



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

ANNOUNCED ESTATES INSPECTION

Inspection No: IN021112
Establishment ID No: 1063
Name of Establishment: Bloomfields Nursing Home
Date of Inspection: 3 March 2015
Inspector's Name: Mr Gavin Doherty

1.0 GENERAL INFORMATION

Name of Home:	Bloomfields Nursing Home
Address:	115-117 North Road Belfast BT5 5NF
Telephone Number:	028 9066 7799
Registered Organisation/Provider:	Mr Desmond McLaughlin Mrs Jean McLaughlin
Registered Manager:	Miss Emma Murphy
Person in Charge of the Home at the time of Inspection:	Miss Emma Murphy
Other person(s) consulted during inspection:	Mrs Joanne McCord
Type of establishment:	Nursing Home
Number of Registered Places:	30 NH-DE
Date and time of inspection:	3 March 2015 from 10:30am – 12:30pm
Date of previous inspection:	13 September 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 Mr Desmond McLaughlin, Responsible Person, Miss Emma Murphy, Registered Manager, and Mrs Joanne McCord, Administrator for the Home.

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

Bloomfields Nursing home is situated on North Road off the Upper Newtownards Road in East Belfast. It is centrally located within the local community and is convenient to public transport facilities, shops and community services. The nursing home is a purpose built residence, which provides accommodation and services on two floors. There are two day rooms; one of which is adjacent to the dining room and is situated on the ground floor. A smaller lounge is available on the first floor. Bedroom accommodation is available on both floors. Bath/shower and toilet facilities are also accessible on both floors of the home. A kitchen, laundry area and staff facilities are provided. A designated care park is available.

8.0 SUMMARY

Following the Estates Inspection of Bloomfields Nursing Home on 3 March 2015, 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 one requirement and two 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 Mr Desmond McLaughlin, Mrs Emma Murphy, Mrs Joanne McCord 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 13 September 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)	Ensure ALL windows throughout the home are controlled to a safe point of opening of no more than 100mm and cannot be overridden by patients.	Full survey carried out of all windows which now meet the standard required.	Requirement fulfilled.
2	Regulation 14(2)(a)(c) 27(2)(t)	Complete a suitable and sufficient risk assessment with regards to the stability of the wardrobes and furniture in all bedrooms. Suitably secure furniture if required.	Wardrobes inspected were suitably secured.	Requirement fulfilled.
3	Regulation 14(2)(a)(c) 27(2)(t)	Complete a suitable and sufficient risk assessment with regards to safeguarding patients from hot surfaces. Provide suitable covers or guards as required.	Risk assessments were evidenced as being in place.	Requirement fulfilled.
4	Regulation 14(2)(a)(c)	Replace the carpets in bedrooms where incontinence issues exist, with an appropriate slip resistant, impervious sheet floor covering.	No malodours were detected during the inspection and floor finishes were in good condition.	Requirement fulfilled.
5	Regulation 14(2)(a)(c)	Fully implement the recommended actions outlined in the current Legionella risk assessment and ensure records are maintained and are available for inspection within the home.	Suitable control measures appear to be in place and detailed records are maintained.	Requirement fulfilled.

8	Regulation 27(4)(a)	Fully implement the requirements and recommendations outlined in the most recent fire risk assessment within the stipulated timescales, and sign off once completed.	Risk assessment addressed but is now overdue further review.	Requirement fulfilled.
9	Regulation 27(4)(d)	Fully implement the remedial works outlined in the most recent inspection of the Emergency Lighting within the home without further delay. (Section 9.4.3 in the report)	Remedials completed.	Requirement fulfilled.
No	Standard Ref.	Recommendation	Action taken - as confirmed during this inspection	Inspector's Comments
6	Standard 35.5 and Standard N11	Survey the lighting levels throughout the home to ensure they are adequate for patients' needs and are in accordance with current best practice.	Being addressed and ongoing.	Requirement fulfilled.
7	Standard 35.5	Provide suitable and sufficient mechanical ventilation in the Laundry to enable a comfortable ambient temperature to be achieved.	Steps taken to maintain a comfortable environment.	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. There are therefore no requirements or recommendations needed against this standard as a result of this inspection. This is to be commended.

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. The patient hoists used within the home receive suitable regular 'Thorough Examination'. Portable appliance testing was undertaken on 17 February 2014 and any failures were removed from the home. The Nurse Call system was inspected on 6 May 2014. All gas appliances were inspected on 23 May 2014 and confirmed to be in a 'satisfactory' condition. The top score of '5' was awarded by the local council on 11 March 2014 during their most recent inspection by their Environmental Health Department. However, one issue was 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 A risk assessment with regards to the 'Control of legionella bacteria in the home's hot and cold water systems' was undertaken on 11 February 2014, and the required control measures have been implemented within the home. It is important that this risk assessment continues to be reviewed and that the control measures currently implemented are suitably amended to meet current best practice guidance. Specific reference should be made for the need to increase the frequency for the of flushing seldom used outlets to twice weekly, and the need to service and maintain the thermostatic mixing valves fitted throughout the home.

Detailed advice and guidance has been recently published by the Health and Safety Executive in the form of 'HSG274 - Part 2: The control of legionella bacteria in hot and cold water systems', and this can be freely downloaded at the following address:
<http://www.hse.gov.uk/pubns/priced/hsg274part2.pdf>
(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. Records inspected during the inspection demonstrated good attention to fire

safety matters. The home's fire alarm and detection system was inspected on 5 February 2015 and the emergency lighting installation was also inspected on 6 May 2014. The in-house tests and visual inspections are being undertaken and records were available for inspection. The latest fire safety training was provided for all staff on 28 May 2014. Fire drills are currently carried out monthly. Two issues were however identified for attention by the registered manager. These are detailed below and in the section of the attached quality improvement plan titled '**Standard 36 – Fire safety**'.

9.4.2 The latest fire risk assessment was undertaken on 22 May 2013 and is now overdue its review which should be carried out within a period not exceeding 12 months. It is essential that when this review is completed that any significant findings are fully implemented and signed-off accordingly within the timescales stipulated in the risk assessment.

(Item 2 in the attached quality improvement plan)

9.4.3 Ensure that when the fire risk assessment is next reviewed, the person carrying out the review holds professional body registration or third party certification for fire risk assessment and is registered accordingly with the relevant body. Reference should be made to correspondence issued by RQIA to all registered homes on 13 January 2013 and the guidance contained therein.

(Item 3 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 Mrs Joanne McCord 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

Announced Estates Inspection

Bloomfields Nursing Home

3 March 2015

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.		Yes		Gavin Doherty	23/02/2016
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 Mrs Joanne McCord 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	Miss Emma Murphy
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Mr Desmond McLaughlin

Announced Estates Inspection to Bloomfields Nursing Home on 3 March 2015

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	Standard Reference	Recommendation	Timescale	Details Of Action Taken By Registered Person (S)
1	Standard 35.1	Ensure that the current risk assessment for the control of legionella bacteria in the home's hot and cold water systems is suitably reviewed, and that the control measures currently implemented are amended to meet current best practice guidance accordingly. (9.3.2 in the report)	Immediate and ongoing	Risk assessment for the control of legionella continues to be reviewed in the Home. Monitoring of still water checks has been increased from weekly to twice-weekly checks in the Home with immediate effect. Some mixing valves have been replaced and others will continue to be serviced and maintained throughout the home as soon as possible.

Announced Estates Inspection to Bloomfields Nursing Home on 3 March 2015

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	Requirement	Timescale	Details Of Action Taken By Registered Person (S)
2	Regulation 27 (4)(a)	Ensure that the Home's fire risk assessment is suitably reviewed without further delay, and fully implements any significant findings, within the timescales stipulated in the fire risk assessment. (9.4.2 in the report)	Within timescales stipulated in Fire Risk Assessment	The Home's fire risk assessment has been reviewed and updated since our Inspection (Monday 20th April 2015 by ARMA Fire Safety) and the Report is currently being reviewed by Management.
Item	Standard Reference	Recommendation	Timescale	Details Of Action Taken By Registered Person (S)
3	Standard 29.4	Ensure that when the fire risk assessment is next reviewed, the person carrying out the review holds professional body registration or third party certification for fire risk assessment and is registered accordingly with the relevant body. Reference should be made to correspondence issued by RQIA to all registered homes on 13 January 2013 and the guidance contained therein. (9.4.3 in the report)	Upon review of the fire risk assessment	The Fire Risk Assessment was undertaken by a registered and competent person (Arma Fire Safety, Mr Alister Rooney MIFireE Registered Fire Risk Assessor (Warrington Certification Ltd. Cert no. FRA 31). This company also undertakes the twice yearly Fire Safety Training.

Announced Estates Inspection to Bloomfields Nursing Home on 3 March 2015

Assurance, Challenge and Improvement in Health and Social Care