

**Announced Estates Inspection  
of  
Colinvale Court Nursing Home  
  
18 August 2015**

## 1. Summary of Inspection

An announced estates inspection took place on 18 August 2015 from 10.30 to 15.40. 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 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>	8	0

The details of the QIP within this report were discussed with Mr Raymond Murphy (Responsible Person) and Mr Barry Murphy (Office Manager) as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Mr Raymond Murphy	<b>Registered Manager:</b> Ms Stephanie Shannon
<b>Person in Charge of the Home at the Time of Inspection:</b> Ms Geetha Rajappan	<b>Date Manager Registered:</b> 1 April 2005
<b>Categories of Care:</b> NH-DE	<b>Number of Registered Places:</b> 50
<b>Number of Patients Accommodated on Day of Inspection:</b> 35	<b>Weekly Tariff at Time of Inspection:</b> £583

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous 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 include the following:

Prior to inspection the following records were analysed: previous estates inspection report, and statutory notifications over the past 12 months.

During the inspection the inspector met with Mr Raymond Murphy (Responsible Person), Ms Geetha Rajappan (Officer in Charge) and Mr Barry Murphy (Office 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, and fire risk assessment.

## 5. The Inspection

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

The previous inspection of the home was an unannounced care inspection dated 12 August 2015. A QIP containing one requirement and eight recommendations was issued following this inspection.

## 5.2 Review of Requirements and Recommendations from the Last Estates Inspection on 30 July 2014

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 13.-(7)	<p>It should be confirmed that the issues identified in the last legionella risk assessment as requiring attention have been fully addressed.</p> <p>All actions relating to the control of legionella should be recorded.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The legionella risk assessment has been marked up with the issues identified having been addressed. A specialist contractor carrying out disinfection of the water system as part of the legionella control measures in March 2015 confirmed that the legionella operating procedures complied with the code of practice (L8) for legionella control.</p> <p>There were current records of the actions and monitoring measures being taken towards the control of legionella.</p>	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 13.-(7)	<p>A scheme for the effective control of legionella must be fully implemented.</p> <p>All actions relating to the control of legionella should be recorded.</p> <p>The registered person should ensure that the persons carrying out the legionella control and monitoring measures are given appropriate instruction, information and training.</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></p>	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>There were up to date records of actions and monitoring measures being taken which are in line with a scheme towards the control of legionella.</p>	
<p><b>Requirement 3</b> <b>Ref:</b> Regulation</p>	<p>The thermostatic mixing valves should be serviced, set and tested in accordance with the manufacturer's instructions.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Confirmed on the day of inspection</p>	
<p><b>Requirement 4</b> <b>Ref:</b> Regulation</p>	<p>A competent person should investigate the supply of hot water to all outlets. The temperature of the hot water upstream and downstream of thermostatic mixing valves should be in accordance with good practice for legionella control and safe hot water.</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> and Health Guidance Note 'Safe' hot water and surface temperatures</p>	<p><b>Partially Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>There were up to date records of the checks being carried out to ensure that the water being delivered to the hot taps is at a suitable temperature. There are no periodic checks being carried out to verify that the temperature of the water downstream of the thermostatic mixing valves is at a safe temperature.</p>	

<b>Requirement 5</b>  <b>Ref:</b> Regulation	<p>The natural and artificial light in the rooms in Elm Suite adjacent to the hedge should be reviewed. Appropriate guidance on lighting, such as that issued by the Dementia Services Development Centre, should be obtained and followed.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Confirmed on the day of inspection.</p>	<b>Met</b>
<b>Requirement 6</b>  <b>Ref:</b> Regulation	<p>All staff, including temporary and agency, must be given appropriate information about, and instruction and training in, the fire precautions to be taken in the premises, including the action to be taken in case of fire. The training must be repeated in compliance with the fire plan and at least twice a year.</p> <p>Fire safety information, instruction and training should be provided by a competent person. Reference should be made to NIHTM84. Comprehensive records should be maintained of all activity relating to fire safety training.</p> <p>An urgent action notice relating to this matter was issued on 04 August 2014.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>A training matrix has been developed and is being used to manage staff attendance at fire safety training. The matrix indicated that 90% of staff have had training within the last six months and the inspector was informed that a further training session to bring all staff up to date has been arranged for September.</p>	<b>Met</b>

<p><b>Requirement 7</b></p> <p><b>Ref:</b> Regulation</p>	<p>All staff must participate in practice fire drills which are in compliance with the fire plan and at least once a year.</p> <p>The drills should verify the effectiveness of training and the emergency procedure and that effective evacuation can be carried out at any time.</p> <p>Comprehensive records should be kept of each occasion including the outcome of on-the-spot debriefs. Learning points should be included in fire safety training and reviews of procedures.</p> <p>Reference should be made to the current version of Northern Ireland Firecode document NIHTM84.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>There were records of a number of fire drills having been carried out over the last year and included night duty staff.</p>	<p><b>Met</b></p>
<p><b>Requirement 8</b></p> <p><b>Ref:</b> Regulation</p>	<p>The fire alarm system should be function tested weekly using methods and procedures set out in BS5839.</p> <p>A fire detection and fire alarm log book specific to the home should be created and kept updated with the date of the test, the identity of the manual call point used and the result of the test.</p> <p>It is recommended that the log book is created and maintained in accordance with BS5839</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The fire alarm test points have been identified in the fire alarm test log book for the home and a record of weekly tests is being maintained.</p> <p>(It was confirmed to the inspector that the checks referred to in the records are function tests).</p>	<p><b>Met</b></p>

<p><b>Requirement 9</b></p> <p><b>Ref:</b> Regulation</p>	<p>The emergency lights should be function tested monthly using methods and procedures set out in BS5266.</p> <p>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.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Records of monthly function tests of the emergency lights in all suites are being maintained.</p> <p>(It was confirmed to the inspector that the checks referred to in the records are function tests).</p>	<p><b>Met</b></p>
<p><b>Requirement 10</b></p> <p><b>Ref:</b> Regulation</p>	<p>The emergency fire procedure should be reviewed. Particular attention should be given to making it clear that the NIFRS should be called immediately upon any unplanned activation of the alarm and that there is one procedure for all shifts. The role of the officer in charge should be clarified.</p> <p>The advice of the fire safety advisor should be sought and reference made to the findings and recommendations arising from the Rosepark Inquiry.</p> <p>All staff must be informed of any revisions and trained in the operation of the revised plan. The effectiveness of the training should be confirmed through practice fire drills.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The emergency procedure has been reviewed and a copy posted at the fire panel.</p>	<p><b>Met</b></p>



Previous Inspection Recommendations	Validation of Compliance
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 36</p> <p>The person carrying out the next 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 13 January 2013 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>Action taken as confirmed during the inspection:</b></p> <p>The provider confirmed that they had discussed this recommendation with their fire risk assessor who gave them an assurance that he is fully qualified and compliant. The inspector was unable to confirm the current status of the fire risk assessor on the registers of accredited fire risk assessors.</p>	<p><b>Partially Met</b></p>

## 5.3 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.

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

### 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.

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

### 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.

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

### Areas for Improvement

During the inspection it was found that a window restrictor in Glen suite on the first floor was inoperative and the lock on the door of bedroom three in Elm suite appeared to be faulty.  
(Both rooms are currently vacant).

Refer to Requirement 1 in Quality Improvement Plan.

The frequency of the planned maintenance cleaning routine for the kitchen extract grills should be reviewed.

Refer to Requirement 2 in Quality Improvement Plan

On the day of inspection there were no records available relating to the servicing or LOLER (Lifting Operations and Lifting Equipment Regulations (NI) 1999) thorough examination of the patient hoisting equipment. These records were subsequently provided to the inspector by email on 26 August 2015. Some of the LOLER thorough examination reports show that some hoisting equipment is not safe to operate. This was drawn to the attention of the responsible person on 27 August 2015. On 27 August 2015 the provider confirmed that these hoists were taken out of service.

<b>Number of Requirements</b>	<b>2</b>	<b>Number Recommendations:</b>	<b>0</b>
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## 5.4 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 however 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.

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

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

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

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

### Areas for Improvement

The inspector was informed that there are arrangements for obtaining safety notices. However it may not include all notices relating to Estates issues.

Refer to Requirement 3 in Quality Improvement Plan.

The blended temperature of hot water accessible to residents should be periodically checked to ensure that the thermostatic mixing valves are performing correctly.

Refer to Requirement 4 in Quality Improvement Plan.

<b>Number of Requirements</b>	<b>2</b>	<b>Number Recommendations:</b>	<b>0</b>
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## 5.5 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 however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

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

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 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.

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

### 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.

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

### Areas for Improvement

The fire risk assessment was dated October 2013 and requires to be reviewed.

Refer to Requirement 5 in Quality Improvement Plan.

The recommendations noted in the contractors service sheet during very recent maintenance of the fire detection and alarm system should be followed up.

Refer to Requirement 6 in Quality Improvement Plan.

A vacant bedroom is being used on a temporary basis to gather and rationalise quantities of documentation. Documents are also being stored in a plant room. The advice of the fire safety advisor should be sought and followed regarding any additional fire safety precautions required.

Refer to Requirement 7 in Quality Improvement Plan.

To help ensure patient safety there is a key pad lock fitted to the kitchen door. However, there is no automatic closer on this door. The closer would help ensure that the door automatically closes to provide a fire seal and security.

Refer to Requirement 8 in Quality Improvement Plan.

<b>Number of Requirements</b>	4		0
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## 5.6 Additional Areas Examined

N/A

## Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Raymond Murphy (Responsible Person) and Mr Barry Murphy (Office Manager) 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.

### 5.7 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.

### 5.8 Recommendations

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

### 5.9 Actions Taken by the Registered Persons

The QIP should be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [estates.mailbox@rqia.org.uk](mailto:estates.mailbox@rqia.org.uk) and assessed 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 person/manager 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 person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Statutory Requirements	
<b>Requirement 1</b>  <b>Ref:</b> Regulation 14.-(2)(a) and (c) 27.-(4)(c)  <b>Stated:</b> First time  <b>To be Completed by:</b> Before the rooms are made accessible to patients.	<p>The window restrictor in room 1 Glen Suite and the door lock to bedroom 3 in Elm should be repaired before the rooms are made accessible to patients.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> The window restrictor has been repaired and a new lock fitted to Bedroom 3 in Elm Unit.</p>
<b>Requirement 2</b>  <b>Ref:</b> Regulation 27.-(2)(d)  <b>Stated:</b> First time  <b>To be Completed by:</b> 18 September 2015	<p>The frequency of the planned maintenance cleaning routine for the kitchen extract grills should be reviewed.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> Complete. It's the responsibility of the maintenance officer to clean the extract grills on a quarterly basis. Evidence of this is kept and reviewed in the Estates folder.</p>
<b>Requirement 3</b>  <b>Ref:</b> Regulation 14.-(2)(c)  <b>Stated:</b> First time  <b>To be Completed by:</b> 18 September 2015 and ongoing	<p>Arrangements should be made for a competent person to visit the Northern Ireland Adverse Incident Centre website weekly to identify and action relevant safety alerts. Records should be kept of actions taken.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> NIAIC website is being checked and the Home has incorporated a folder to record and action any alerts that have been identified.</p>
<b>Requirement 4</b>  <b>Ref:</b> Regulation 14.-(2)(a) and (c)  <b>Stated:</b> First time  <b>To be Completed by:</b> 18 September 2015 and ongoing	<p>The temperature of the blended hot water accessible to residents should be regularly monitored to ensure that the thermostatic mixing valves are operating correctly. The temperature obtained at each outlet should be recorded so that temperature drift can be identified.</p> <p>Reference should be made to the Health Guidance Note 'Safe' hot water and surface temperatures.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> A quarterly check on the post TMV temperatures has been initiated in September '15. Evidence of the temperatures taken in each outlet throughout the Home are recorded in the maintenance folder.</p>

<b>Requirement 5</b>  <b>Ref:</b> Regulation 27.-(4)(a)  <b>Stated: First time</b>  <b>To be Completed by:</b> 18 September 2015	<p>The fire risk assessment should be reviewed by a competent person in accordance with NIHTM84.</p> <p>RQIA recommend that the person carrying out the next 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 13 January 2013 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 Manager Detailing the Actions Taken:</b> Complete.</p> <p>The person carrying out the fire risk assessment is a member of the IFE and IIRSM. The Home retains copies of these certificates for it's records. The Home is satisfied with the person carrying out the assessment who was a senior fire safety officer in the NI Fire Service, Divisional Commander for Belfast and is fully trained in relation to fire safety.</p> <p>The Home received a visit from the Northern Ireland Fire &amp; Rescue Service who deem the premises as compliant.</p>
<b>Requirement 6</b>  <b>Ref:</b> Regulation 27.-(4)(b) 27.-(4)(d)(i) and (ii) and (iv)  <b>Stated: First time</b>  <b>To be Completed by:</b> 18 September 2015	<p>The recommendations noted in the contractors service sheet during very recent maintenance of the fire detection and alarm system should be followed up and addressed.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> We have contacted the contractors who are to visit the Home to resolve this issue at the earliest opportunity.</p>
<b>Requirement 7</b>  <b>Ref:</b> Regulation 27.-(4)(b)	<p>The advice of the fire risk assessor should be sought and followed regarding the storage of paper records with particular reference to the temporary arrangement in Glen Suite and the longer term use of plant rooms.</p>



<p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 01 September 2015</p>	<p><b>Response by Registered Manager Detailing the Actions Taken:</b></p> <p>The fire risk assessor visited the Home recently and confirmed that he had no concerns in relation to the documentation currently being stored in Glen suite as there are the appropriate fire precautions in place.</p> <p>The majority of the paperwork referred to will however, be removed over the coming months.</p>
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<b>Requirement 8</b>  <b>Ref:</b> Regulation  27.-(4)(c) and (d)(i)  <b>Stated:</b> First time  <b>To be Completed by:</b> 18 September 2015	A robust automatic closer should be fitted to the kitchen door. The closer should be set so that it closes the door to provide an effective fire seal.		
	<b>Response by Registered Manager Detailing the Actions Taken:</b> This requirement has been completed.		
<b>Registered Manager Completing QIP</b>	Barry Murphy	<b>Date Completed</b>	24.09.15
<b>Registered Person Approving QIP</b>	Raymond Murphy	<b>Date Approved</b>	24.09.15
<b>RQIA Inspector Assessing Response</b>	C Muldoon	<b>Date Approved</b>	24/11/2015

*\*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\**

Please provide any additional comments or observations you may wish to make below: