 2 Ref: Regulation 27.-(2)(c) | The registered person must arrange for the lift to be restored to a safe and satisfactory condition. | Met |
| | Action taken as confirmed during the inspection: There was a current LOLER (Lifting Operations and Lifting Equipment Regulations (NI) 1999) thorough examination report which verified that the lift was without defects. | |
| Requirement 3 Ref: Regulation 27.-(2)(c) | The registered person must obtain valid and satisfactory Gas Safe certificates for all the gas appliances. | Met |
| | Action taken as confirmed during the inspection: There were current Gas Safe certificates for the bulk gas tank supply line and the gas cooking appliance. The certificates verified that the installations were safe to use. The certificate for the cooker also noted that direct to outside ventilation is required for the cooker. | |
| Requirement 5 Ref: Regulation 27.-(4)(a) | The registered person must ensure that the fire risk assessment action plan is fully addressed. A copy of the action plan should be marked up with the items completed and the arrangements for completing items still outstanding. The copy should be sent to RQIA with the completed QIP. | Met |
| | Action taken as confirmed during the inspection: Confirmation was provided that the 2012 fire risk assessment was fully addressed. The fire risk assessment was reviewed shortly before this inspection on 02 April 2015. The assessor identified a number of significant findings. | |

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|---|--|----------------------|
| Requirement 6 Ref: Regulation 27.-(4)(b) 27.-(4)(c) 27.-(4)(d) | The registered person must identify and address the fire safety deficiencies found by the Northern Ireland Fire and Rescue Service. Action taken as confirmed during the inspection: Addressed. | Met |
| Requirement 7 Ref: Regulation 27.-(4)(e) 27.-(4)(f) | The registered person must ensure that all staff participate in fire training and practice evacuation drills in accordance with NIHTM84. Action taken as confirmed during the inspection: Fire safety training took place on 10 and 12 March 2014. The records show that not all staff took part. There are arrangements in place to carry out ad-hoc fire drills. These have involved day duty staff only. | Partially Met |
| Requirement 8 Ref: Regulation 27.-(4)(d)(i) | All fire doors should be checked and adjusted as necessary so that they close to provide an effective fire seal. Action taken as confirmed during the inspection: Confirmation was provided that this work was completed following the last Estates inspection. | Met |
| Requirement 9 Ref: Regulation 27.-(4)(c) | The concrete blocks must be removed from outside the emergency exits. Action taken as confirmed during the inspection: Addressed. | Met |
| Requirement 10 Ref: Regulation 27.-(4)(c) | The perimeter path must be repaired to provide a safe and even surface. Action taken as confirmed during the inspection: Addressed. | Met |

| Previous Inspection Recommendations | | Validation of Compliance |
|---|---|--------------------------|
| Recommendation 1 Ref: Standard 32. | Consideration should be given to the recommendations in the lift inspectors report. | Met |
| | Action taken as confirmed during the inspection: See item 2 above. | |

5.3 Standard 44: Premises and Grounds

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

The legionella risk assessment was reviewed by a specialist contractor on 04 July 2014 and there is a scheme in place towards the control of legionella. The scheme should be reviewed with particular regard to the frequency of disinfection of shower heads and hoses and the monitoring of sentinel and calorifier return temperatures.

The thermostatic mixing valves are being maintained on an ad-hoc basis rather than because of a planned maintenance program.

The arrangements for receiving and acting on information from the Northern Ireland Adverse Incident Centre should be reviewed.

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| Number of Requirements | 4 | Number Recommendations: | 0 |
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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.

Is Care Effective? (Quality of Management)

The nature and needs of the residents 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

No issues identified in relation to this standard.

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| Number of Requirements | 0 | Number Recommendations: | 0 |
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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.

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 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 residents, 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.

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 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.

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

The fire risk assessment was reviewed in in April 2015. The assessor identified a number of issues requiring attention. It was not possible to confirm if the fire risk assessor has the accreditation recommended by RQIA.

Fire safety training took place on 10 and 12 March 2015. The records show that not all staff took part.

There are arrangements in place to carry out ad-hoc fire drills. These have involved day duty staff only. Not all staff may have had practice in using the evacuation mattresses.

The records relating to the servicing of the fire detection and alarm system indicate that half year services were carried out in February and April 2015. This should be clarified.

During the walk round two fire doors on the first floor were found to require adjustment. The automatic closers on the laundry and staff room doors (the staff room also contains the main electrical distribution cupboard) on the ground floor should be upgraded to robust fittings which reliably close the doors of these fire hazard rooms tight to the stops.

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| Number of Requirements | 3 | Number Recommendations: | 2 |
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5.6 Additional Areas Examined

Not Applicable.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Elizabeth Doak (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 Manager/Registered Person

The QIP will 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)(c)</p> <p>Stated: First time</p> <p>To be Completed by: 16 May 2015</p> | <p>The direct to outside ventilation for the gas cooker should be upgraded to the satisfaction of a competent person on the Gas Safe register.</p> <p>Response by Registered Manager Detailing the Actions Taken:</p> |
| <p>Requirement 2</p> <p>Ref: Regulation 13.-(7)</p> <p>Stated: First time</p> <p>To be Completed by: 16 May 2015</p> | <p>The scheme in place for the control of legionella should be reviewed with particular regard to the frequency of disinfection of shower heads and hoses and the monitoring of water temperatures at sentinel outlets and the calorifier return.</p> <p>Reference should be made to the recently published Health and Safety Executive document <i>Legionnaires' disease – The control of legionella bacteria in hot and cold water systems HSG274 Part 2</i>.</p> <p>Response by Registered Manager Detailing the Actions Taken:</p> |
| <p>Requirement 3</p> <p>Ref: Regulation 27.-(2)(q)</p> <p>Stated: First time</p> <p>To be Completed by: 16 May 2015</p> | <p>A planned maintenance program should be established to maintain the thermostatic mixing valves in accordance with the manufacturer's instructions.</p> <p>Response by Registered Manager Detailing the Actions Taken:</p> |
| <p>Requirement 4</p> <p>Ref: Regulation 14.-(2)(c)</p> <p>Stated: First time</p> <p>To be Completed by: 16 May 2015</p> | <p>It should be ensured that there are robust arrangements for a competent person to regularly visit the Northern Ireland Adverse Incident Centre website (recommended weekly). Records should be maintained of all visits and the assessment and action taken on relevant safety alerts.</p> <p>Response by Registered Manager Detailing the Actions Taken:</p> |

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| <p>Requirement 5</p> <p>Ref: Regulation 27.-(4)(a)</p> <p>Stated: First time</p> <p>To be Completed by: 16 May 2015</p> | <p>It should be confirmed that a program has been implemented to address the issues in the fire risk assessment action plan within timescales acceptable to the fire risk assessor.</p> <p>Response by Registered Manager Detailing the Actions Taken:</p> |
| <p>Requirement 6</p> <p>Ref: Regulation 27.-(4)(e) and (f)</p> <p>Stated: First time</p> <p>To be Completed by: 16 May 2015 and ongoing</p> | <p>Arrangements should be made which will ensure that all staff:</p> <ul style="list-style-type: none"> • receive fire safety training from a competent person at least twice a year, and • participate in practice fire drills which confirm that, using the emergency procedure and apparatus, an effective evacuation can be carried out when the minimum number of staff are on duty <p>Fire training and drills should be in accordance with NIHTM84.</p> <p>Response by Registered Manager Detailing the Actions Taken:</p> |
| <p>Requirement 7</p> <p>Ref: Regulation 27.-(4)(c) and (d)(i)</p> <p>Stated: First time</p> <p>To be Completed by: 16 May 2015</p> | <p>A survey should be carried out of all fire doors and the necessary adjustment made which will ensure that they operate correctly to provide an effective fire seal.</p> <p>The closers on the laundry and staff room doors should be upgraded to suitable robust fittings which reliably close the doors of these fire hazard rooms tight to the stops.</p> <p>Response by Registered Manager Detailing the Actions Taken:</p> |
| <p>Recommendations</p> | |
| <p>Recommendation 1</p> <p>Ref: Standard 48</p> <p>Stated: First time</p> <p>To be Completed by: Within one year of date on current fire risk assessment</p> | <p>It should be ensured that the person carrying out the next review of the fire risk assessment holds professional body registration or third party certification for fire risk assessment and be registered accordingly with the relevant body. Reference should be made to correspondence issued by RQIA to all registered homes on 02 April 2015 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>Response by Registered Manager Detailing the Actions Taken:</p> |

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|--|---|-----------------------|--|
| Recommendation 2 Ref: Standard 48 Stated: First time To be Completed by: 16 May 2015 | The intervals at which the fire detection and alarm system is being serviced should be reviewed in relation to BS5839. It is recommended that servicing is carried out quarterly. | | |
| | Response by Registered Manager Detailing the Actions Taken: | | |
| Registered Manager Completing QIP | | Date Completed | |
| Registered Person Approving QIP | | Date Approved | |
| RQIA Inspector Assessing Response | | Date Approved | |

Please provide any additional comments or observations you may wish to make below:

Please complete in full and returned to Estates.Mailbox@rqia.org.uk from the authorised email address



A completed Quality Improvement Plan from the inspection of this service is not currently available. However, it is anticipated that it will be available soon.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk