



The Regulation and  
Quality Improvement  
Authority

**THE REGULATION AND QUALITY IMPROVEMENT  
AUTHORITY**

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**ANNOUNCED ESTATES INSPECTION**

**Inspection No:** IN017933  
**Establishment ID No:** 1061  
**Name of Establishment:** Bethany  
**Date of Inspection:** 30 September 2014  
**Inspector's Name:** Mr Gavin Doherty

## 1.0 GENERAL INFORMATION

<b>Name of Home:</b>	Bethany
<b>Address:</b>	69 Osborne Park Belfast BT9 6JP
<b>Telephone Number:</b>	9066 5598
<b>Registered Organisation/Provider:</b>	Four Seasons Health Care
<b>Registered Manager:</b>	Miss Jennifer Forbes
<b>Person in Charge of the Home at the time of Inspection:</b>	Miss Jennifer Forbes
<b>Other person(s) consulted during inspection:</b>	Mr Stevie McCormick
<b>Type of establishment:</b>	Nursing Home
<b>Number of Registered Places:</b>	40 NH-I, NH-PH, NH-PH(E), NH-TI
<b>Date and time of inspection:</b>	30 September 2014 from 10:30 – 12:30
<b>Date of previous inspection:</b>	1 September 2011
<b>Name of Inspector:</b>	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 Miss Jennifer Forbes, Home 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**

Bethany is a 40 bedded purpose built Nursing Home situated in a very pleasant residential area of South Belfast and is convenient to two major routes into the city centre, Lisburn Road and Malone Road. The home provides accommodation and services on three floors. Bedroom accommodation is provided on the first and second floor. The home is owned and managed by Four Seasons Health Care Ltd and is registered to accommodate patients who require nursing care within the categories of old age not falling within any other category, physical disability under and over 65 and terminally ill.

## **8.0 SUMMARY**

Following the Estates Inspection of Bethany on 30 September 2014 improvements are required to comply with the Nursing Homes Regulations (Northern Ireland) 2005 and the criterion outlined in the following standards:

- Standard 32 - Premises and grounds
- Standard 35 - Safe and healthy working practices
- Standard 36 - Fire Safety

This resulted in five 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 and hospitality of Miss Jennifer Forbes, 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 1 September 2011 have been fully addressed as detailed in the following table.

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
1	Regulation 27(2)(b)	The amount of natural light in Bedroom 18 is currently unacceptably low. This is due to an overgrown conifer in very close proximity to the window. Suitable remedial action should be taken to cut back or remove this tree, so as to restore adequate natural lighting to this room.	Several trees removed with planning approval.	Requirement fulfilled.
2	Regulation 27(2)(b)	The tiling in the Shower room adjacent to Bedroom 33 was in very poor condition. This tiling should be made good or replaced.	The remedial works have been completed	Requirement fulfilled.
3	Regulation 14 (2)(a)(c)	The home's fixed electrical installation received its latest periodic inspection on 4 June 2010. Confirmation should be provided that the required remedial works were satisfactorily completed.	Letter provided during inspection confirming that the remedial works had been completed on 6 December 2010 and the installation was in a satisfactory condition.	Requirement fulfilled.

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
7	Regulation 27(4)(a)(b)	Ensure that all remedial works required as a result of the recently reviewed Fire Risk Assessment are completed without any undue delay. Special attention should be paid to the Laundry chute, ensuring that it provides adequate fire protection and smoke sealing between each floor.	All works completed and inspected as part of this inspection.	Requirement fulfilled.
8	Regulation 27(4)(a)(b)	Fit new intumescent strips / smoke seals to the Linen store adjacent to Bedroom 7.	Completed.	Requirement fulfilled.
No	Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Comments
4	Regulation 14 (2)(a)(c)	The welded seams of the Kitchen flooring are breaking down, leading to an infection control risk. These joints should be repaired or consideration given to the replacement of the flooring.	Kitchen flooring replaced.	Recommendation fulfilled.
5	Regulation 14 (2)(a)(c)	In accordance with current infection control best practice, ensure that all shelving and worktops throughout the home have a non-porous or suitably sealed surface which is easily cleaned.	Completed and inspected as part of this inspection.	Recommendation fulfilled.
6	Regulation 14 (2)(a)(c)	The most recent service of the thermostatic mixing valves indicated that a critical mass of these valves had failed (27no.). These valves should be replaced.	Further servicing on 6 June 2014 detailed failed valves had been replaced.	Recommendation 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 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 the driveway and car park areas were being resurfaced. As a result of this inspection, one recommendation has been made for consideration by the registered manager. This is detailed below and in the section of the attached quality improvement plan titled '**Standard 32 – Premises and grounds**'.

9.2.2 Consideration should be given to the provision of additional storage within the home through the change of use of under used existing facilities to better suit the current needs of the home. It will be essential that RQIA are informed of any proposals for due comment prior to the implementation of any such changes. (Item 1 in the attached Quality improvement plan)

**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 4 June 2010 and is in a 'satisfactory' condition. Portable appliance testing was undertaken on the 14 February 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 3 March 2014. However, two issues have been identified for attention by the registered manager. These are detailed below and in the section of the attached quality improvement plan titled '**Standard 35 - Safe and healthy working practices**'.

9.3.2 The most recent service record for the thermostatic mixing valves indicates that the valve fitted to the bath in bathroom 302 will not fail safe. It is essential that this valve is replaced without further delay. (Item 2 in the attached Quality improvement plan)

9.3.3 If the bidet in bathroom 202 is redundant, then consideration should be given to its removal along with all associated redundant pipework. Otherwise, it is essential that this outlet is included on the home's schedule of 'infrequently used outlets' and is flushed regularly in accordance with the risk assessment for the control of legionella bacteria in the home's water systems. (Item 3 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 on 13 June 2014 and the significant issues recorded are currently being implemented. Records inspected during the inspection demonstrated good attention to fire safety matters. However, two 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 certificate for the most recent quarterly inspection of the Home's fire alarm and detection system was not available for inspection within the home. Confirmation should be provided that a current inspection certificate is in place, that any remedial works required as a result of this inspection have been completed and the installation is in a 'satisfactory' condition.  
(Item 4 in the attached Quality improvement plan)
- 9.4.3 Ensure that the significant findings from the most recent fire risk assessment are fully implemented within the stipulated timescales.  
(Item 5 in the attached Quality improvement plan)
- 9.4.4 Ensure that all new staff within the home are provided with suitable fire safety training. This fire safety training should be repeated for all staff twice yearly.  
(Item 6 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 Miss Jennifer Forbes 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

#### Bethany Nursing Home

**30 September 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 Miss Jennifer Forbes 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 COMPLETING QIP</b>	
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	

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## Standard 32 – Premises and grounds

The following requirements and recommendations should be noted for action in relation to Standard 32 – Premises and grounds

Item	Standards Reference	Recommendation	Timescale	Details Of Action Taken By Registered Person (S)
1	32.11	Consideration should be given to the provision of additional storage within the home through the change of use of under used existing facilities to better suit the current needs of the home. It will be essential that RQIA are informed of any proposals for due comment prior to the implementation of any such changes. (9.2.2 in the Report)	Ongoing	

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### **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

<b>Item</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Timescale</b>	<b>Details Of Action Taken By Registered Person (S)</b>
2	Regulation 14 (2)(a),(c)	Ensure that the thermostatic mixing valve fitted to the bath in bathroom 302 is replaced without further delay. (9.3.2 in the Report)	12 weeks	
3	Regulation 14 (2)(a),(c)	If the bidet in bathroom 202 is redundant, then consideration should be given to its removal along with all associated redundant pipework. Otherwise, it is essential that this outlet is included on the home's schedule of 'infrequently used outlets' and is flushed regularly in accordance with the risk assessment for the control of legionella bacteria in the home's water systems. (9.3.3 in the Report)	12 Weeks	

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## 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)
4	Regulation 27 (4)(d)(iv)	The inspection certificate for the most recent quarterly inspection of the Home's fire alarm and detection system was not available for inspection within the home. Confirmation should be provided that a current inspection certificate is in place, that any remedial works required as a result of this inspection have been completed and the installation is in a 'satisfactory' condition. (9.4.2 in the Report)	12 weeks	
5	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 fire risk assessment	
6	Regulation 27 (4)(e)	Ensure that all new staff within the home are provided with suitable fire safety training. This fire safety training should be repeated for all staff twice yearly. (9.4.4 in the Report)	Immediate & 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](mailto:info@rqia.org.uk)