

# Announced Premises Inspection Report 28 April 2016



## Richmond Nursing Home

19 Seafront Road, Cultra, BT18 0BB  
Tel No: 028 9042 6558  
Inspector: Colin Muldoon

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced premises inspection of Richmond Nursing Home took place on 28 April 2015 from 10:00 to 15:00hrs.

### Is care safe?

On the day of the inspection the premises supported the delivery of safe care. However, some issues were identified for attention by the registered person. Refer to section 4.3

### Is care effective?

On the day of the inspection the premises supported the delivery of effective care.

### Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care.

### Is the service well led?

On the day of the inspection the management of the premises was considered to be well led. However, one issue was identified for attention by the registered person. Refer to section 4.6

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015:

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	5

Details of the QIP within this report were discussed with Mrs Sharon Bryans (Registered Responsible Person and Registered Manager) and Mr Jeremy Bryans (Administrator) as part of the inspection process. The timescales for completion commence from the date of inspection.

## 1.2 Actions/enforcement taken following the most recent premises inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

## 2.0 Service Details

<b>Registered organisation/registered person:</b> Richmond Nursing Homes Ltd Mrs Sharon Ruth Radcliffe-Bryans	<b>Registered manager:</b> Mrs Sharon Ruth Radcliffe-Bryans
<b>Person in charge of the home/establishment/agency at the time of inspection:</b> Mrs Sharon Bryans	<b>Date manager registered:</b> 01 April 2005
<b>Categories of care:</b> NH-I, NH-PH, NH-PH(E), NH-TI	<b>Number of registered places:</b> 35

## 3.0 Methods/processes

Prior to inspection the following records were analysed: Previous premises inspection report, statutory notifications over the past 12 months, duty call log.

During the inspection the inspector spoke to Mrs Sharon Bryans (Registered Responsible Person and Registered Manager) and Mr Jeremy Bryans (Administrator).

The following records were examined during the inspection: Copies of service records and in-house log books relating to the maintenance and upkeep of the building and engineering services, legionellae risk assessment, fire risk assessment.

## 4.0 The Inspection

### 4.1 Review of requirements and recommendations from the previous inspection dated 21 April 2016

The previous inspection of the establishment was an unannounced care inspection. The draft report on that inspection contains one requirement and one recommendation.

## 4.2 Review of requirements and recommendations from the last estates inspection dated 18 April 2013

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 14(2)(c)  <b>Stated:</b> Second time	<p>A suitable and sufficient legionella risk assessment must be carried out. The outcome of the assessment should be a scheme for the effective control of legionella.</p> <p>The responsible person must ensure that the scheme is fully implemented.</p> <p>Reference should be made to HSE document L8 <i>Legionnaires' disease. The control of legionella bacteria in water systems</i> and Health Technical Memorandum 04-01 <i>The control of Legionella, hygiene, "safe" hot water, cold water and drinking water system.</i></p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>A legionella risk assessment was carried out by a specialised contractor in June 2013. There are arrangements in place towards the control of legionella.</p> <p>Refer also to section 4.3 item 1 and recommendation 1 in Quality Improvement Plan.</p>	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 27(2)(c)  <b>Stated:</b> Second time	<p>The thermostatic mixing valves should be maintained in accordance with the manufacturer's guidance.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>There were recent service records for the thermostatic mixing valves. The service sheets state that the mixing valves comply fully with DoH guidance on the control of legionella and safe hot water temperatures and cold failure testing.</p> <p>Refer also to section 4.3 item 2.</p>	
<b>Requirement 3</b>  <b>Ref:</b> Regulation 14(2)(a)  <b>Stated:</b> First time	<p>Patient accessible hot water must be controlled to safe temperatures.</p> <p>Reference should be made to Health Guidance Note '<i>Safe' hot water and surface temperatures.</i></p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The home has thermostatic mixing valves installed which have been maintained and water temperature checks are carried out quarterly.</p>	

<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 27(2)(c) 27(2)(q)</p> <p><b>Stated:</b> First time</p>	<p>The lift must be thoroughly examined every six months in accordance with the Lifting Operations and Lifting Equipment Regulations (NI) 1999.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A report dated April 2016 on a thorough examination of the lift confirmed that the lift was safe to use. Refer to section 4.3 item 3 and recommendation 2 in Quality Improvement Plan.</p>	<p><b>Met</b></p>
<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulation 27(2)(b)</p> <p><b>Stated:</b> First time</p>	<p>The following maintenance issues require to be addressed:</p> <p>The carpet in the smaller front sitting room has been laid in strips. In places the joins are becoming worn. The condition of the carpet must be monitored and action taken before it becomes a hazard.</p> <p>There is a large chest freezer in the kitchen. The lid of the freezer appears to be used as a working surface. It has become worn and requires to be suitably refinished and protected.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Both these matters have been addressed. New carpet has been laid in the sitting room and dining room.</p>	<p><b>Met</b></p>
<p><b>Requirement 6</b></p> <p><b>Ref:</b> Regulation 27(4)(d)(iv)</p> <p><b>Stated:</b> First time</p>	<p>The emergency lights must be maintained in accordance with good practice. Reference should be made to BS 5266.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> There were records of the emergency lights being function tested and maintained.</p>	<p><b>Met</b></p>

<p><b>Requirement 7</b></p> <p><b>Ref:</b> Regulation 27(4)(d)(i) 27(4)(c)</p> <p><b>Stated:</b> First time</p>	<p>All fire and final exit doors should be periodically checked for correct operation. On the day of inspection the following doors were observed to require adjustment so that they provide an effective fire seal:</p> <p>The double doors in the main hall at the bottom of the stairs have an excessive gap at the meeting edge.</p> <p>The landing door at the top of the main stairs is not closing tight to the stops.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Addressed. There were records of daily and weekly checks of the correct functioning of fire doors.</p> <p>Refer also to section 4.3 item 4.</p>	<p><b>Met</b></p>
<p><b>Requirement 8</b></p> <p><b>Ref:</b> Regulation 27(4)(b)</p> <p><b>Stated:</b> First time</p>	<p>It must be ensured that aerosols, flammables and combustibles are correctly stored away from sources of ignition.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>There was no inappropriate storage observed during the inspection.</p>	<p><b>Met</b></p>
<p><b>Requirement 9</b></p> <p><b>Ref:</b> Regulation 27(4)(d)(i)</p> <p><b>Stated:</b> First time</p>	<p>It must be ensured that the automatic closer on the door of room 12 is repaired.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Addressed.</p>	<p><b>Met</b></p>
<p><b>Previous Inspection Recommendations</b></p>		<p><b>Validation of Compliance</b></p>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 36</p> <p><b>Stated:</b> First time</p>	<p>Consideration should be given to the recommendations made by the fire alarm service contractor.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The report on the last service of the fire alarm system is dated 28 April 2016. There were no adverse comments.</p>	<p><b>Met</b></p>

### 4.3 Is care safe?

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this premises inspection.

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape.

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment which was carried out by a risk assessor holding professional body registration for fire risk assessors. This supports the delivery of safe care.

A number of issues were however identified for attention during this premises inspection. These are detailed in the 'areas for improvement' section below.

#### Areas for improvement

1. The legionella risk assessment did not appear to recommend when a review should be carried out. This was discussed and the inspector drew attention to documents published by the Health and Safety Executive since 2013 which provide guidance on the application of the code of practice for the control of legionella including measures particularly relevant to care homes.

The administrator informed the inspector that since the legionella risk assessment was carried out the cold water storage tanks have been disconnected and that all cold water is now from mains supply. The administrator also confirmed that there are arrangements in place for the flushing of little used outlets but that this isn't recorded.  
Refer to recommendation 1 in Quality Improvement Plan.

2. The recent (25/04/2016) service records for the thermostatic mixing valves show that the unit in the ground floor shower was not able to be fail safe tested. The manager and administrator confirmed that they were aware of this and that arrangements have been made to rectify the matter within two weeks.
3. The report on the April 2016 thorough examination of the lift, although confirming the lift was safe to use, included a schedule of defects which require attention. This was discussed with the manager and administrator who informed the inspector that plans were being made to upgrade the lift although this may not happen for some months.  
Refer to recommendation 2 in Quality Improvement Plan.
4. Random fire doors were reviewed during the walk round. It was found that the door to the hairdressing room was automatically closing but not tight to the stops. The administrator undertook to have this rectified within one week.

5. During the walk round some issues which may affect resident safety were identified and discussed with the manager and administrator. In room 8 the current layout of the furniture means that the nurse call lead may present a tripping hazard. In some rooms the tall furniture is not secured to the wall. There were some freestanding oxygen cylinders in the main corridor outside the ground floor clinical room (understood to be empties awaiting collection).  
Refer to recommendation 3 in Quality Improvement Plan.
6. There were Gas Safe certificates for the gas installations. Only Part 1 (of 2) of the certificate dated 26 April 2016 for the catering installation was available for inspection. This part of the certificate confirms that no warning notices were issued but did identify some matters requiring attention.  
Refer to recommendation 4 in Quality Improvement Plan.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>4</b>
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**4.4 Is care effective?**

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the premises.  
This supports the delivery of effective care.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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**4.5 Is care compassionate?**

The areas of the premises reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit.  
This supports the delivery of compassionate care.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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**4.6 Is the service well led?**

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.  
This supports a well led service.



One issue was however identified for attention during this premises inspection. This is detailed in the 'areas for improvement' section below.

### Areas for improvement

1. There is currently no system in place for checking on the issue of relevant safety alerts issued by the Northern Ireland Adverse Incident Centre.  
Refer to recommendation 5 in Quality Improvement Plan.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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## 5.0 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Sharon Bryans (Registered Responsible Person and Registered Manager) and Mr Jeremy Bryans (Administrator) as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/manager meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 5.3 Actions taken by the registered manager/registered person

The QIP should be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person should review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP should be returned to [estates.mailbox@rqia.org.uk](mailto:estates.mailbox@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 44</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 28 May 2016 and Ongoing</p>	<p>The advice of the legionella risk assessor should be sought and followed regarding a review of the legionella risk assessment and scheme of control.</p> <p>It should be ensured that all actions and monitoring measures relating to the control of legionella are recorded.</p> <p>Reference should be made to the control of legionella code of practice L8 and the supporting document HSG274 Part 2.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> Recording System now in place.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 44</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> Ongoing</p>	<p>It should be ensured that the defects identified in the report on the latest LOLER thorough examination of the lift are addressed within timescales acceptable to the lift examiner.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> This is addressed on an ongoing basis.</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 44</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> Immediate and ongoing</p>	<p>The following issues should be reviewed and the necessary action taken to minimise risks to residents:</p> <ul style="list-style-type: none"> <li>• Tripping hazard in room 8</li> <li>• The security of tall furniture e.g. wardrobes</li> <li>• The storage of oxygen cylinders awaiting collection.</li> </ul> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> All issues addressed with immediate effect.</p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 44</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 28 May 2016</p>	<p>The second part of the Gas Safe certificate relating to the catering installation should be obtained. It should be ensured that the installation and appliances are safe to use and arrangements made to address issues identified.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> Estates Inspector viewed the Gas Safe Certificate on 9 May 2016.</p>

<b>Recommendation 5</b>  <b>Ref:</b> Standard 47  <b>Stated:</b> First time  <b>To be Completed by:</b> Ongoing	A system should be established for a responsible person to visit the Northern Ireland Adverse Incident Centre (NIAIC) website weekly and action any relevant safety alerts. Guidance on this can be found on RQIA website. <a href="http://www.rqia.org.uk/cms_resources/Letter%20Re%20MDEA.pdf">http://www.rqia.org.uk/cms_resources/Letter%20Re%20MDEA.pdf</a>		
	<b>Response by Registered Manager Detailing the Actions Taken:</b> There is already a system in place for this as evidenced by Inspection on 21 April 2016.		
<b>Registered Manager Completing QIP</b>	Sharon Radcliffe-Bryans	<b>Date Completed</b>	06/06/16
<b>Registered Person Approving QIP</b>	Sharon Radcliffe-Bryans	<b>Date Approved</b>	06/06/16
<b>RQIA Inspector Assessing Response</b>	C Muldoon*	<b>Date Approved</b>	30/06/16*

*\*Please ensure this document is completed in full and returned to [estates.mailbox@rqia.org.uk](mailto:estates.mailbox@rqia.org.uk) from the authorised email address\**

\*Some items require clarification or follow up



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