

# Announced Premises Inspection Report 14 July 2016



## Bramblewood Care Centre

**Type of Service: Nursing Home**

**Address: 201 Gransha Road, Bangor, BT19 7RB**

**Tel No: 028 9145 4357**

**Inspector: C Muldoon**

## 1.0 Summary

An announced premises inspection of Bramblewood Care Centre took place on 14 July 2016 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 provider. 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. 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>	4	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Jacqueline Bowen (Registered Manager), 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 provider:</b> Burnview Healthcare Ltd	<b>Registered manager:</b> Ms Jacqueline Bowen
<b>Person in charge of the home at the time of inspection:</b> Ms Jacqueline Bowen	<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 met with Ms Jacqueline Bowen (Registered Manager).

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 most recent inspection dated 01/06/2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the specialist inspector. This QIP will be validated by the specialist inspector at their next inspection

#### 4.2 Review of requirements and recommendations from the last premises inspection dated 12/09/2013

Last premises inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 27.-(2)(c) <b>Stated:</b> First time	It should be confirmed that there are arrangements in place which ensure that the portable electrical appliances are maintained in a safe condition.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Portable electrical appliances were inspected in February 2016.	
<b>Requirement 2</b> <b>Ref:</b> Regulation 27.-(2)(c) and (q) <b>Stated:</b> First time	In relation to the gas laundry equipment it must be ensured that a valid Gas Safe certificate is obtained which verifies that the appliance and its associated pipework installation are in a safe and satisfactory condition.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was a current certificate of gas installation compliance for the laundry equipment.	
<b>Requirement 3</b> <b>Ref:</b> Regulation 14.-(2)(c) <b>Stated:</b> First time	In relation to the control of legionella it should be confirmed that all the necessary remedial work identified in the risk assessment has been addressed and that the ongoing control and monitoring measures are in line with the scheme for the control of legionella.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> The legionella risk assessment was reviewed in June 2015. There are records of the action taken to address issues identified during this review. There are records of actions and monitoring measures in place towards the control of legionella. Refer also to section 4.3 item 1 and requirement 1 in Quality Improvement Plan.	

<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 14.-(2)(c)</p> <p><b>Stated:</b> First time</p>	<p>It should be confirmed that the hot water from baths and showers is being checked for safe temperature at least monthly.</p> <p><b>Action taken as confirmed during the inspection:</b> There is a procedure to check the safe temperature of water from outlets accessible to residents. Refer also to section 4.3 item 2 and requirement 2 in Quality Improvement Plan.</p>	<p><b>Partially Met</b></p>
<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulation 27.-(4)(a)</p> <p><b>Stated:</b> First time</p>	<p>The issues identified in the fire risk assessment must be fully addressed in accordance with the action plan.</p> <p><b>Action taken as confirmed during the inspection:</b> A further review of the fire risk assessment was carried out by an accredited fire risk assessor in July 2015. The overall risk was considered to be tolerable although the assessor included an action plan of issues requiring attention. Refer also to section 4.3 item 3 and requirement 3 in Quality Improvement Plan.</p>	<p><b>Partially Met</b></p>
<p><b>Requirement 6</b></p> <p><b>Ref:</b> Regulation 27.-(4)(e)</p> <p><b>Stated:</b> First time</p>	<p>Arrangements should be made for all staff to receive fire safety information, instruction and training in accordance with NIHTM84 and the fire risk assessor's recommendations.</p> <p><b>Action taken as confirmed during the inspection:</b> The arrangements for staff to receive fire training appear to have lapsed and some staff may not be up to date. Refer also to section 4.3 item 3 and Requirement 3 in Quality Improvement Plan.</p>	<p><b>Not Met</b></p>

Last premises inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 32 <b>Stated:</b> First time	It is recommended that the thermostatic mixing valves are serviced in accordance with the manufacturer's instructions.	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> There are no arrangements for thermostatic mixing valves to be maintained. Refer also to section 4.3 item 2 and requirement 2 in Quality Improvement Plan.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 36 <b>Stated:</b> First time	Staff attendance at practice fire drills should be recorded and managed to ensure all staff participate.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> Although some fire drills have occurred over the last few months it could not be confirmed that all staff have participated. Refer also to section 4.3 item 3 and requirement 3 in Quality Improvement Plan.	
<b>Recommendation 3</b> <b>Ref:</b> Standard 36 <b>Stated:</b> First time	A copy of the fire action plan should be posted at the fire panel.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was a generic fire action notice posted near the front entrance. Following the inspection the manager confirmed that a fire action notice for staff had been placed at the fire panel.	

**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. There are actions and monitoring procedures in place towards the control of legionella. The records indicate that some may require review. For example, the flushing routine may not be at a frequency recommended in good practice and may not include all seldom used outlets.  
Refer to requirement 1 in Quality Improvement Plan.
2. The records indicate that not all outlets in resident areas of the home are being included in checks of safe water temperatures. There are no arrangements for the thermostatic mixing valves to be maintained. The current guidance (HSG274 Part 2) supporting the code of practice for the control of legionella (L8) sets out the requirement to maintain thermostatic mixing valves.  
Refer to requirement 2 in Quality Improvement Plan.
3. Whilst the fire risk assessor considered the overall fire risk to be tolerable he did include an action plan of issues which required attention. Some of the issues raised during this inspection relate to the risk assessors action plan and include the performance of fire doors and fire training.  
The corridor fire doors in the home are of two leaves with rebated meeting edges and in order to provide an effective fire seal each set of doors must close in the correct sequence. On the day of inspection it was found that the closing sequence was not working correctly on a number of door sets. This was discussed with the manager who subsequently confirmed on the day following the inspection that, where possible, the necessary adjustments had been made and that, where necessary, new parts had been ordered. The records indicate that not all staff are up to date with fire safety training. The manager undertook to address this.  
Whilst fire drills have been carried out it could not be confirmed that all staff have participated. This was discussed with the manager who undertook to immediately begin a program of drills.  
Refer to requirement 3 in Quality Improvement Plan.
4. There was a Gas Safe certificate dated June 2016 for the boilers. The certificate confirmed that the appliances were safe to use but also included a risk warning.  
Refer to requirement 4 in Quality Improvement Plan.
5. Records relating to the maintenance of the emergency lighting by a contractor in June 2016 were presented for review. The records indicate that some faulty fittings were found and that the luminaires were not tested for their full rated duration. The manager informed the inspector that arrangements were in hand to replace faulty fittings. There were no records presented in relation to the monthly function testing of the emergency lights.  
Refer to recommendation 1 in Quality Improvement Plan.

6. The nurse call system was checked by a contractor in November 2015. The in-house system for carrying out periodic function tests has lapsed.  
Refer to recommendation 2 in Quality Improvement Plan.

<b>Number of requirements</b>	<b>4</b>	<b>Number of recommendations:</b>	<b>2</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.

Service users are consulted about decisions around décor and the private accommodation where appropriate.  
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.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Jacqueline Bowen (Registered Manager) as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises, 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 provider meets legislative requirements based on 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 provider may enhance service, quality and delivery.

## 5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to [Estates.Mailbox@rqia.org.uk](mailto:Estates.Mailbox@rqia.org.uk) for assessment 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 provider 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 provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 13.-7 14.-(2)(c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 14 August 2016 and ongoing</p>	<p>The legionella risk assessment and the scheme for the control of legionella should be revisited to ensure that all necessary repairs, actions and monitoring measures have or are being implemented. Reference should also be made to the document HSG274 Part 2.</p> <p><b>Response by registered provider detailing the actions taken:</b> A certificate of works completed has been provided by Hc_one which states all remedial work is completed from the last legionella risk assessment .</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 14.-(2)(a) and (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 14 August 2016</p>	<p>In relation to both the control of legionella and the provision of safe hot water the thermostatic mixing valves should be maintained in accordance with HSG274 Part 2. The arrangement for verifying the performance of the thermostatic mixing valves should be reviewed to ensure that all outlets accessible to residents are included in the periodic checks of safe water temperatures.</p> <p><b>Response by registered provider detailing the actions taken:</b> Monthly monitoring and recording of the water temperatures is completed by the maintenance man. This record is retained in the home. Any irregularities are reported and actioned immediately. The company plumber will do an annual check as well</p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 27.-(4)(a) 27.-(4)(c) and (d)(i) 27.-(4)(e) 27.-(4)(f)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate and by 14 August 2016</p>	<p>The action plan arising from the last fire risk assessment should be reviewed and any outstanding issues addressed.</p> <p>All fire doors should be checked for correct operation and any necessary repairs carried out.</p> <p>All staff should be given appropriate fire safety instruction and training from a competent person at least twice a year. Reference should be made to NIHTM84.</p> <p>It should be ensured that all staff participate in practice fire drills which are in accordance with the fire plan. The drills should confirm that an effective evacuation can be carried out at any time.</p> <p>The fire risk assessment should be reviewed. The action plan arising from the review should be actioned within timescales acceptable to the risk assessor. RQIA recommend that the person carrying out the review of the fire risk assessment should hold professional body registration or third party certification for fire risk assessment and be registered accordingly with the relevant body.</p>

	<p>Reference should be made to correspondence issued by RQIA to all registered homes on 31 January 2013 and 02 April 2015 and the guidance contained in:  <a href="http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf">http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf</a>  <a href="http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf">http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf</a></p> <p><b>Response by registered provider detailing the actions taken:</b>  all corridor doors were checked following the inspection and any remedial work undertaken as required. The fires doors are included in the weekly fire safety check  fire drills are held in the home on a monthly basis . The dates of the fire drills are rotated to incorporate all staff groups. Staff have completed fire training on the computer . This will be followed up during the fire drills  Two external companies have been asked to quote for providing a Fire risk assessment and competent persons fire training. It is hoped this will be completed in the next 3 to 4 weeks</p>
<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 27.-(2)(q)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 14 August 2016</p>	<p>The risk warning in the Gas Safe certificate for the boilers should be followed up and actioned as necessary.</p> <p><b>Response by registered provider detailing the actions taken:</b>  Work will be completed in September. We are currently waiting on a second opinion from a different company called Heat Boss. They did a survey on 25.08.16</p>
<p><b>Recommendations</b></p>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 48</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 14 August 2016</p>	<p>It should be confirmed that the emergency lighting is capable of operating to its rated duration.  The emergency lighting should be function tested monthly in accordance with good practice.  Reference should be made to BS5266.</p> <p><b>Response by registered provider detailing the actions taken:</b>  all remedial work required to the emergency lighting has been completed . The function of the emergebcy lighting is checked on a monthly basis and the records retained in the home</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> 14 August 2016</p>	<p>The procedure for carrying out periodic function tests of the nurse call system should be reinstated.</p> <p><b>Response by registered provider detailing the actions taken:</b> this has been commenced on a monthly basis. A documented record of checks on the nurse call is kept in the home</p>
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*\*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\**



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