



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No: IN018002
Establishment ID No: 1428
Name of Establishment: Braefield Private Nursing Home
Date of Inspection: 07 October 2014
Inspector's Name: Colin Muldoon

1.0 GENERAL INFORMATION

Name of Home:	Braefield Private Nursing Home
Address:	2-6 Carncomb Road, Connor, Ballymena. BT42 3LA
Telephone Number:	028 2589 2233
Registered Organisation/Provider:	Care Circle Ltd Mr Ciaran Sheehan (Responsible Person)
Registered Manager:	Mrs Lesley McKillen
Person in Charge of the Home at the time of Inspection:	Mrs Lesley McKillen
Other person(s) consulted during inspection:	Mrs Nuala Green (Care Circle Director) and Mr Pearse McGarry (Maintenance Officer)
Type of establishment:	Nursing Home
Number of Registered Places:	50
Category of Care	NH-I, NH-DE, NH-PH, NH-PH(E), RC-I
Date and time of inspection:	07 October 2014 10.30 – 15.00
Date of previous Estates inspection:	31 January 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 Mrs Lesley McKillen. Mrs Nuala Green and Mr Pearse McGarry
- 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 Mrs Lesley McKillen, Mrs Nuala Green and Mr Pearse McGarry.

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

Braefield was originally a rectory which has been extended and adapted for its current use as a care home. The home sits on a large and mature site within Connor village. There is car parking space at the front 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 Braefield Private Nursing Home on 07 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 36 - Fire Safety

This resulted in six requirements. These are outlined in the Quality Improvement Plan appended to this report.

The Estates Inspector would like to acknowledge the assistance of Mrs Lesley McKillen, Mrs Nuala Green and Mr Pearse McGarry during the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from previous Estates inspection on 31 January 2012.

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
9.1.1	Regulation 14.-(2)(c)	The legionella risk assessment should be reviewed. The action plan which results from the assessment should be implemented. All actions relating to the prevention of legionella should be recorded.	The home has a legionella risk assessment which was reviewed in 2013. The review did not appear to identify any issues. There was documentation relating to chlorination of the water system in February 2014 and the inspector was informed that the home does not have hot water storage.	There are procedures in place towards the control of legionella. These should be reviewed as the records indicate that, for example, flushing may not be in line with good practice (twice weekly in nursing homes) the flushing routine may not include all infrequently used outlets, sentinel outlet temperatures are not being monitored. (Item 1 in Quality Improvement Plan)
9.1.2	Regulation 27.-(2)(d)	A planned maintenance routine should be established to regularly clean all the ventilation extract grills.	The inspector was informed that this is included in the domestic weekly cleaning schedule.	N/A
9.1.3	Regulation 27.-(2)(b)	The type and condition of window restrictors fitted should be considered in relation to the recent Estates and Facilities Alert - Ref EFA/2012/001	There is documentation relating to a maintenance routine to check window fittings monthly.	N/A

9.1.4	Regulation 27.-(4)(e) 27.-(4)(f)	The arrangements for managing and recording staff attendance at fire safety training should be reviewed to ensure it can be confirmed that all staff participate in training and drills in accordance with NIHTM84.	The fire risk assessor confirms in the fire risk assessment that the last fire safety training was in July 2014. There were records of a number of fire drills having been carried out over the last few months. The manager confirmed to the inspector that she manages and monitors attendance at fire training, which takes place twice a year, and that day and evening sessions are arranged to facilitate attendance.	The outcome of the recent fire drills was discussed and the manager confirmed to the inspector that it was planned to increase the frequency of drills to ensure that all staff are confident in the procedure to be followed.
9.1.5	Regulation 27.-(4)(d)(i)	It was observed that a number of corridor and fire hazard room doors require adjustment. A survey should be carried out of all fire doors and the necessary repairs carried out which will ensure that, under force of the closer, the doors close to form an effective fire seal.	It was confirmed to the inspector that, following the last Estates inspection, all fire doors were checked and adjusted as necessary.	During this inspection it was observed that some fire doors required adjustment to operate correctly and close tight. These included: The double rebated corridor doors at the laundry – door selector not working. Kitchen door Activity room door First floor corridor door between old and new sides of home. (Item 4 in Quality Improvement Plan)
No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Comments
9.1.6	Standard 32.	It is understood that the thermostatic mixing valves have been serviced very recently. It should be confirmed that the maintenance is being	There was documentation to confirm that the thermostatic mixing valves were serviced and tested in April 2014	N/A

		carried out in accordance with the manufacturer's instructions.		
9.1.7	Standard 32.	The report on each thorough examination of the hoists should comply with schedule 1 of the Lifting Operations and Lifting Equipment Regulations (LOLER) (Schedule 1 – Information to be contained in a report of a thorough examination)	There were up to date thorough examination reports and separate service reports for the hoists.	N/A
9.1.8	Standard 32.	It is recommended that the provision of baths and showers in the old part of the home is considered in relation to the current needs of the residents.	No action taken	In the original side of the home there are three traditional baths which, it is understood, are little used and may no longer be suitable for the needs of residents. On the first floor in this side of the home there is also a shower which is no longer used because it is set into a recess and has a step at its entrance. In the ground floor bathroom there is a large area of boast wall tiling. (Item 2 in Quality Improvement Plan)

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 An electrical contractor was on site during the inspection and confirmed that he had carried out a test and inspection of the electrical installation very recently, the report of which was about to be issued to the home.
(Item 3 in Quality Improvement Plan)

These matters are 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 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 The home has a current fire risk assessment which was carried out in July 2014. The assessor considered the overall risk to be tolerable but did identify a number of issues requiring attention. The assessment action plan has been marked up with the issues addressed and on the day of this inspection work was underway to address most of the remaining issues. One significant matter still outstanding relates to the fitting of automatic closers to the doors in the bedroom corridors in the newer part of the home. The Northern Ireland Fire and Rescue Service have an expectation that all such doors in residential care homes are fitted with automatic closers. Reference should be made to the relevant guidance on the RQIA website. This matter, including the merits of swing free closers, was discussed with Mrs McKillen and Mrs Green and it was confirmed to the inspector that work to fit the closers would begin within approximately one month.
(Item 5 in Quality Improvement Plan)

- 9.4.2 There were records relating to the maintenance of the fire detection and alarm system. The records appear to indicate that the resident accessible ground and first floors areas are being maintained with up to date quarterly visits but that the basement level, which contains the staff room, laundry and kitchen may be on a different quarterly program which may not be up to date.
(Item 6 in Quality Improvement Plan)

- 9.4.3 The annual maintenance of the emergency lighting system took place in September 2014. The contractor was on site and confirmed that all remedial works had been carried out except for two fittings for which parts had been ordered.

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement plan appended to this report were discussed with Mrs Lesley McKillen and Mrs Nuala Green 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**



Quality Improvement Plan

Announced Estates Inspection

Braefield Private Nursing Home

07 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 Muldoon	09/03/2015
C.	Clarification or follow up required on some items.					

NOTES:

The details of the Quality improvement Plan were discussed with Mrs Lesley McKillen and Mrs Nuala Green 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	Lesley McKillen
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Ciaran Sheehan

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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 actions being taken towards the control of legionella should be reviewed. The necessary changes should be made which will ensure that a scheme for the effective control of legionella is being fully implemented.</p> <p>A survey should be carried out and arrangements made to remove any redundant pipework and outlets. Reference should also be made to Item 9.1.8 in report section above.</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	<p>Documentation has been expanded to evidence twice weekly flushes as per L8 guidance.</p> <p>Contractor to perform survey and carry out required works.</p> <p>Sentinel checks are being performed at the nearest and furthest points unblended and evidence reflects same.</p>

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Assurance, Challenge and Improvement in Health and Social Care

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
2	Regulation 27.-(2)(c) 27.-(2)(j)	The bath and shower arrangements in the original part of the home should be reviewed in relation to the current needs of the residents and plans made to upgrade the facilities as appropriate. In the ground floor bathroom there is a large area of boast wall tiling which requires attention. (Item 9.1.8 in report)	3 Months	Quotations have been obtained from the plumber and bathroom to be adapted as necessary to meet residents needs. The tiles have been replaced in the ground floor bathroom.
3	Regulation 27.-(2)(q)	It should be ensured that any issues identified in the report on the September 2014 test and inspection of the electrical installation are addressed and that the installation is maintained in satisfactory condition. (9.2.1 in report)	1 Month and ongoing	A written statement has been obtained from electrical contractor to confirm works and maintenance were completed.

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Assurance, Challenge and Improvement in Health and Social Care

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)	A survey should be carried out of all fire doors and the necessary adjustment made which will ensure that they operate correctly and close to provide an effective fire seal. (Item 9.1.5 in report)	1 Month	A secondary fire risk assessment has been carried out by contractor. Doors were adjusted as necessary.
5	Regulation 27.-(4)(c) 27.-(4)(d)(i)	All doors on corridors that serve sleeping accommodation should be 30 minute fire resisting and be fitted with appropriate self-closing devices. Reference should be made to the full text of the NIFRS expectation on the RQIA website. (Item 9.4.1 in report)	3 Months	Doors are 30 minute fire resisting. Work has commenced to upgrade to self closing devices to all bedroom doors in the new side of the building.
6	Regulation 27.-(4)(d)(iv) and (v)	In relation to the maintenance of the fire detection and alarm system it should be confirmed that the entire home is included in the up to date program of quarterly maintenance. (Item 9.4.2 in report)	1 Month	Written statement was obtained from electrical contractor to confirm this is the case.

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Assurance, Challenge and Improvement in Health and Social Care