



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No: IN017939
Establishment ID No: 1058
Name of Establishment: Beechill
Date of Inspection: 28 October 2014
Inspector's Name: Mr Gavin Doherty

1.0 GENERAL INFORMATION

Name of Home:	Beechill
Address:	12 Royal Lodge Road Belfast BT8 4UL
Telephone Number:	9040 2871
Registered Organisation/Provider:	Four Seasons Health Care
Registered Manager:	Ms Joy McKay
Person in Charge of the Home at the time of Inspection:	Ms Joy McKay
Other person(s) consulted during inspection:	Mr Stevie McCormick
Type of establishment:	Nursing Home
Number of Registered Places:	34 NH-DE
Date and time of inspection:	28 October 2014 from 10:30 – 12:30
Date of previous inspection:	23 February 2012
Name of Inspector:	Mr Gavin Doherty

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 the person in charge
- Examination of records
- Inspection of the home internally and externally. Patient's private bedrooms were only inspected when unoccupied and permission was granted.
- Evaluation and feedback

Any other information received by RQIA about this Registered Provider 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 Joy McKay, registered manager and Mr Stevie McCormick, estates manager.

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

Beechill is a 34 bedded purpose built Nursing Home situated in private grounds at Royal Lodge off the Old Purdysburn Road, Belfast. The Home is two storey and is comprised of 26 single and four double bedrooms, sitting rooms, two dining rooms, kitchen, laundry, toilet/washing facilities, staff accommodation and offices. A passenger lift ensures that facilities are accessible to all patients. Car parking spaces are available to the front and side of the home. The grounds are well maintained and an enclosed garden area is available to the rear of the home, providing a safe environment for patients to sit or walk around.

8.0 SUMMARY

Following the Estates Inspection of Beechill on 28 October 2014 improvements are required to comply with the Nursing Homes Regulations (Northern Ireland) 2005 and the criterion outlined in the following standards:

- Standard 35 - Safe and healthy working practices
- Standard 36 - Fire Safety

This resulted in four requirements and no recommendations. These are outlined in the quality improvement plan appended to this report.

The Estates Inspector would like to acknowledge the assistance and hospitality of Ms Joy McKay, Mr Stevie McCormick and the Home's staff throughout the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from previous inspection

It is good to note that the issues raised in the report of the previous estates inspection on 23 February 2012 have been fully addressed.

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
1	Regulation 14 (2)(a)(c)	The damaged cupboard doors in the first floor Treatment room must be replaced in accordance with current infection control best practice.	Work confirmed as completed.	Requirement fulfilled.
2	Regulation 14 (2)(a)(c)	Ensure the garden at the rear of the home is provided with a secured perimeter. It is essential that the gates leading from this garden are suitably secured to prevent any residents from leaving the garden unsupervised. The home's fire safety advisor should be consulted to ensure that the home's evacuation procedures are not compromised by the fitting of any locks.	Work confirmed as completed to a high standard.	Requirement fulfilled.
3	Regulation 27 (4)(a)	The fire risk assessment for the home should be reviewed to take account of the currently stored surplus items in the female staff changing area. A door closer must be fitted to this door if this practice is to continue.	Confirmed not to be used for storage. Door closer had been fitted.	Requirement fulfilled.

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 was good evidence of maintenance activities within the home, and the home appeared clean and very well kept. Maintenance procedures for the building and engineering services are in place and appear to comply with this standard. At the time of the inspection many areas of the home were being redecorated and this ongoing commitment to the quality of the premises is to be commended. There were therefore no requirements or recommendations made against this standard during this inspection.

9.3 Standard 35 - Safe and healthy working practices - *The home is maintained in a safe manner*

9.3.1 By in large, safe and healthy working practices appear evident in the home in accordance with this standard. A current legionella risk assessment was in place, and suitable control measures appear to have been implemented and are suitably maintained. The hoists and passenger lift within the home receive suitable regular 'Thorough Examination' and the premises fixed electrical installation was inspected on 12 February 2010 and is in a 'satisfactory' condition. Portable appliance testing was undertaken on 23 January 2014 and no failures were identified. The top score of '5' was awarded by the local council during their most recent inspection by their Environmental Health department on 16 May 2013. However, one issue has been identified for attention by the registered manager. This is detailed below and in the section of the attached quality improvement plan titled '**Standard 35 - Safe and healthy working practices**'.

9.3.2 It was good to note that suitable control measures appear to have been implemented with regards to the control of legionella bacteria in the home's hot and cold water systems. However, the specific records in relation to the flushing of 'infrequently used outlets' and the cleaning & descaling of the showerheads were confusing. It is important that the implementation of these important functions is clarified with the person concerned and that clear records of their implementation are maintained and are available for inspection within the home. (Item 1 in the attached Quality improvement plan)

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 Fire Safety procedures in the home are, in the main, generally in line with this standard. A fire risk assessment was undertaken in October 2014 and the significant issues recorded are currently being assessed and implemented. Records inspected during the inspection demonstrated good attention to fire safety matters. However, several issues have been identified for attention by the registered manager. These are detailed below and in the section and in the section of the attached quality improvement plan titled '**Standard 36: Fire safety**'.

9.4.2 The inspection & test certificates for the regular inspection & testing of the Home's:

- fire alarm and detection system; and
- emergency lighting installation

were not available for inspection within the home. Confirmation should be provided that current inspection certificates are in place, in accordance with current best practice and that any remedial works required as a result of these inspections have been completed and that the installations are in a 'satisfactory' condition. (Item 2 in the attached Quality improvement plan)

9.4.3 Ensure that the significant findings from the most recent fire risk assessment completed for the premises in October 2014 are fully implemented within the stipulated timescales. (Item 3 in the attached Quality improvement plan)

9.4.4 Staff fire safety training was provided on 15 April 2014 and training in the use of fire extinguishers was provided to staff on 8 September 2014. However the only 70% of staff have completed the mandatory eLearning fire safety training module provided. It is essential that all staff receive suitable fire safety training at the start of their employment, and whenever there is a change in the fire risk. It must be repeated at least twice every year in accordance with NI Health Technical Memorandum 84 'Fire risk assessment in residential care premises'. (Item 4 in the attached Quality improvement plan)

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement plan appended to this report were discussed with Ms Joy McKay 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**



The Regulation and
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Quality Improvement Plan

Announced Estates Inspection

Beechill Nursing Home

28 October 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.	Clarification or follow up required on some items.					

NOTES:

The details of the quality improvement plan were discussed with Ms Joy McKay 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.

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	
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	

Announced Estates Inspection to Beechill Nursing Home on 28 October 2014

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)
1	Regulation 14 (2)(a),(c)	It was good to note that suitable control measures appear to have been implemented with regards to the control of legionella bacteria in the home's hot and cold water systems. However, the specific records in relation to the flushing of 'infrequently used outlets' and the cleaning & descaling of the showerheads were confusing. It is important that the implementation of these important functions is clarified with the person concerned and that clear records of their implementation are maintained and are available for inspection within the home. (9.3.2 in the Report)	12 weeks	

Announced Estates Inspection to Beechill Nursing Home on 28 October 2014

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)
2	Regulation 27(4)(d)(iv)	Provide confirmation that current inspection certificates are in place in relation to the home's: <ul style="list-style-type: none">• fire alarm and detection system; and• emergency lighting installation and that all remedial works required as a result of these inspections have been completed and that the installations are in a 'satisfactory' condition. (9.4.2 in the Report)	8 Weeks	
3	Regulation 27(4)(a)	Ensure that the significant findings from the most recent fire risk assessment are fully implemented within the stipulated timescales. (9.4.3 in the Report)	Timescales stipulated in the Fire Risk Assessment	
4	Regulation 27(4)(e)	Ensure that all staff receive suitable fire safety training at the start of their employment, and whenever there is a change in the fire risk. It must be repeated at least twice every year in accordance with NI Health Technical Memorandum 84 'Fire risk assessment in residential care premises'. (9.4.4 in the Report)	Immediate and ongoing	

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A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

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