



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No: 18078
Establishment ID No: 1188
Name of Establishment: Brookmount Nursing Home, Coleraine
Date of Inspection: 15 August 2014
Inspector's Name: K. Monaghan

1.0 GENERAL INFORMATION

Name of Home:	Brookmount Nursing Home
Address:	4 Lower Newmills Road Coleraine BT52 2JR
Telephone Number:	028 70 32 91 13
Registered Responsible Individual:	Mr. Gerald Kelly, Chief Executive, Apex Housing Association
Registered Manager:	Mrs. Ann Bannister
Person in Charge of the Home at the time of Inspection:	Mrs. Ann Bannister, Registered Manager
Other person(s) present during inspection:	Mr. Barry Folan, Statutory Compliance Officer, Apex Housing Association and Mr. Sean Mahon, Property Services Officer, Apex Housing Association
Type of establishment:	Nursing Home
Categories of Care:	NH-I & NH-LD(E)
Conditions of Registration:	Category NH-LD (E) for 1 identified individual only
Number of Registered Places:	48
Date of previous Estates inspection:	23 February 2012
Date and time of inspection:	15 August 2014 (10:15am – 1:10pm.)
Name of Inspector:	K. Monaghan

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 and
- 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 included the following:

1. Discussions with Mrs. Ann Bannister, Registered Manager, Mr. Barry Folan, Statutory Compliance Officer, Apex Housing Association and Mr. Sean Mahon, Property Services Officer, Apex Housing Association
2. Inspection of the home internally and externally. Patients' private bedrooms were only inspected when unoccupied and permission was granted
3. 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 this inspection the Inspector spoke to Mrs. Ann Bannister, Mr. Barry Folan and Mr. Sean Mahon.

6.0 INSPECTION FOCUS

This inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Nursing Homes Minimum Standards with the focus on assessing 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 and
- Standard 36 - Fire Safety

7.0 PROFILE OF SERVICE

The premises used for the purposes of Brookmount Nursing Home are two storey, detached and purpose built. The home which was constructed approximately nine years ago is located on the outskirts of Coleraine. The home is registered to care for up to 48 patients requiring nursing care.

8.0 SUMMARY

During this Estates inspection a number of issues were identified for attention. Following this Estates Inspection of 15 August 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 seven requirements and two recommendations. These are outlined in the Quality Improvement Plan appended to this report.

The Estates Inspector would like to acknowledge the assistance of Mrs. Ann Bannister, Mr. Barry Folan and Mr. Sean Mahon, throughout the inspection process.

9.0 INSPECTION FINDINGS

9.1 Recommendations and requirements from previous Estates inspection on 23 February 2012

9.1.1 The following details should be noted in relation to the issues included in the Quality Improvement Plan for the previous Estates inspection to these premises that was carried out on 23 February 2012. A copy of the report for this previous Estates inspection is available on the RQIA's website in the 'Inspections' section.

9.1.2 **Previous QIP Item 1.** The casings at the back of the toilets had been repainted and generally they were in a reasonable condition. These casings are however difficult to maintain in a good condition, for example the casing at the toilet in bathroom 5 on the first floor required some attention. It is recommended that the pipe casings at the toilets should be upgraded. Reference should be made to item 1 in the Quality Improvement Plan.

9.0 INSPECTION FINDINGS CONTINUED

9.1 Recommendations and requirements from previous Estates inspection on 23 February 2012 continued

9.1.3 **Previous QIP Item 3.** The mechanisms for controlling the window openings could be disconnected. Although the action required to disconnect these mechanisms was not straight forward it would nevertheless not comply fully with the current standard for controlling window openings. The method of controlling the window openings should be reviewed and improved as required. Reference should be made to the information available on the RQIA website in relation to this issue via the following link:

http://www.rgia.org.uk/cms_resources/window%20restrictors.pdf

Reference should be made to item 2 in the Quality Improvement Plan.

9.1.4 **Previous QIP Item 4.** The unused macerators had been removed. The pipework for all of these macerators had not however been fully removed, for example; in the sluice at bedroom 32 on the first floor. The sluice rooms should be checked and all 'dead legs' should be removed. Reference should be made to item 3 in the Quality Improvement Plan.

9.1.5 **Previous QIP Item 5.** Mrs. Bannister confirmed that all of the outlets throughout the home were being used and flushed as part of the cleaning arrangements for the premises.

9.1.6 **Previous QIP Item 5.** The procedure for checking the uncontrolled hot water and cold water temperatures at the sentinel outlets should be reviewed to ensure that these are being checked and recorded each month on a schedule. Reference should be made to item 3 in the Quality Improvement Plan.

9.0 INSPECTION FINDINGS CONTINUED

9.1 Recommendations and requirements from previous Estates inspection on 23 February 2012 continued

9.1.7 **Previous QIP Item 7.** A fire risk assessment had been completed on 29 November 2013. This fire risk assessment should however be reviewed and updated to reflect the following:

1. A reference to The Nursing Homes Regulations (Northern Ireland) 2005 and Northern Ireland Health Technical Memorandum 84
2. A conclusion in relation to the overall evaluation of the fire risk in the premises
3. An assessment of the fire risk and the proposed action in relation to the open plan day/activity areas along the corridors
4. Consideration should be given to using PAS 79 as the risk assessment methodology

The proposals for making the bedroom doors self-closing should also be reviewed and confirmed to RQIA. Reference should be made to item 6 in the Quality Improvement Plan.

9.1.8 **Previous QIP Item 8.** Sample checks to the corridor doors indicated that further action was required to ensure that the gaps between the meeting edges of these doors are fully smoke sealed. The corridor doors, for example; at bedroom 20 on the ground floor and at bedroom 36 on the first floor required attention in this regard. The fire doors should be checked and further remedial works should be completed as required. Reference should be made to item 7 in the Quality Improvement Plan.

9.1.9 **Previous QIP Item 9.** The door to the staff room was not wedged open.

9.1.10 The above issues are restated as appropriate in the relevant sections of the attached Quality Improvement Plan.

9.0 INSPECTION FINDINGS CONTINUED

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 It is good to report that the premises being used for the purposes of Brookmount Nursing Home were in very good order and offered comfortable accommodation for the patients. The home was clean and it had been redecorated in April 2014. No issues were identified for attention in relation to this standard during this Estates 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 The call system was serviced on 21 August 2013, the generator was serviced on 24 March 2014 and the thermostatic mixers were serviced on 14 June 2014. The lift was serviced on 06 June 2014 and a thorough examination of the lift was also completed on 08 April 2014 with a satisfactory outcome.
- 9.3.2 The following issues were identified for attention in relation to this standard during this Estates inspection:
- 9.3.3 A risk assessment for the control of legionella bacteria in the water systems was completed in June 2013. An inspection of the water systems was also completed by a specialist company on 14 June 2014. The results for sample checks to the hot and cold water temperatures undertaken during this Estates inspection in the sluice at bedroom 17 on the ground floor were satisfactory. The procedure for descaling /disinfecting the showers and recording same should be reviewed and revised as required. Reference should be made to item 4 in the Quality Improvement Plan.
- 9.3.4 The extract fan in the toilet opposite bedroom 30 should be switched on. Reference should be made to item 4 in the Quality Improvement Plan.

9.0 INSPECTION FINDINGS CONTINUED

9.3 Standard 35 - Safe and healthy working practices continued

- 9.3.5 The annual safety check to the gas heating boilers was completed on 03 March 2014. The electrical equipment was inspected and tested on 18 July 2014. The fixed wiring installation was inspected and tested on 30 April 2014. The report for this inspection and test identified four code C3 issues for attention. These issues should be reviewed with the inspecting engineer to establish what action should be taken with regard to same. The outcome of this review should be confirmed to RQIA. Reference should be made to item 5 in the Quality Improvement Plan.
- 9.3.6 The next routine clean of the kitchen extract system should be completed. Reference should be made to item 5 in the Quality Improvement Plan.
- 9.3.7 The above 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 fire detection and alarm system was inspected and tested on 29 May 2014 with a satisfactory outcome. The fire extinguishers were serviced on 09 June 2014 and the emergency lights were inspected and tested on 14 April 2014. Two issues were identified for attention in relation to this standard as follows:
- 9.4.2 A sample check carried out to the furniture in the smoking room during this Estates inspection indicated that the furniture did not have labels attached to confirm compliance with the ignition sources 0 and 5 fire retardant standard. There were also some items of storage in this room and the room was not equipped with a fire blanket. The use of this room should be reviewed. The furniture should be replaced with furniture that complies with the ignition sources 0 and 5 fire retardant standard. The storage and the need for a fire blanket should also be reviewed and actioned as required. The outcome of this review and action taken should be confirmed to RQIA. Reference should be made to item 8 in the Quality Improvement Plan.

9.0 INSPECTION FINDINGS CONTINUED

9.4 Standard 36 – Fire Safety continued

- 9.4.3 A comprehensive record was not presented for review in relation the results for the monthly function checks to the emergency lights. It is recommended that the results for the annual duration tests and the monthly function checks to the emergency lighting are recorded in line with the guidance contained in British Standard (BS) 5266. Reference should be made to item 9 in the Quality Improvement Plan.
- 9.4.4 Fire drills were carried out on 13 February 2014, 30 April 2014 and 15 August 2014. Mrs. Bannister also confirmed that they were now going to carry out a fire drill each month. Mrs. Bannister also confirmed that fire marshal training had recently been introduced for the home and the fire safety training was monitored through a diary system from head office. Two staff had to receive up to date fire safety training and this had been arranged for 24 September 2014.
- 9.4.5 The above issues where appropriate are detailed as appropriate 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. Ann Bannister, Mr. Barry Folan and Mr. Sean Mahon 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 nursing home to improve the quality of life experienced by patients.

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

BROOKMOUNT NURSING HOME, COLERAINE RQIA ID 1188

15 AUGUST 2014

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.	√	–	√	K. Monaghan	06 October 2014

NOTES:

The details of the Quality Improvement Plan were discussed with Mrs. Ann Bannister, Registered Manager, Mr. Barry Folan, Statutory Compliance Officer, Apex Housing Association and Mr. Sean Mahon, Property Services Officer, Apex Housing Association, 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 nursing 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 signed below 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	Ann Bannister
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Sean McMahon / Barry Folan

Announced Estates Inspection to Brookmount Nursing Home, Coleraine 15 August 2014 (K. Monaghan)

Assurance, Challenge, Improvement in Health and Social Care

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

Item	Regulation Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
1.	Standard 32.1	It is recommended that the pipe casings at the toilets should be upgraded. Reference should be made to paragraph 9.1.2 in the Report.	6 Months	This work is being assessed at present.

The following requirement should be noted for action in relation to Standard 35 - Safe and healthy working practices:

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
2.	Regulations 14(2)(a) 14(2)(c)	<p>The method of controlling the window openings should be reviewed and improved as required. Reference should be made to the information available on the RQIA website in relation to this issue via the following link:</p> <p>http://www.rqia.org.uk/cms_resources/window%20restrictors.pdf</p> <p>Reference should be made to paragraph 9.1.3 in the Report.</p>	1 Month	The Health and Safety officer is scheduled to look at the PEEPS to consider mobility and ability of each resident.

Announced Estates Inspection to Brookmount Nursing Home, Coleraine 15 August 2014 (K. Monaghan)

Assurance, Challenge, Improvement in Health and Social Care

The following requirement should be noted for action in relation to Standard 35 - Safe and healthy working practices:

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
3.	Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)	The sluice rooms should be checked and all 'dead legs' should be removed. The procedure for checking the uncontrolled hot water and cold water temperatures at the sentinel outlets should also be reviewed to ensure that these are being checked and recorded each month on a schedule. Reference should be made to paragraphs 9.1.4 and 9.1.6 in the Report.	1 Month	Dead legs have been removed in all sluices. The procedure for checking the uncontrolled hot and cold water temperatures at the sentinel outlets has been reviewed. These are checked and recorded monthly
Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
4.	Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)	The procedure for descaling /disinfecting the showers and recording same should be reviewed and revised as required. The extract fan in the toilet opposite bedroom 30 should be switched on. Reference should be made to paragraph 9.3.3 in the Report.	1 Month & Ongoing	The procedure for descaling/ disinfecting showers and recording same has been reviewed. A work order has been raised by Property Services Officer to have the fan in the toilet opposite Room 30 switched on and work should be completed soon.

Announced Estates Inspection to Brookmount Nursing Home, Coleraine 15 August 2014 (K. Monaghan)

Assurance, Challenge, Improvement in Health and Social Care

The following requirement 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)
5.	Regulations 14(2)(a) 14(2)(c) 27(2)(q)	The issues identified for attention in the report for the inspection and test to the fixed wiring installation that was completed on 30 April 2014 should be reviewed with the inspecting engineer to establish what action should be taken with regard to same. The outcome of this review should be confirmed to RQIA. In addition the next routine clean of the kitchen extract system should be completed. Reference should be made to paragraphs 9.3.5 and 9.3.6 in the Report.	1 Month	The fixed wiring risk has been identified. This has been removed from the report.

Announced Estates Inspection to Brookmount Nursing Home, Coleraine 15 August 2014 (K. Monaghan)

Assurance, Challenge, Improvement in Health and Social Care

The following requirement should be noted for action in relation to Standard 36 - Fire Safety:

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
6.	Regulations 27(4)(a) 27(4)(b) 27(2)(c) 27(4)(d)(i)	<p>The fire risk assessment should be reviewed and updated to reflect the following:</p> <ol style="list-style-type: none"> 5. A reference to The Nursing Homes Regulations (Northern Ireland) 2005 and Northern Ireland Health Technical Memorandum 84 6. A conclusion in relation to the overall evaluation of the fire risk in the premises 7. An assessment of the fire risk and the proposed action in relation to the open plan day/activity areas along the corridors 8. Consideration should be given to using PAS 79 as the risk assessment methodology <p>The proposals for making the bedroom doors self-closing should be reviewed and confirmed to RQIA. Reference should be made to paragraph 9.1.7 in the Report.</p>	1 Month	<p>The Maintenance Officer and Statutory Compliance Officer are scheduled to look at these works in greater detail along with the Association's fire risk assessor.</p>

Announced Estates Inspection to Brookmount Nursing Home, Coleraine 15 August 2014 (K. Monaghan)

Assurance, Challenge, Improvement in Health and Social Care

The following requirement should be noted for action in relation to Standard 36 - Fire Safety:

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
7.	Regulations 27(4)(b) 27(2)(c) 27(4)(d)(iv)	The fire doors should be checked and further remedial works should be completed as required. Reference should be made to paragraph 9.1.8 in the Report.	1 Month	The fire doors have been checked and any necessary remedial work has been completed
Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
8.	Regulations 27(4)(b)	The use of the smoking room should be reviewed. The furniture should be replaced with furniture that complies with the ignition sources 0 and 5 fire retardant standard. The storage and the need for a fire blanket should also be reviewed and actioned as required. The outcome of this review and action taken should be confirmed to RQIA. Reference should be made to paragraph 9.4.2 in the Report	1 Month	The use of the smoking room has been reviewed. The furniture has been removed and the Maintenance Officer and Manager are to meet to discuss replacement furniture for this room. A fire blanket has been ordered for the room. Apex ref : A0238219

Announced Estates Inspection to Brookmount Nursing Home, Coleraine 15 August 2014 (K. Monaghan)

Assurance, Challenge, Improvement in Health and Social Care

The following requirement should be noted for action in relation to Standard 36 - Fire Safety:

Item	Regulation Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
9.	Standard 36.2	It is recommended that the results for the annual duration tests and the monthly function checks to the emergency lighting are recorded in line with the guidance contained in British Standard (BS) 5266. Reference should be made to paragraph 9.4.3 in the Report	Ongoing	The annual duration tests and the monthly function checks to the emergency lighting are being recorded in the Property Services Diary from now on.

Announced Estates Inspection to Brookmount Nursing Home, Coleraine 15 August 2014 (K. Monaghan)

Assurance, Challenge, Improvement in Health and Social Care