



The Regulation and  
Quality Improvement  
Authority

**THE REGULATION AND QUALITY IMPROVEMENT  
AUTHORITY**

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**ANNOUNCED ESTATES INSPECTION**

|                               |                                  |
|-------------------------------|----------------------------------|
| <b>Inspection No:</b>         | 17990                            |
| <b>Establishment ID No:</b>   | 1055                             |
| <b>Name of Establishment:</b> | Bangor Care Home - Stewart Suite |
| <b>Date of Inspection:</b>    | 16 June 2014                     |
| <b>Inspector's Name:</b>      | Colin Muldoon                    |

## 1.0 GENERAL INFORMATION

|                                                                |                                                                |
|----------------------------------------------------------------|----------------------------------------------------------------|
| <b>Name of Home:</b>                                           | Bangor Care Home - Stewart Suite                               |
| <b>Address:</b>                                                | 27a Manor Avenue, Bangor. BT20 3NG                             |
| <b>Telephone Number:</b>                                       | 028 91 273342                                                  |
| <b>Registered Organisation/Provider:</b>                       | Four Seasons Health Care<br>Mr J McCall                        |
| <b>Registered Manager:</b>                                     | Mrs Donna Mawhinney (Acting)                                   |
| <b>Person in Charge of the Home at the time of Inspection:</b> | Mrs Donna Mawhinney                                            |
| <b>Other person(s) consulted during inspection:</b>            | Mr Stevie McCormick (Four Seasons Health Care Estates Manager) |
| <b>Type of establishment:</b>                                  | Nursing Home                                                   |
| <b>Number of Registered Places:</b>                            | 30                                                             |
| <b>Categories of Care</b>                                      | NH-I, NH-PH, NH-PH(E), NH-TI                                   |
| <b>Date of inspection:</b>                                     | 16 June 2014                      10.00 – 13.30                |
| <b>Date of previous Estates inspection:</b>                    | 07 July 2011                                                   |
| <b>Name of Inspector:</b>                                      | 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 Mrs Donna Mawhinney and Mr Stevie McCormick.
- 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 Mrs Donna Mawhinney and Mr Stevie McCormick.

## **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**

Bangor Care Home is a purpose built nursing home situated in a residential area on the outskirts of Bangor. Bangor Care Home consists of four separate homes or suites providing nursing care for patients over a range of categories of care. Stewart Suite is registered to provide nursing care for a maximum of 30 patients in the NH-I, NH-PH, NH-PH(E) and NH-TI categories of care.

A centrally located kitchen and laundry provides the service to all four homes within the complex.

## **8.0 SUMMARY**

There was good evidence of maintenance activities and the home was generally 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 Bangor Care Home – Stewart Suite on 16 June 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 six requirements and one recommendation. These are outlined in the Quality Improvement Plan appended to this report.

The Estates Inspector would like to acknowledge the assistance of Mrs Donna Mawhinney and Mr Stevie McCormick 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 07 July 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 There were service reports for the patient hoists but LOLER (Lifting Operations and Lifting Equipment Regulations (NI) 1999) thorough examination reports were not available on the day of inspection.  
(Item 1 in Quality Improvement Plan)

9.2.2 The vanity units in many bedrooms have been upgraded. The inspector was informed that plans have been made to replace the remaining original units.

9.2.3 In places throughout the home there is some damage to surfaces such as doors. It is recommended that consideration be given to the protection of surfaces subject to high wear and impact.  
(Item 2 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 actions should be reviewed to ensure they are in line with good practice. For example, the check of the calorifier temperature appeared to be on the flow only and the flushing routine appeared to be to staff showers only.  
(Item 3 in Quality Improvement Plan)

- 9.3.2 It was observed that some of the oxygen cylinders in the treatment room were unsecured.  
(Item 4 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 September 2013. The assessor considers the fire risk to be tolerable.
- 9.4.2 The contractor who services the fire detection and alarm system has noted on the last service sheet that the installation is in unsatisfactory condition.  
(Item 5 in Quality Improvement Plan)
- 9.4.3 Practice fire drills have been carried out frequently but mostly during the day. These were discussed and it was agreed that additional impromptu drills would be carried out with staff on night duty.  
(Item 6 in Quality Improvement Plan)
- 9.4.4 On the day of inspection the arm of the automatic closer on the door of the file store had been disconnected.  
(Item 7 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 Mrs Donna Mawhinney and Mr Stevie McCormick 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**



## Quality Improvement Plan sign off sheet for estates inspectors

|                    |                  |
|--------------------|------------------|
| Name of Home       | Bangor - Stewart |
| Date of Inspection | 16 June 2014     |
|                    | C Muldoon        |

| QIP Position Based on Comments from Registered Persons |                                                                                                        |   | 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.                                                     | Clarification or follow up required on some items.                                                     | √ |            | √  | C Muldoon       | 29/09/2014 |

Estates Inspection – QIP sign off sheet

Informing and Improving Health and Social Care

## **NOTES:**

The details of the Quality Improvement Plan were discussed with Mrs Donna Mawhinney and Mr Stevie McCormick as part of the inspection process.

The timescales commence from the date of inspection.

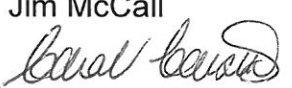
Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

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](mailto: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:**

|                                                                                         |                                                                                                                                               |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>NAME OF REGISTERED MANAGER<br/>COMPLETING QIP</b>                                    | Donna Mawhinney                                                                                                                               |
| <b>NAME OF RESPONSIBLE PERSON /<br/>IDENTIFIED RESPONSIBLE PERSON<br/>APPROVING QIP</b> | Jim McCall<br><br>CAROL COUSINS<br>DIRECTOR of OPERATIONS |

Announced Estates Inspection to Bangor Care Home – Stewart Suite 16 June 2014

**Assurance, Challenge and Improvement in Health and Social Care**

**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 27.-(2)(c) | It should be confirmed that there are valid LOLER thorough examination reports which verify that the hoists and associated apparatus are without defects.<br>(Item 9.2.1 in report) | 1 Month   | The loler report was completed on the 15/04/14.                                                     |
| Item | Standard              | Recommendation                                                                                                                                                                      | Timescale | Details Of Action Taken By Registered Person (S)                                                    |
| 2    | Standard 32           | Consideration should be given to the protection of surfaces subject to wear and impact damage.<br>(Item 9.2.3 in report)                                                            | Ongoing   | The protection of surfaces subject to damage are being addressed as an ongoing maintenance project. |

### 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)                                                      |
|------|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------|
| 3    | Regulation 13.-(7)<br>14.-(2)(a) and (c) | <p>The measures in place for the control of legionella should be reviewed and revised as necessary to ensure they are in line with an effective scheme of control arising from the legionella risk assessment.</p> <p>Reference should be made to:<br/>Health and Safety Executive document L8<br/><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><br/>(Item 9.3.1 in report)</p> | 1 Month   | <b>The measures for legionella are being reviewed by Four Seasons Health Care estates department.</b> |
| 4    | Regulation 27.-(2)(l)                    | <p>The oxygen cylinders stored in the treatment room should be secured against toppling.<br/>(Item 9.3.2 in report)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Ongoing   | <b>All oxygen cylinders have been secured</b>                                                         |

### 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)                                         |
|------|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------|
| 5    | Regulation 27.-(4)(b)<br>27.-(4)(d)(i) and (ii)<br>and (iv) | The recommendations made by the contractor in the last service report on the fire detection and alarm system should be followed up. The advice of the fire safety advisor should be sought.<br>(Item 9.4.2 in report)                                                                                                        | 1 Month   | <b>The fire detection and alarm system are being reviewed by the Estates department.</b> |
| 6    | Regulation 27.-(4)(f)                                       | Sufficient practice drills, in accordance with the emergency plan and informed by the personal emergency evacuation plans, should be held to confirm that, at any time, the minimum number of staff can carry out an effective evacuation within a timescale acceptable to the fire risk assessor.<br>(Item 9.4.3 in report) | Ongoing   | Practice drills are being carried out to ensure compliance.                              |
| 7    | Regulation 27.-(4)(c)<br>27.-(4)(d)(i)                      | A check should be carried out to ensure that all automatic door closers throughout the premises are connected and closing the door effectively.<br>(Item 9.4.4 in report)                                                                                                                                                    | 1 Month   | The premises have been checked to ensure all door closers are connected.                 |