



The Regulation and  
Quality Improvement  
Authority

Inspector: Kieran Monaghan  
Inspection ID: IN021650

The Beeches Nursing Home  
RQIA ID: 1057  
9-11 Lurgan Road  
Aghalee  
BT67 0DD

Tel: 028 92 65 22 33  
Email: james@thebeechesltd.com

---

**Announced Estates Inspection**

**of**

**The Beeches Professional & Therapeutic Services  
Nursing Home, Aghalee**

**09 June 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An announced estates inspection took place on 09 June 2015 from 10:35am. to 1:10pm. Overall on the day of the inspection the premises supported the delivery of safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Care Standards for Nursing Homes April 2015.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

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

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	7	0

The details of the QIP within this report were discussed with Mr. James Brian Wilson, Registered Responsible Person, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Responsible Individual:</b> Mr. James Brian Wilson, The Beeches Professional & Therapeutic Services Ltd	<b>Registered Manager:</b> Mrs. Carmel Nelson
<b>Person in Charge of the Home at the Time of Inspection:</b> Mr. Jeevan Thomas, Staff Nurse	<b>Date Manager Registered:</b> 9 March 2007
<b>Categories of Care:</b> NH-LD, NH-LD(E)	<b>Number of Registered Places:</b> 36
<b>Number of Patients Accommodated on Day of Inspection:</b> 33	<b>Weekly Tariff at Time of Inspection:</b> £600.00 - £1,200.00

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous Estates inspection and to determine if the following standards have been met:

### Standard 44: Premises

### Standard 47: Safe and Healthy working Practices

### Standard 48: Fire Safety

## 4. Methods/Process

Specific methods/processes used in this inspection included the following:

Prior to the inspection an overview of the recent notified incidents was carried out. The issues included in the Quality Improvement Plan for the previous Estates inspection that was carried out on 04 September 2012 were also reviewed during this Estates inspection.

During the inspection, the inspector did not meet with patients, care staff, support staff, visiting professionals or patient's visitors/representatives.

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, etc.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of this home was an unannounced secondary care inspection on 20 January 2015. The completed QIP for this inspection was returned to RQIA on 25 February 2015 and approved by the care inspector on 03 March 2015.

## 5.2 Review of Requirements and Recommendations from the last Estates Inspection on 04 September 2012

Previous Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p>Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(q)</p>	<p>The record for the monthly checks to the water temperatures at the hot water outlets accessible to the patients indicated that one of the showers required attention to reduce the blended hot water temperature to a maximum of 41°C. A check should be carried out to ensure that this issue has been addressed.</p> <hr/> <p><b>Action taken as confirmed during this inspection:</b> Monthly checks to the water temperatures are carried out and any issues identified for attention are followed up.</p>	<b>Met</b>
<p><b>Requirement 2</b></p> <p>Ref: Regulations 14(2)(a) 14(2)(c)</p>	<p>The method of controlling the window openings should be reviewed to ensure that the restrictors are sufficiently robust. Any improvements identified by this review should then be implemented. Reference should be made to the recent correspondence from RQIA in relation to this issue.</p> <hr/> <p><b>Action taken as confirmed during this inspection:</b> The method of controlling the window openings had been reviewed. The robustness of the window controls could however be further improved. This issue should be revisited and the existing window controls should be strengthened as required. Reference should be made to the correspondence from RQIA and the information provided by the Health and Safety Executive in relation to this issue, available via the following links:</p> <p><a href="http://www.rqia.org.uk/cms_resources/window%20restrictors.pdf">http://www.rqia.org.uk/cms_resources/window%20restrictors.pdf</a></p> <p><a href="http://www.hse.gov.uk/healthservices/falls-windows.htm">http://www.hse.gov.uk/healthservices/falls-windows.htm</a></p> <p>Reference should be made to requirement 1 in the attached Quality Improvement Plan.</p>	<b>Partially Met</b>

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 3</b>  <b>Ref:</b> Regulation 27(2)(c)	The frequency for the thorough examinations to the patient's hoists should be checked to ensure that it is based on a six monthly cycle.	<b>Met</b>
	<b>Action taken as confirmed during this inspection:</b> The frequency for the thorough examinations to the patient's hoists is based on a six monthly cycle. A separate record is kept for the lifting equipment for each patient. The most recent thorough examinations were carried out on 08 December 2014 and 03 June 2015.	
<b>Requirement 4</b>  <b>Ref:</b> Regulation 27(4)(f)	It was good to note that fire drills were being carried out on a regular basis and records were available to support this activity. The time to evacuate stated on each of the fire drill record sheets should however be reviewed to establish if this relates to the time to evacuate a zone or the time for the total evacuation of the premises. This should then be checked against the evacuation details set out in the emergency fire plan for the home.	<b>Met</b>
	<b>Action taken as confirmed during this inspection:</b> The most recent fire drill was carried out on 07 May 2015. The total time for the drill was noted on the fire drill record sheets.	

#### Standard 44: Premises

##### Is Care Safe? (Quality of Life)

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this Estates inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. This supports the delivery of safe care.

##### Is Care Effective? (Quality of Management)

A range of accommodation, facilities and support services is provided in the premises. This supports the delivery of effective care.

### Is Care Compassionate? (Quality of Care)

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

Two issues were identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

#### Areas for Improvement

1. The shower trolley in the ground floor shower room was not in good condition. Mr. Wilson however removed this during the Estates inspection. Mr. Wilson also confirmed that a new floor covering would also be fitted in bedroom 25 following the recent remedial works to the floor.
2. The woodwork in some areas required attention due to impact damage. The standard of décor to the woodwork should be reviewed and a programme of redecoration should be drawn up. Details for this programme of work should be provided to RQIA. Reference should be made to requirement 2 in the attached Quality Improvement Plan.

<b>Number of Requirements</b>	<b>1</b>	<b>Number Recommendations:</b>	<b>0</b>
-------------------------------	----------	--------------------------------	----------

## 5.3 Standard 47: Safe and Healthy Working Practices

### Is Care Safe? (Quality of Life)

A range of documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this Estates inspection. This supports the delivery of safe care.

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

### Is Care Effective? (Quality of Management)

The nature and needs of the patients are considered as part of the risk assessment processes and this is reflected in the management of the home. This supports the delivery of effective care.

### Is Care Compassionate? (Quality of Care)

There are health and safety procedures and control measures in place which support the delivery of compassionate care.

## Areas for Improvement

1. The minimum temperature of the unblended hot water in the plumbing systems should be 55°C. A basic schematic drawing for the water systems in the premises should also be obtained. In addition the thermostatic mixing valves should be serviced and maintained in accordance with the manufacturer's recommendations and the current guidance from the Health and Safety Executive. Reference should be made to requirement 3 in the attached Quality Improvement Plan.
2. A record for the twice weekly flushing of the water outlets that are not in frequent use was not presented for review during this Estates inspection. Subsequent to this Estates inspection RQIA received confirmation from Mr. Wilson that home had no infrequently used outlets but they currently had two empty bedrooms which will be placed on a temporary schedule for twice weekly flushing while they are unoccupied. The maintenance requirements for the water filters in the boiler rooms were not clear. Subsequent to this Estates inspection RQIA received confirmation from Mr. Wilson that these water filters are maintained by a plumbing contractor and the filters are changed every six months.
3. A water hygiene risk assessment was completed on 11 October 2013. A check should be carried out to ensure that the issues identified for attention in the report for this risk assessment have been fully addressed. The frequency for checking the water storage tanks should also be reviewed to ensure that this is in line with the current guidance from the Health and Safety Executive. Reference should be made to requirement 4 in the attached Quality Improvement Plan.
4. The next inspection and test for the electrical equipment should be followed up. Reference should be made to requirement 5 in the attached Quality Improvement Plan.
5. The 2015 record for the quarterly descaling, cleaning and disinfection of the showers was not presented for review during this Estates inspection. Subsequent to this Estates inspection Mr. Wilson provided a copy of this record. This indicated that the showers were descaled, cleaned and disinfected on 27 February 2015.
6. The passenger lift was serviced on 27 May 2015. The report for this service included a recommendation to renew the car door sill. The current position in relation to this issue should be confirmed to RQIA. Reference should be made to requirement 5 in the attached Quality Improvement Plan.
7. The cupboard adjacent to the staff toilet should be kept locked. Reference should be made to requirement 5 in the attached Quality Improvement Plan.

<b>Number of Requirements</b>	<b>3</b>	<b>Number Recommendations:</b>	<b>0</b>
-------------------------------	----------	--------------------------------	----------

## 5.4 Standard 48: Fire Safety

### Is Care Safe? (Quality of Life)

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. This supports the delivery of safe care.

A number of issues were identified for attention during this Estates inspection. This is detailed in the 'areas for improvement' section below.

### Is Care Effective? (Quality of Management)

The standard used by the registered persons 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 patients, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment. This supports the delivery of effective care.

### Is Care Compassionate? (Quality of Care)

The standard used by the registered persons to determine the extent of fire safety protection measures that are appropriate for the premises recognises the need to maintain a homely, non-institutionalised environment. This supports the delivery of compassionate care.

### Areas for Improvement

1. The fire detection and alarm system and the emergency lights were inspected and tested on 14 April 2015. Completion of the remedial works identified in relation to the emergency lighting should be confirmed to RQIA. Reference should be made to requirement 6 in the attached Quality Improvement Plan.
2. Subsequent to this Estates inspection a copy of the record for the monthly checks to the first aid fire-fighting equipment was forward to RQIA by Mr. Wilson.
3. The ceiling in the boiler room in the ground floor extension should be fire stopped in the corner at the copper pipe. Reference should be made to requirement 6 in the attached Quality Improvement Plan.
4. The need for a fire blanket in a readily accessible position in close proximity to the area used for smoking should be reviewed with the fire risk assessor. Reference should be made to requirement 6 in the attached Quality Improvement Plan.
5. The fire risk assessment was completed on 06 October 2014. The action plan in this risk assessment should be updated to reflect the current position for each item. In addition the plans for installing any remaining self-closing/hold open devices on the bedroom doors in accordance with the guidance from the Northern Ireland Fire and Rescue Service should be confirmed to RQIA. Reference should be made to requirement 7 in the attached Quality Improvement Plan.



## Areas for Improvement Continued

6. Fire warden training was provided on 27 November 2013 and in-house general fire safety training was provided in January, April and May 2015. The method of delivering the fire safety training should be reviewed. This review should focus on the benefits of using a fire safety specialist to deliver this training. The outcome of this review should be confirmed to RIQA. Reference should be made to requirement 7 in the attached Quality Improvement Plan.
7. The door between the kitchen and the dining room should not be wedged open. Reference should be made to requirement 6 in the attached Quality Improvement Plan.

<b>Number of Requirements</b>	<b>2</b>	<b>Number Recommendations:</b>	<b>0</b>
-------------------------------	----------	--------------------------------	----------

### 5.5 Additional Areas Examined

No additional areas were examined during this Estates inspection.

## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr. James Brian Wilson, Registered Responsible Person, 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.

### 6.1 Statutory Requirements

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

### 6.2 Recommendations

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

### 6.3 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 responsible 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) 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 weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered persons from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered persons with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulations 14(2)(a) 14(2)(c)</p> <p><b>Stated:</b> Second Time</p> <p><b>To be Completed by:</b> 07 August 2015</p>	<p>The robustness of the window controls should be further improved. Reference should be made to the correspondence from RQIA and the information provided by the Health and Safety Executive in relation to this issue, available via the following links:</p> <p><a href="http://www.rqia.org.uk/cms_resources/window%20restrictors.pdf">http://www.rqia.org.uk/cms_resources/window%20restrictors.pdf</a></p> <p><a href="http://www.hse.gov.uk/healthservices/falls-windows.htm">http://www.hse.gov.uk/healthservices/falls-windows.htm</a></p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> The fixtures will be adapted to ensure an improved fit with the existing window frame and the fixing screws will be replaced with a tamperproof type.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 27(2)(d)</p> <p><b>Stated:</b> First Time</p> <p><b>To be Completed by:</b> 10 September 2015</p>	<p>The standard of décor to the woodwork should be reviewed and a programme of redecoration should be drawn up. Details for this programme of work should be provided to RQIA.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> Woodwork has been reviewed and prioritised for replacement/redecoration. This will begin immediately. A detailed programme will be attached to the supplementary correspondence to the inspector.</p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)</p> <p><b>Stated:</b> First Time</p> <p><b>To be Completed by:</b> 10 July 2015</p>	<p>The minimum temperature of the unblended hot water in the plumbing systems should be 55°C. A basic schematic drawing for the water systems in the premises should also be obtained. In addition the thermostatic mixing valves should be serviced and maintained in accordance with the manufacturer's recommendations and the current guidance from the Health and Safety Executive.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> The water temperatures will be monitored to ensure compliance with regulation. An M&amp;E Consultant will be retained to produce a schematic drawing. We can confirm that the thermostatic mixing valves are serviced annually and will attach a letter from the plumbing engineer to our supplementary correspondence to the inspector.</p>

## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)</p> <p><b>Stated:</b> First Time</p> <p><b>To be Completed by:</b> 07 August 2015</p>	<p>A check should be carried out to ensure that the issues identified for attention in the report for the water risk assessment that was completed on 11 October 2013 have been fully addressed. The frequency for checking the water storage tanks should also be reviewed to ensure that this is in line with the current guidance from the Health and Safety Executive.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> We have discussed the items with the plumbing engineer and can confirm that the items will be addressed urgently. We have reviewed the most recent HSE guidance in regard to cold water systems (HSG274 Part 2 Published 2014) and can confirm that we comply with the recommended frequency for cold water storage inspection.</p>
<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulation 27(2)(c)</p> <p><b>Stated:</b> First Time</p> <p><b>To be Completed by:</b> Ongoing</p>	<p>The next inspection and test for the electrical equipment should be followed up. The recommendation in relation to renewing the lift car door sill should also be followed up. The cupboard adjacent to the staff toilet should be kept locked.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> The 5 yearly periodic electrical inspection will be carried out on schedule in 2016. The lift sill issue has been followed up with the maintenance company. A lock has now been fitted to the cupboard.</p>
<p><b>Requirement 6</b></p> <p><b>Ref:</b> Regulations 27(4)(b) 27(4)(d)(i) 27(4)(d)(iv)</p> <p><b>Stated:</b> First Time</p> <p><b>To be Completed by:</b> 10 July 2015 &amp; ongoing</p>	<p>Completion of the remedial works identified in relation to the emergency lighting should be confirmed to RQIA. The need for a fire blanket in a readily accessible position in close proximity to the area used for smoking should be reviewed with the fire risk assessor. The ceiling in the boiler room in the ground floor extension should be fire stopped in the corner at the copper pipe. The door between the kitchen and the dining room should not be wedged open.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> The remedial items have been agreed with electrical contractor and will be actioned prior to the next quarterly inspection. A fire blanket has been fitted to the smoking shelter. Kitchen staff have been reminded of the need to strictly adhere to all fire regulations.</p>

## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 7</b></p> <p><b>Ref:</b> Regulations 27(4)(b) 27(4)(c)</p> <p><b>Stated:</b> First Time</p> <p><b>To be Completed by:</b> 07 August 2015</p>	<p>The action plan in the fire risk assessment that was completed on 06 October 2014 should be updated to reflect the current position for each item. In addition the plans for installing any remaining self-closing/hold open devices on the bedroom doors in accordance with the guidance from the Northern Ireland Fire and Rescue Service should be confirmed to RQIA. The method of delivering the fire safety training should be reviewed. This review should focus on the benefits of using a fire safety specialist to deliver this training. The outcome of this review should be confirmed to RIQA.</p>
--	--

**Response by Registered Manager Detailing the Actions Taken:**  
The FRA action plan will be revised to the recommended format. We have reviewed our Fire Awareness training and the outcome of this review will be addressed in the supplementary correspondence to the inpector.

<b>Registered Manager Completing QIP</b>	Carmel Nelson	<b>Date Completed</b>	24/07/15
<b>Registered Person Approving QIP</b>	James Wilson	<b>Date Approved</b>	24/07/15
<b>RQIA Inspector Assessing Response</b>	Kieran Monaghan	<b>*Date Approved</b>	06/10/2015

\* Clarification or follow up required on some items.

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