



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No:	IN017944
Establishment ID No:	1287
Name of Establishment:	Redburn Clinic
Date of Inspection:	11 September 2014
Inspector's Name:	Mr Gavin Doherty

1.0 GENERAL INFORMATION

Name of Home:	Redburn Clinic
Address:	89 Belfast Road Ballynahinch BT24 8EB
Telephone Number:	9756 3554
Registered Organisation/Provider:	Mr Chris Arnold Spa Nursing Group
Registered Manager:	Mr Michael Bagood
Person in Charge of the Home at the time of Inspection:	Mr Michael Bagood
Type of establishment:	Nursing Home
Number of Registered Places:	25 (NH-I, NH-PH, NHPH(E), NH-TI) 2 (RC-I, RC-PH)
Date and time of inspection:	11 September 2014 from 10:30 – 13:00
Date of previous inspection:	17 January 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 registered manager and staff
- 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 Michael Bagood, Registered 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

Redburn Clinic is a 27 bedded Nursing Home situated on the main Belfast to Ballynahinch Road on the outskirts of Ballynahinch. All amenities such as a library, churches and post office are located in surrounding areas close by. The home consists of single and double bedrooms. There are three lounges, two situated on the ground floor. The lounge on the first floor is not used by patients as it is less accessible to them. There is a well maintained garden, which is very pleasant. This home is registered to accommodate 25 patients requiring nursing care and two residents requiring residential care.

8.0 SUMMARY

Following the Estates Inspection of Redburn Clinic on 11 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 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 and hospitality of Mr Michael Bagood and the Home's staff throughout the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from previous inspection

No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Comments
1	32.1	The carpet at the main staircase was starting to show signs of wear. It is important that the wear on this carpet is closely monitored and suitable remedial action taken as required.	Carpet has been replaced.	Recommendation fulfilled.
No	Regulation Ref.	Restated Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
2	27(2)(b),(d)	The vanity units in Bedrooms 19, 23, 24, 25, 26 & 28 were observed during the inspection to be in very poor condition (water damage). These vanity units should be suitably refurbished or replaced without further delay.	These vanity units have been replaced.	Requirement fulfilled.
3	14(2)(a),(c)	The manager should ensure that a suitably competent member of staff is nominated to: <ul style="list-style-type: none"> Log on to the NIAIC website at suitable frequencies (recommend at least weekly) and access MDAs and MDEAs. Keep a log of all visits to the website Print off all alerts which relate to equipment held or used at the premises 	This system has now been implemented and records are being maintained.	Requirement fulfilled.

		<ul style="list-style-type: none"> • Ensure that appropriate action is initiated or taken as outlined on the alerts and retain records of such actions • Report any adverse incidents involving medical devices or equipment to NIAIC using the form provided on the website and retain a copy of same. <p>The above information should be retained in a separate folder labeled 'NIAIC/MDEAs for access by staff and managers.</p>		
No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
4	14(2)(a),(c)	The existing ramp at the rear corridor is a cause for concern. Suitable action should be taken to reduce, as far as is practicable, the gradient of this ramp. It will also be essential that the occupant of the bedroom in this corridor is suitably risk assessed to ensure that they can continue to negotiate this ramp without risk to their safety and welfare.	The existing ramp has been replaced with a new ramp laid to a reduced gradient. A new, suitable slip resistant floor finish has been laid at this ramp.	Requirement fulfilled.
5	14(2)(a),(c)	Ensure that suitably robust window restrictors are fitted to <u>ALL</u> windows throughout the home. It is essential that the window openings are controlled to a safe point of opening of not more than 100mm and that the restrictor cannot be overridden by patients.	Window restrictors have been fitted to all windows	The window restrictors fitted at the following windows are unacceptable and should be replaced. It is essential that these restrictors cannot be overridden by patients. Windows: 1 st floor lounge & main landing Bedrooms 15,16,17,18,19,23 & 25. (9.3.2 in the report)

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 were in place and appear to comply with this standard. 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 32 – Premises and grounds**'.

9.2.2 The floor finish in Bedroom 15 was in very poor condition. There was also a malodour evident in Bedroom 18 which appeared to be from the floor finish. These floor finishes should be replaced with a suitable non-permeable and slip resistant floor finish. (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 legionella risk assessment was undertaken on 6 June 2013 and suitable control measures appear to have been implemented and are suitably maintained. The hoists and slings within the home receive suitable regular 'Thorough Examination' and the premises fixed electrical installation was inspected on 8 February 2012. Portable appliance testing was undertaken on 8 October 2013 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. However, several issues have been identified or restated 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 All windows throughout the home had been fitted with window restrictors. However, many of these window restrictors could be easily defeated allowing the window to be fully opened. It is essential that the following window restrictors are replaced with a restrictor which prevents a window opening of no more than 100mm and cannot be overridden by a patient.

Windows: 1st floor lounge
1st floor landing (front of house)
Bedrooms 15, 16, 17, 18, 19, 23 & 25.
(Item 2 in the attached Quality improvement plan)

9.3.3 There was no information available at the time of the inspection in relation to the home's fixed electrical installation. Confirmation should therefore be provided to RQIA, that a current certificate (in accordance with BS7671 'Requirements for

electrical installations') is in place for the home's fixed electrical installation. Any remedial works required as a result of this inspection should also have been completed and the certificate should state that the installation is in a 'satisfactory' condition. (Item 3 in the attached Quality improvement plan)

9.3.4 A risk assessment for the 'control of Legionella bacteria within the home's hot and cold water systems' was undertaken in September 2013 and was available for inspection. Several control measures required as a result of this risk assessment have been implemented. However, in light of recently revised guidance now issued by the Health and Safety Executive ('L8: Approved Code of Practice' and 'HSG274 part 2: The control of legionella bacteria in hot and cold water services'), the registered manager should carry out a review of this risk assessment and ensure that adequate control measures are in place and maintained within the home. These control measures will include the

- Provision of suitable schematic drawings identifying the key components of the system
- Identification of the sentinel outlets throughout the home
- Identification and removal of all dead legs throughout the home
- Suitable temperature monitoring at Calorifiers and Cold water storage tanks, and at the sentinel outlets
- Regular disinfection and descaling of shower heads and hoses
- Regular flushing of infrequently used outlets
- Provision of a suitable inspection and maintenance regime for the key components of the hot and cold systems, including the various tanks and any thermostatic mixing valves present in the system

The latest guidance on this matter can be obtained in HSG274 part2 'The control of legionella bacteria in hot and cold water systems', issued by the Health and Safety Executive. (www.hse.gov.uk/pubns/priced/hsg274part2.pdf) (Item 4 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 18 December 2013 and a new fire alarm and detection system had recently been installed and commissioned. 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 Ensure that the significant findings identified in the most recent fire risk assessment are fully implemented within the stated timescales and signed-off accordingly. (Item 5 in the attached Quality improvement plan)
- 9.4.3 Ensure that the In-house checks for the fire alarm and detection system, the emergency lighting installation and the portable fire-fighting equipment are carried out in accordance with current best practice guidance.
- Fire Alarm & Detection System (BS5839): Weekly
 - Emergency Lighting Installation (BS5266): Monthly
 - Fire Fighting Equipment (BS5306): Monthly
- (Item 6 in the attached Quality improvement plan)
- 9.4.4 The most recent fire safety training was provided in the home on 28 January 2014. It is essential that all staff undertake this training as part of their induction training and that it is then repeated twice every year.
(Item 7 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 Mr Michael Bagood 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

Redburn Clinic

11 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.			✓	Gavin Doherty	2/12/2014

NOTES:

The details of the quality improvement plan were discussed with Mr Michael Bagood 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	MICHAEL BAGOOD
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	CHRIS ARNOLD

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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	Standard Reference	Recommendation	Timescale	Details Of Action Taken By Registered Person (S)
1	32.1	The floor finish in Bedroom 15 was in very poor condition. There was also a malodour evident in Bedroom 18 which appeared to be from the floor finish. These floor finishes should be replaced with a suitable non-permeable and slip resistant floor finish (9.2.2 in the Report)	12 weeks	Both carpet change to altro within 12 weeks. The floor will be replace on 7 th of November 2014.

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	Restated Requirement	Timescale	Details Of Action Taken By Registered Person (S)
2	Regulation 14 (2)(a),(c) 27 (2)(q)	Ensure that the following window restrictors are replaced with a restrictor which allows a window opening of no more than 100mm and cannot be overridden by a patient: 1 st floor lounge 1 st floor landing (front of house) Bedrooms 15, 16, 17, 18, 19, 23 & 25.. (9.3.2 in the Report)	8 weeks	All these window restrictors will be replace on 6 th of November 2014 . The opening of the window will be in accordance to the 100mm guidelines.

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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)
3	Regulation 14 (2)(a),(c) 27 (2)(q)	Confirmation should be provided to RQIA, that a current certificate (in accordance with BS7671 'Requirements for electrical installations') is in place for the home's fixed electrical installation. Any remedial works required as a result of this inspection should also have been completed and the certificate should state that the installation is in a 'satisfactory' condition (9.3.3 in the Report)	8 weeks	Certificate has been forwarded via email to Gavin Doherty at RQIA
4	Regulation 14 (2)(a),(c)	A risk assessment for the 'control of Legionella bacteria within the home's hot and cold water systems' was undertaken in September 2013 and was available for inspection. The registered manager should carry out a review of this risk assessment and ensure that adequate control measures have been implemented and are being maintained within the home. (9.3.4 in the Report)	12 weeks	A copy of the risk assessment for Legionella indicator carried out by the Clearflow Water Management on 23/7/2014 is available for inspection or can be forwarded if needed . The findings shows a low Legionella Bacterium in water system and no recommendations made. A routine twice weekly checks on all water taps and shower heads particularly in bathrooms/shower rooms seldom used is carried out by the handyman. A record of the risk assessment is maintain and review on regular basis to ensure adequate measure are

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				being met to prevent Legionella Bacterium.
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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)
5	Regulation 27(4)(a)	Ensure that the significant findings identified in the most recent fire risk assessment are fully implemented within the stated timescales and signed-off accordingly. (9.4.2 in the Report)	As stipulated in the fire risk assessment	Finding have all been sign off accordingly. All future report will be address immediately.
6	Regulation 27(4)(d)(iv)	Ensure that the In-house checks for the fire alarm and detection system, the emergency lighting installation and the portable fire-fighting equipment are carried out in accordance with current best practice guidance. <ul style="list-style-type: none">• Fire Alarm & Detection System (BS5839)• Emergency Lighting Installation (BS5266)• Fire Fighting Equipment (BS5306) (9.4.3 in the Report)	Immediate & On-going	New handyman is now in place we make sure all checks are up to date and will be carried accordingly.
7	Regulation 27(4)(e)	The most recent fire safety training was provided in the home on 28 January 2014. It is essential that all staff undertake this training as part of their induction training and that it is then repeated twice every year. (9.4.4 in the Report)	Immediate & On-going	Fire safety training is updated to twice a year. The next date of the Ffire training will be on 25 th of November 2014.

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