



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No: IN018005
Establishment ID No: 1065
Name of Establishment: Bryansburn Care Home
Date of Inspection: 09 October 2014
Inspector's Name: Colin Muldoon

1.0 GENERAL INFORMATION

| | |
|--|--|
| Name of Home: | Bryansburn Care Home |
| Address: | 96 – 100 Bryansburn Road, Bangor. BT20 3RG |
| Telephone Number: | 028 91 275182 |
| Registered Organisation/Provider: | Bryansburn Mr James Kelly Mrs Briege Kelly |
| Registered Manager: | Ms Jaya Kuttippurath |
| Person in Charge of the Home at the time of Inspection: | Ms Jaya Kuttippurath |
| Other person(s) consulted during inspection: | Mr Gavin Kelly |
| Type of establishment: | Nursing Home |
| Number of Registered Places: | 35 |
| Category of Care | NH-DE |
| Date and time of inspection: | 09 October 2014 10.00 – 14.30 |
| Date of previous Estates inspection: | 22 February 2012 |
| 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 Gavin Kelly.
- 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 Registered Provider 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 Gavin Kelly .

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

Bryansburn Care Home is a relatively modern building set in a residential area of Bangor. The home was purpose built and provides accommodation for residents on the ground and first floors.

Each floor has sitting and dining rooms. Bathrooms, shower rooms and toilets are appropriately located throughout the home.

There is a lift to facilitate movement between floors and there is car parking space at the side of the home.

8.0 SUMMARY

There was good evidence of maintenance activities and 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 Bryansburn Care Home on 09 October 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 four requirements. These are outlined in the Quality Improvement Plan appended to this report.

The Estates Inspector would like to acknowledge the assistance of Mr Gavin Kelly during the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from previous Estates inspection on 22 February 2012.

| No | Regulation Ref. | Requirements | Action taken - as confirmed during this inspection | Inspector's Comments |
|----|-----------------------|---|--|---|
| 1 | Regulation 14.-(2)(c) | <p>The provider must arrange for a suitable and sufficient legionella risk assessment to be carried out.</p> <p>From the assessment a written scheme of action must be created and implemented.</p> <p>Records should be kept of all activities relating to the control of legionella. Reference should be made to HTM 04 and HSE document L8. (Item 9.2.2 in report)</p> | <p>The home has a legionella risk assessment which was carried out by Mr G Kelly in June 2012 and subsequently reviewed in August 2014.</p> <p>The assessment confirms there is no dead leg pipework in the home.</p> <p>There were up to date records relating to a scheme being implemented for the control of legionella.</p> | <p>The inspector informed Mr Kelly of the recent publication of updated L8 guidance (HSG274 Part 2 – <i>The control of legionella bacteria in hot and cold water systems</i>)</p> <p>This document provides updated, additional and specific guidance for controlling legionella in care homes.</p> <p>It was agreed that the legionella risk assessment would be reviewed using the guidance in HSG274 Part2.</p> <p>It was agreed that a procedure for flushing infrequently used outlets would be introduced. (Item 1 in Quality Improvement Plan)</p> |
| 2 | Regulation 27.-(2)(c) | <p>The provider must arrange for the thermostatic mixing valves to be maintained and the fail safe tested in accordance with the manufacturer's instructions.</p> | <p>There are records of regular checks of resident accessible water outlets to confirm that the blended water temperature is safe. However, there are no arrangements for servicing the thermostatic mixing valves.</p> | <p>The maintenance of the thermostatic mixing valves was discussed.</p> <p>The latest Health and Safety Executive guidance on hot and cold water systems (HSG274 Part 2) provides guidance on TMV's and notes that they should</p> |

| | | | | |
|---|-----------------------|--|---|--|
| | | (Item 9.2.3 in report) | | be serviced to maintain protection against scald risk and for the control of legionella. (Item 2 in Quality Improvement Plan) |
| 3 | Regulation 27.-(2)(s) | The contingency plans which would allow the home to operate in the event of breakdown of essential utility services should be finalised. (Item 9.2.4 in report) | Arrangements have been put in place. | N/A |
| 4 | Regulation 27.-(2)(c) | The provider must arrange for the test and inspection of portable electrical appliances to be brought up to date. (Item 9.2.5 in report) | The test and inspection of portable electrical appliances last took place in September 2014. | N/A |
| 5 | Regulation 14.-(2)(a) | The provider must ensure that all wardrobes are stable and secure. (Item 9.2.6 in report) | It was confirmed to the inspector that all wardrobes have been secured. The inspector checked random samples during the walk round. | N/A |
| 7 | Regulation 27.-(4)(e) | The provider must make arrangements for all staff to receive fire safety information, instruction and training in accordance with NIHTM84. (Item 9.4.2 in report) | The inspector was provided with documentation relating to fire safety training which was led by a specialist contractor. The records indicate that all staff attended within the last few months. It is understood that the contractor also provided fire warden training for 13 staff including all nursing staff on night duty. | N/A |

| | | | | |
|---|-----------------------|--|---|-----|
| 8 | Regulation 27.-(4)(f) | The provider must confirm that all staff on all shifts participate, at least once a year, in fire drills which are in compliance with the fire plan. (Item 9.4.2 in report) | There were records of a number of fire drills having been carried out over the last year including during fire warden training. | N/A |
| 9 | Regulation 27.-(4)(a) | The emergency fire procedure plan should be posted at the fire panel. (Item 9.4.3 in report) | There was a copy of the emergency procedure and the zone plan at the panel. | N/A |

| No | Minimum Standard Ref. | Recommendations | Action Taken – as confirmed during this inspection | Inspector's Comments |
|----|-----------------------|--|--|----------------------|
| 6 | Standard 32. | The records relating to the monitoring of safe hot water should include the actual temperature at each outlet. (Item 9.2.3 in report) | In place. | N/A |

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 electrical installation was tested and inspected on the 16 September 2014. Some remedial work was identified.
(Item 3 in Quality Improvement Plan)

This matter is detailed in the section of the attached Quality Improvement Plan titled '**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 No new issues identified during this inspection

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 During the walk round it was observed that the kitchen and laundry doors were wedged open. The inspector was informed that there is a procedure for staff to close the doors when they leave these rooms.
(Item 4 in Quality Improvement Plan)

This matter is detailed in the section of the attached Quality Improvement Plan titled '**Standard 36 – Fire Safety**'.

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement plan appended to this report were discussed with Mr Gavin Kelly 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.

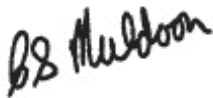
Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by residents.

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**



**Colin Muldoon
Estates Inspector**

6 November 2014

Date



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Announced Estates Inspection

Bryansburn Care Home

09 October 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 Gavin Kelly 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 signed below by the registered provider and registered manager and returned to:

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

SIGNED: _____

SIGNED: _____

NAME: _____
(print) REGISTERED PROVIDER

NAME: _____
(print) REGISTERED MANAGER

DATE: _____

DATE: _____

Announced Estates Inspection to Bryansburn Care Home 09 October 2014

Assurance, Challenge and Improvement in Health and Social Care

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 13.-(7) | <p>The legionella risk assessment should be reviewed using current guidance and good practice.</p> <p>Following the review the scheme for the control of legionella should be revised as necessary. A procedure should be implemented right away to flush infrequently used outlets at least twice a week.</p> <p>Reference should be made to the legionella risk assessment and 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 9.1.1 in report)</p> | 1 Month | |

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| Item | Regulation Reference | Requirements | Timescale | Details Of Action Taken By Registered Person (S) |
|------|-----------------------|--|-----------|--|
| 2 | Regulation 27.-(2)(q) | The thermostatic mixing valves should be maintained in accordance with the manufacturer's instructions. (Item 9.1.2 in report) | 1 Month | |
| 3 | Regulation 27.-(2)(q) | All the remedial work necessary to restore the electrical installation to a satisfactory condition should be completed. (9.2.1 in report) | 1 Month | |

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) |
|------|--|--|-----------|--|
| 4 | Regulation 27.-(4)(c) 27.-(4)(d)(i) | In consultation with the fire risk assessor the arrangements for managing the kitchen and laundry fire doors should be reviewed. The advice of the fire risk assessor should be sought and followed regarding solutions which will not be prone to human error and lapses. (Item 9.4.1 in report) | 1 Month | |

Announced Estates Inspection to Bryansburn Care Home 09 October 2014

Assurance, Challenge and Improvement in Health and Social Care



A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk