



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No:	17979
Establishment ID No:	1062
Name of Establishment:	Beverly Lodge Private Nursing Home
Date of Inspection:	29 July 2014
Inspector's Name:	Colin Muldoon

1.0 GENERAL INFORMATION

Name of Home:	Beverly Lodge Private Nursing Home
Address:	186a Bangor Road, Newtownards BT23 7PH
Telephone Number:	028 91 82 3573
Registered Organisation/Provider:	Ashdon Care Ltd Mr J Cole
Registered Manager:	Ms Janet Davison
Person in Charge of the Home at the time of Inspection:	Ms Janet Davison
Other person(s) consulted during inspection:	Mr Jim Cole
Type of establishment:	Nursing Home
Number of Registered Places:	43
Categories of Care	NH-DE
Date of inspection:	29 July 2014 10.00 – 13.30
Date of previous Estates inspection:	12 April 2011
Name of Inspector:	Colin Muldoon

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes.

This is a report of an announced inspection to assess the quality of the premises and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. The report details the extent to which the standards measured during inspection were met.

3.0 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the premises and grounds were safe, well maintained and remain suitable for their stated purpose in compliance with legislative requirements and current minimum standards. This was achieved through a process of evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards.

The aims of the inspection were to examine the estates related policies, practices and monitoring arrangements for the provision of Nursing Homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- Nursing Homes Minimum Standards (DHSSPS, 2008)

Other published standards which guide best practice may also be referenced during the Inspection process.

4.0 METHODS/PROCESS

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

- Discussion with Mr Jim Cole and Ms Janet Davison.
- Examination of records
- Inspection of the home internally and externally. Patients' private bedrooms were only inspected when unoccupied and permission was granted.
- 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 Mr Jim Cole and Ms Janet Davison.

6.0 INSPECTION FOCUS

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Nursing Homes Minimum Standards and to assess progress with the issues raised during and since the previous inspection:

Standards inspected:

- Standard 32 - Premises and grounds
- Standard 35 - Safe and healthy working practices
- Standard 36 - Fire Safety

7.0 PROFILE OF SERVICE

Beverly Lodge is a purpose built single storey nursing home set on a generous site on the edge of Newtownards town. The home is accessed from the main Newtownards to Bangor road which is a public transport route.

Resident accommodation is all in single bedrooms and there are a number of living and dining rooms. There are communal toilets and bathrooms off the main corridors. Residents have easy access to an enclosed garden area. There is good car parking space at the front of the home.

8.0 SUMMARY

There was good evidence of maintenance activities and the home was well presented. It is good to note that recent improvements have included the upgrade of the fire alarm system, the fitting of automatic closers to bedroom doors and the fitting of new carpet to the main corridor.

In general the building appeared to be in satisfactory condition although some matters relating to the environment were identified. Therefore, following the Estates Inspection of Beverly Lodge Private Nursing Home on 29 July 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 10 requirements and 1 recommendation. These are outlined in the Quality Improvement Plan appended to this report.

The Estates Inspector would like to acknowledge the assistance of Mr Jim Cole and Ms Janet Davison during the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from previous inspection

It is good to note that action has been taken on issues raised in the report of the previous Estates inspection on 21 November 2011.

9.2 **Standard 32 - Premises and grounds** - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

9.2.1 The last Gas Safe report for the kitchen appliances and installation advised that an interlock system should be fitted. Mr Cole confirmed that this work will be completed within the next couple of weeks.

9.2.2 During the walk round it was observed that some opening windows were unrestricted.
(Item 1 in Quality Improvement Plan)

9.2.3 There are arrangements in place for the thermostatic mixing valves to be serviced, cleaned and set. This should be updated to include a test of the fail safe feature and the whole procedure should be reviewed to ensure it is in line with the manufacturer's instructions.
(Item 2 in Quality Improvement Plan)

9.2.4 On the day of inspection the available LOLER (Lifting Operations and Lifting Equipment Regulations (NI) 1999) certificate was dated 28 January 2014 with a next due date of 27 July 2014. The inspection scheduled for July was carried out on 30 July and the resulting certificate was forwarded to the inspector on 08 August 2014. This certificate indicates that one hoist did not pass the LOLER inspection.
(Item 3 in Quality Improvement Plan)

These issues are detailed in the section of the attached Quality Improvement Plan entitled Standard 32 – Premises and grounds.

9.3 Standard 35 - Safe and healthy working practices - *The home is maintained in a safe manner*

- 9.3.1 The home has a current legionella risk assessment. The legionella control actions in place at present may not be fully in line with current good practice and the scheme of maintenance set out in the risk assessment. For example, there is no flushing of infrequently used water outlets such as the male staff shower, the recording of water temperatures has lapsed and the disinfection of shower heads is not recorded. The risk assessment, including the scheme of maintenance it contains, should be revisited and the current control actions reviewed. Reference should also be made to the most current guidance on legionella control including the Health and Safety Executive document HSG 274 Part 2 (2014) – *the control of legionella bacteria in hot and cold water systems*. (Item 4 in Quality Improvement Plan)

These issues are detailed in the section of the attached Quality Improvement Plan entitled 'Standard 35 - Safe and healthy working practices

9.4 Standard 36: Fire safety - *Fire safety precautions are in place that reduce the risk of fire and protect patients, staff and visitors in the event of fire.*

- 9.4.1 The fire risk assessment available on the day of inspection was dated January 2013. The inspector was informed that a further assessment was carried out in January 2014 and this copy was subsequently emailed to the inspector on 04 August 2014. The 2014 assessment was carried out by an accredited fire risk assessor who considered the overall risk to be moderate. The fire safety of the home is currently being enhanced with the installation of closers to bedroom doors and the upgrade of the fire detection and alarm installation to an addressable system. The inspector was informed that arrangements have been made for the fire risk assessor to review the assessment on completion of these works within the next few weeks. (Item 5 in Quality Improvement Plan)
- 9.4.2 There are arrangements in place for the fire alarm system to be tested weekly. The procedure should be reviewed to ensure that all the call points in the home are identified and tested in rotation. (Item 6 in Quality Improvement Plan)
- 9.4.3 Although there were no current records Mr Cole confirmed that the emergency lights are being function tested monthly. (Item 7 in Quality Improvement Plan)

- 9.4.4 The laundry has two doors one of which requires adjustment to provide an effective fire seal.
(Item 8 in Quality Improvement Plan)
- 9.4.5 During the walk round it was observed that some of the corridor fire doors require adjustment. In some cases the doors are not closing effectively because they are dragging on the new carpet.
(Item 9 in Quality Improvement Plan)
- 9.4.6 Commissioning documentation in the home relating to the installation of the new fire detection and alarm system indicates that some modifications may be required.
(Item 10 in Quality Improvement Plan)
- 9.4.7 It is understood that practice fire drills are included in the fire safety training sessions. The inspector recommended that additional drills are held to practice unplanned implementation of the emergency plan and to verify the effectiveness of the training.
(Item 11 in Quality Improvement Plan)

These issues are detailed 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 Mr Jim Cole as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the Quality Improvement Plan.

11.0 Enquiries

Enquiries relating to this report should be addressed to:

**Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT**



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

- for -

Announced Estates Inspection

- of -

Beverly Lodge Private Nursing Home

- on -

29 July 2014

QIP Position Based on Comments from Registered Persons (for RQIA use only)		QIP Closed		Estates Officer	Date
		Yes	No		
A.	All items confirmed as addressed.				
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.				
C.	Clarification or follow up required on some items.				

NOTES:

The details of the Quality Improvement Plan were discussed with Mr Jim Cole as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by patients.

The registered provider is required to record comments on the Quality Improvement Plan.

The Quality Improvement Plan is to be completed by the registered provider and registered manager and returned to estates@rqia.org.uk.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Janet davison
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	James Cole

Announced Estates Inspection to Beverly Lodge Private Nursing Home on 29 July 2014

Standard 32 - Premises and grounds

The following requirements and recommendations should be noted for action in relation to Standard 32 - Premises and grounds

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
1	Regulation 14.-(2)(a) 14.-(2)(c)	<p>The safety of the opening windows should be reviewed. The review and subsequent actions should be in line with the safety alert MDEA(NI)2007/100 which says:</p> <p><i>1. All Healthcare organisations should re-visit the guidance on window restrictors contained in HTM 55.</i></p> <p><i>2. A review should be carried out on all installed window restrictors to ensure:</i></p> <ul style="list-style-type: none"> • <i>They meet the restricted opening cited in the HTM;</i> • <i>They are in good working order and have not been damaged or defeated;</i> • <i>Where problems are identified, a programme to repair or replace damaged restrictors is put in place.</i> <p><i>3. Where a single restrictor is fitted, consideration should be given to replacing it and / or fitting a second restrictor on the opposite side of the window if. For example:</i></p> <ul style="list-style-type: none"> • <i>the existing restrictor is assessed as being of inadequate strength for the situation;</i> • <i>the restrictor can be disengaged without the use of a special tool or key;</i> • <i>the maximum opening exceeds 100mm; or</i> • <i>the window is located within a mental health area where it could be subject to physical attack.</i> <p><i>4. Assess the need for window restrictors in those patient locations where none currently exist.</i></p> <p>Reference should be made to Health Technical Memorandum 55. (Item 9.2.2 in report)</p>	1 Month	<p>Safety of window opening reviewed. All windows adhere to the safety alert MDEA (NI) 2007/100</p>

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Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
2	Regulation 27.-(2)(q)	The procedure for servicing the thermostatic mixing valves should be reviewed and if necessary brought into line with the manufacturer's instructions. (Item 9.2.3 in report)	1 Month	Reviewed and in line with manufacturers instructions
3	Regulation 27.-(2)(c)	The hoist which did not pass the last LOLER thorough examination should be taken out of service. (Item 9.2.4 in report)	Immediate	All hoists in service have an appropriate LOLER certificate

Announced Estates Inspection to Beverly Lodge Private Nursing Home on 29 July 2014

Standard 35 - Safe and healthy working practices

The following requirements and recommendations should be noted for action in relation to Standard 35 - Safe and healthy working practices

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
4	Regulation 13.-(7) 14.-(2)(a) and (c)	<p>The legionella risk assessment and the scheme of maintenance it contains should be revisited and the measures for controlling legionella updated and revised as necessary.</p> <p>All actions taken towards the control of legionella should be recorded.</p> <p>The registered person should ensure that the person carrying out the legionella control and monitoring tasks is appropriately instructed, informed and trained.</p> <p>Reference should be made to: Health and Safety Executive document L8 <i>Legionnaires' disease - The control of legionella bacteria in water systems</i> with particular attention to HSG274 Part 2 (2014) and the Department of Health document Health Technical Memorandum 04-01: <i>The control of Legionella, hygiene, "safe" hot water, cold water and drinking water systems.</i> (Item 9.3.1 in report)</p>	1 Month	<p>Legionella risk assessment updated and revised.</p> <p>Legionella risk and control training completed by maintenance person</p>

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Standard 36 - Fire Safety

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

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
5	Regulation 27.-(4)(a)	The registered person must ensure that the fire risk assessment is reviewed and that issues identified in the new assessment are fully addressed. (Item 9.4.1 in report)	1 Month	Fire assessment reviewed and all issues fully addressed
6	Regulation 27.-(4)(d)(v) 19.-2 Schedule 4(14)	The procedure for testing the fire detection and alarm system should be reviewed. It should be ensured that all call points are identified and included in the cycle of testing. Reference should be made to BS5839. Records should be kept of all tests and include the date of the test, the identity of the manual call point used and the result of the test. (Item 9.4.2 in report)	1 Month	Procedure reviewed. All call points identified and included in the cycle of testing. Records kept of all tests.
7	Regulation 19.-2 Schedule 4(14)	It should be ensured that records are kept of all the function tests on the emergency lights. It is recommended that an emergency lighting log book, specific to the premises, should be created and updated in accordance with BS5266 including all tests, servicing, defects and remedial action. (Item 9.4.3 in report)	Ongoing	Logbook implemented and records completed

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Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
8	Regulation 27.-(4)(c) 27.-(4)(d)(i)	The laundry door should be adjusted so that it provides an effective fire seal. (Item 9.4.4 in report).	1 Month	Door adjusted to provide an effective fire seal
9	Regulation 27.-(4)(c) 27.-(4)(d)(i)	A survey should be carried out of all corridor fire doors and the necessary adjustments made so that they operate correctly and close to provide an effective fire seal. (Item 9.4.5 in report)	2 Weeks	Survey completed of all fire doors and the necessary adjustments made
10	Regulation 27.-(4)(b)	The registered person should review the commissioning documentation relating to the new fire detection and alarm system. Any necessary modifications should be carried out and certification obtained which verifies that the installation complies with BS5839. Certification should also be obtained to confirm that the new door control devices comply with BS7273. (Item 9.4.6 in report)	1 Month	Commissioning documentation reviewed. Certificate issued to verify installation complies with BS5839 and BS7273
Item	Standard	Recommendation	Timescale	Details Of Action Taken By Registered Person (S)
11	Standard 36	Fire drills should be held to practice unplanned implementation of the emergency plan and to verify the effectiveness of the training. (Item 9.4.7 in report)	Ongoing	Reflection on training completed at 2 weeks and 6 months post training. Unplanned fire drills being implemented

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Assurance, Challenge and Improvement in Health and Social Care



Quality Improvement Plan sign off sheet for estates inspectors

Name of Home	Beverly Lodge
Date of Inspection	29 July 2014
	C Muldoon

QIP Position Based on Comments from Registered Persons			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.					
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.					
C.	Clarification or follow up required on some items.	√		√	C Muldoon	24/12/2014

Estates Inspection – QIP sign off sheet

Informing and Improving Health and Social Care