



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:	18062
Establishment ID No:	1398
Name of Establishment:	Ben Madigan Care Home, Newtownabbey
Date of Inspection:	20 May 2014
Inspector's Name:	K. Monaghan

1.0 GENERAL INFORMATION

Name of Home:	Ben Madigan Care Home
Address:	36 Mill Road Newtownabbey BT36 7BH
Telephone Number:	028 90 86 07 87
Registered Organisation/Provider:	Mrs. Caroline Denny, Priory Care Homes Number 2 Ltd.
Registered Manager:	Miss Amanda Mitchell
Person in Charge of the Home at the time of Inspection:	Miss Amanda Mitchell, Registered Manager
Other person(s) present during inspection:	Mr. Paul Adair, Maintenance
Type of establishment:	Nursing Home (NH)
Categories of Care:	NH-I, NH-PH, NH-PH(E), NH-DE, NH-TI
Conditions of Registration:	A maximum of 34 patients within category of care NH-DE and located within the Dementia Unit.
Number of Registered Places:	64
Date of previous Estates inspection:	23 June 2011
Date and time of inspection:	20 May 2014 (10:25am. – 12:50pm.)
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 include the following:

1. Discussions with Miss Amanda Mitchell, Registered Manager and Mr. Paul Adair who is responsible for the ongoing maintenance of the premises
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 the inspection the Inspector spoke to Miss Amanda Mitchell, Registered Manager and Mr. Paul Adair who is responsible for the ongoing maintenance of the premises.

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

Ben Madigan Care Home is a new purpose built, two storey, detached, private nursing home. The home was constructed as a replacement for the original Ben Madigan Nursing Home.

The home offers bright and spacious accommodation for 64 patients. Hillview House is situated on the ground floor and provides accommodation for 30 patients who require nursing care (NH) within the categories of I old age, not falling within any other category, PH and PH(E) physical disability under and over the age of 65 and TI terminally ill. Seaview House is situated on the first floor and provides accommodation for 34 patients who require nursing care in the category of dementia (De).

The bedrooms are all single rooms with en suite shower facilities. Each has been furnished with a profiling bed and a range of furniture providing storage for patients' personal possessions.

There are sitting rooms and dining rooms located throughout the home. The main sitting rooms look out on to the enclosed garden situated at the front of the building. Patients can access the garden from the ground floor.

8.0 SUMMARY

During this Estates inspection a number of issues were identified for attention. Following this Estates Inspection of Ben Madigan Care Home in Newtownabbey on 20 May 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 Miss Amanda Mitchell, Registered Manager and Mr. Paul Adair who is responsible for the ongoing maintenance of the premises, throughout the inspection process.

9.0 INSPECTION FINDINGS

9.1	Recommendations and requirements from previous Estates inspection on 23 June 2011
9.1.1	It is good to report that most of the issues included in the Quality Improvement Plan for the previous Estates inspection that was carried out on 23 June 2011 had been addressed. There were however two issues that required further attention. The following should be noted with regard to the issues included in the Quality Improvement Plan for the previous Estates inspection that was carried out on 23 June 2011:
9.1.2	The water temperatures at the controlled hot water outlets are checked on a quarterly basis. Any issues identified for attention are dealt with on a response maintenance basis. A quotation had been obtained for the servicing of the thermostatic mixers although this work had not yet been approved for completion. The arrangements for the ongoing maintenance of the thermostatic mixers should be reviewed against the manufacturer's instructions and the current guidance in relation to safe hot water and the ongoing maintenance of thermostatic mixers. The outcome of this review and the proposed action following this review should be confirmed to RQIA. Reference should be made to item 1 in the Quality Improvement Plan.
9.1.3	It is good to report that the emergency lights had been numbered to facilitate the ongoing monthly checking. The final exit doors had not however been numbered although these are checked as part of the procedure for completing the weekly tests to the fire alarm. The main switchgear store should be kept free of all storage. Reference should be made to item 5 in the Quality Improvement Plan.
9.1.4	The above issues are restated where appropriate in the relevant sections of the attached Quality Improvement Plan.
9.2	<p>Standard 32 – Premises and grounds</p> <p><i>The premises and grounds are safe, well maintained and remain suitable for their stated purpose</i></p>
9.2.1	It is good to report that the home was warm and clean. Although the standard of décor was generally acceptable a major refurbishment programme of work was scheduled to commence at the end of May 2014. This work will be carried out having regard to current good practice for dementia friendly environments. No issues were identified for attention in relation to this standard during this Estates inspection. This is to be commended.

9.0 INSPECTION FINDINGS CONTINUED

9.3	<p>Standard 35 - Safe and healthy working practices</p> <p><i>The home is maintained in a safe manner</i></p>
9.3.1	<p>It is good to report that an inspection of the home was carried out by the Health and Safety Executive on 29 April 2014 with a satisfactory outcome. This is to be commended.</p>
9.3.2	<p>A number of issues were identified for attention in relation to this standard as follows:</p>
9.3.3	<p>A risk assessment for the prevention or control of legionella bacteria in the water systems was completed on 20 September 2012. The report for this risk assessment indicated that the overall risk was low. Records were presented to indicate that the showers were being disinfected on a quarterly basis, the water systems were being inspected by a specialist company every six months, the water temperatures at the sentinel outlets were being checked each month and there was a procedure in place for the ongoing flushing of any water outlet that is not in frequent use. One issue was identified for attention in relation to the prevention or control of legionella bacteria in the water systems during this Estates inspection. This related to a small section of 'dead leg' plumbing pipework in the kitchen staff changing/locker room where the toilet had been removed. This 'dead leg' pipework should be removed. Reference should be made to item 2 in the Quality Improvement Plan.</p>
9.3.4	<p>The service reports for the bedpan washer/disinfectors were not presented for review during this Estates inspection. Subsequent to this Estates inspection a copy of the service report for one of these bedpan washer/disinfectors was received by RQIA. In addition Miss Mitchell, Registered Manager also confirmed that the other bedpan washer/disinfector had been taken out of service and disconnected with all dead legs removed and standing water drained.</p>
9.3.5	<p>The report for the most recent thorough examination of the passenger lift was not presented for review during this Estates inspection. Subsequent to this Estates inspection a copy of this report was received by RQIA. No issues were identified for attention in this report. This is to be commended. The reports for the most recent service and thorough examination of the goods lift should also be followed up and retained in the home available for future inspections. Reference should be made to item 3 in the Quality Improvement Plan.</p>

9.0 INSPECTION FINDINGS CONTINUED

9.3	Standard 35 - Safe and healthy working practices continued
9.3.6	Electric panel heaters had been installed in a small number of bedrooms at the end of the corridors. Although these were fixed in position, it was not clear if these heaters were the low surface temperature type. A sample check to one of these heaters indicated that the surface temperature was not excessively hot. Subsequent to this Estates inspection, Miss Mitchell, Registered Manager confirmed to RQIA that a check had been carried out to these heaters and the surface temperature does not exceed 30°C which is well within the guidelines for safe surface temperatures.
9.3.7	The most recent thorough examinations of the patient lifting equipment were carried out on the 29 January 2014 (slings) and on the 30 January 2014 (hoists). No issues were identified for attention in the reports for these thorough examinations. The reports for these thorough examinations should contain all of the information set out in Schedule 2 of the Lifting Operations and Lifting Equipment (Northern Ireland) 1999 Regulations. Reference should be made to item 3 in the Quality Improvement Plan.
9.3.8	The electrical equipment was inspected and tested on 30 June 2013. The fixed wiring installation had also been inspected and tested recently. Miss Mitchell, Registered Manager advised that the report for this inspection and test to the fixed wiring installation was pending and no major issues had been identified for attention. This report should be followed up and retained in the home available for future inspections.
9.3.9	During the review of the external areas to the premises it was noted that two access chamber covers in the side path were sitting proud of the path surface. Subsequent to this Estates inspection RQIA received confirmation from Miss Mitchell, Registered Manager that this issue had been addressed.
9.3.10	The linen store at bedroom 15 on the ground floor should be kept in a tidy condition. Items of storage should not be placed on the floor. Reference should be made to item 4 in the Quality Improvement Plan.
9.3.11	The above issues where appropriate are detailed in the section of the attached Quality Improvement Plan entitled 'Standard 35 - Safe and healthy working practices'.

9.0 INSPECTION FINDINGS CONTINUED

9.4	<p>Standard 36 – Fire Safety</p> <p><i>Fire safety precautions are in place that reduce the risk of fire and protect patients, staff and visitors in the event of fire.</i></p>
9.4.1	<p>Fire drills were carried out on 15 May 2014 (daytime) and 16 May 2104(nighttime). Miss Mitchell, Registered Manager confirmed that the e - learning fire safety training for all staff was up to date and fire Marshal training for the nurses whose duties include being in charge of the home had been arranged for 21 May 2014.</p>
9.4.2	<p>A number of issues were identified for attention in relation to this standard as follows:</p>
9.4.3	<p>A comprehensive fire risk assessment was completed for the home by an independent Fire Safety Advisor on 30 August 2012. This fire risk assessment had also been reviewed in-house on 28 February 2014. Miss Mitchell, Registered Manager advised that there was only one issue that had still to be addressed in relation to the fire risk assessment. This related to the smoking sealing of the lift. The proposals in relation to addressing this issue should be confirmed to RQIA. In addition it is recommended that the annual reviews of the fire risk assessment should be carried out by a person or a company certified by a third party UKAS accredited certification body or a person who is registered with one of the fire safety professional bodies. Reference should be made to correspondence issued by RQIA to all Registered Persons on 13 January 2013 and the following guidance contained therein:</p> <p>http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf</p> <p>http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf</p> <p>Reference should be made to items 6 and 9 in the Quality Improvement Plan.</p>

9.0 INSPECTION FINDINGS CONTINUED

9.4	Standard 36 – Fire Safety continued
9.4.4	The door to one of the offices at the main entrance foyer was wedged open. Fire doors should not be wedged open. Miss Mitchell, Registered Manager confirmed that this doors and a small number of other doors had been identified for the installation of appropriate hold open devices linked to the fire detection and alarm system. The installation of these devices should be completed as soon as possible. In the meantime these doors should not be wedged open. Reference should be made to item 6 in the Quality Improvement Plan.
9.4.5	The door to the communication equipment store in the bar theme room should be kept locked. It is recommended that this store should not be used for the storage of combustible items. It is also recommended that a fire detector should be installed in the small store in the centre stair. The fire stopping at the steel wire armored electrical cable in the plant room opposite bedroom 21 should be checked and improved if required. Reference should be made to items 7 and 8 in the Quality Improvement Plan.
9.4.6	The gap between the meeting edges of the double doors to the lounge at bedroom 26 on the ground floor was not fully smoke sealed. The door to the dining room opposite bedroom 41 on the first floor also required adjustment to improve the effectiveness of the smoke sealing. Reference should be made to item 7 in the Quality Improvement Plan.
9.4.7	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 Miss Amanda Mitchell, Registered Manager and Mr. Paul Adair who is responsible for the ongoing maintenance of the premises, 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**

Estates Officer



The **Regulation** and
Quality Improvement
Authority

QUALITY IMPROVEMENT PLAN

- for -

ANNOUNCED ESTATES INSPECTION

- to -

BEN MADIGAN CARE HOME, NEWTOWNABBEY RQIA ID 1398

- on -

20 MAY 2014

QIP Position Based on Comments from Registered Persons			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.	√	√	–	K. Monaghan	29 October 2014
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	22 July 2014

NOTES:

The details of the quality improvement plan were discussed with Miss Amanda Mitchell, Registered Manager and Mr. Paul Adair who is responsible for the ongoing maintenance of the premises, 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	Amanda Mitchell
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	

Announced Estates Inspection to Ben Madigan Care Home, Newtownabbey RQIA ID 1398 on 20 May 2014 - (K. Monaghan)

Assurance, Challenge, Improvement in Health and Social Care

The following requirements 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)
1.	Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)	The arrangements for the ongoing maintenance of the thermostatic mixers should be reviewed against the manufacturer's instructions and the current guidance in relation to safe hot water and the ongoing maintenance of thermostatic mixers. The outcome of this review and the proposed action following this review should be confirmed to RQIA. Reference should be made to paragraphs 9.1.2 in the Report.	1 Month	Reviewed with Estates team . Thermostatic valves are automatically replaced with a new valve if faulty . The checks of the valves are maintained by the maintenance person and any faults the valves are replaced.
Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
2.	Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)	The small section of 'dead leg' plumbing pipework in the kitchen staff changing/locker room should be removed. Reference should be made to paragraphs 9.3.3 in the Report.	1 Month	This has been removed

Announced Estates Inspection to Ben Madigan Care Home, Newtownabbey RQIA ID 1398 on 20 May 2014 - (K. Monaghan)

Assurance, Challenge, Improvement in Health and Social Care

The following requirements 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.	Regulations 14(2)(a) 14(2)(c) 27(2)(c)	The reports for the most recent service and thorough examination of the goods lift should be followed up and retained in the home available for future inspections. The reports for the thorough examinations to the patient lifting equipment should contain all of the information set out in Schedule 2 of the Lifting Operations and Lifting Equipment (Northern Ireland) 1999. Reference should be made to paragraphs 9.3.5 and 9.3.7 in the Report.	1 Month & Ongoing	The report for the goods lift is available in the home .The reports for the patient lifting equipment contains the information as set out in schedule 2 of the Lifting Operations and Lifting Equipment (NI)1999
4.	Regulations 13(7)	The linen store at bedroom 15 on the ground floor should be kept in a tidy condition. Items of storage should not be placed on the floor. Reference should be made to paragraph 9.3.10 in the Report.	Ongoing	These items have been removed and this will be monitored by Laundry Staff on a daily basis

Announced Estates Inspection to Ben Madigan Care Home, Newtownabbey RQIA ID 1398 on 20 May 2014 - (K. Monaghan)

Assurance, Challenge, Improvement in Health and Social Care

The following requirements 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)
5.	Regulations 27(4)(b)	The main switchgear store should be kept free of all storage. Reference should be made to paragraph 9.1.3 in the Report.	Ongoing	The items have been removed and this will be monitored by Maintenance man and manager .
Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
6.	Regulations 27(4)(a) 27(4)(b) 27(4)(c) 27(4)(d)(i)	The proposals to address the issue in relation to smoke sealing the lift should be confirmed to RQIA. Fire doors should not be wedged open. Reference should be made to paragraphs 9.4.3 and 9.4.4 in the Report.	1 Month & Ongoing	In relation to smoke sealing the lift this is currently being addressed and will be completed with the refurbishment of the home. Appropriate Door guards have been ordered on 12th June and are awaiting delivery . Fire doors are not wedged open .

Announced Estates Inspection to Ben Madigan Care Home, Newtownabbey RQIA ID 1398 on 20 May 2014 - (K. Monaghan)

Assurance, Challenge, Improvement in Health and Social Care

Announced Estates Inspection to Ben Madigan Care Home, Newtownabbey RQIA ID 1398 on 20 May 2014 - (K. Monaghan)

Assurance, Challenge, Improvement in Health and Social Care

The following requirements 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)
7.	Regulations 27(4)(a) 27(4)(b)	The fire stopping at the steel wire armored electrical cable in the plant room opposite bedroom 21 should be checked and improved if required. The gap between the meeting edges of the double doors to the lounge at bedroom 26 on the ground floor should be fully smoke sealed. The smoke sealing to the door to the dining room opposite bedroom 41 on the first floor should be improved. The door to the communication equipment store in the bar theme room should be kept locked. Reference should be made to paragraphs 9.4.5 and 9.4.6 in the Report.	1 Month & Ongoing	<p>The fire stopping in plant room has been checked no action required.</p> <p>The double doors to the lounge were adjusted and 10mm smoke seals were replaced to close gaps.</p> <p>The door to the dining room opposite room 41 has been refitted.</p> <p>The communication equipment store is now locked.</p>

Announced Estates Inspection to Ben Madigan Care Home, Newtownabbey RQIA ID 1398 on 20 May 2014 - (K. Monaghan)

Assurance, Challenge, Improvement in Health and Social Care

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

Item	Standard Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
8.	Standard 36.2	It is recommended that the communication equipment store in the bar theme room should not be used for storage of combustible items. It is also recommended that a fire detector should be installed in the small store in the centre stair. Reference should be made to paragraph 9.4.5 in the Report.	Ongoing	The storage has been removed from the communication equipment store in the Bar themed room .

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

Announced Estates Inspection to Ben Madigan Care Home, Newtownabbey RQIA ID 1398 on 20 May 2014 - (K. Monaghan)

Assurance, Challenge, Improvement in Health and Social Care

Item	Standard Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
9.	Standard 36.1	<p>It is recommended that the annual reviews of the fire risk assessment should be carried out by a person or a company certified by a third party UKAS accredited certification body or a person who is registered with one of the fire safety professional bodies. Reference should be made to correspondence issued by RQIA to all Registered Persons on 13 January 2013 and the following guidance contained therein:</p> <p>http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf</p> <p>http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf</p> <p>Reference should be made to paragraph 9.4.3 in the Report.</p>	Ongoing	<p>The annual review of fire risk assessment has been carried out by company certified Health and Safety Advisor Steve Rowland on 29th May 2014 His qualifications are Nottingham & Trent University Diploma in Health, safety and Environmental Management (includes Fire Safety) Lancashire Fire services College - Advanced Fire Risk Assessment Oxford Fire College - Fire Risk Assessment n Hospital and care Settings</p> <p>Maintenance staff attended the "H&S for Maintenance" course that the H&S team teach. This course which includes a section on Fire Risk Assessment and the annual review.</p>

Announced Estates Inspection to Ben Madigan Care Home, Newtownabbey RQIA ID 1398 on 20 May 2014 - (K. Monaghan)

Assurance, Challenge, Improvement in Health and Social Care