



The Regulation and  
Quality Improvement  
Authority

**THE REGULATION AND QUALITY IMPROVEMENT  
AUTHORITY**

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**ANNOUNCED ESTATES INSPECTION**

<b>RQIA Inspection No:</b>	IN020780
<b>RQIA Establishment ID No:</b>	11155
<b>Name of Establishment:</b>	Seeconnell Private Village, Castlewellan
<b>Date of Inspection:</b>	14 November 2014
<b>Estates Inspector:</b>	K. Monaghan

## 1.0 GENERAL INFORMATION

<b>Name of Home:</b>	Seeconnell Private Village
<b>Address:</b>	119 Clonvaraghan Road CASTLEWELLAN BT31 9LA
<b>Telephone Number:</b>	(028) 4377 1412
<b>Registered Responsible Person:</b>	Ms. Maria Therese McGrady, Corriewood Private Clinic Limited
<b>Registered Manager:</b>	Mrs. Mary Imelda McGrady
<b>Person in Charge of the Home at the time of Inspection:</b>	Ms. Colette Mackin, Manager
<b>Other person(s) present during inspection:</b>	Ms. Paula Murray, Assistant Manager and Mr. Martin Quinn who is responsible for the ongoing maintenance works in the home.
<b>Type of establishment:</b>	Residential Care Home
<b>Categories of Care:</b>	RC-LD
<b>Conditions of Registration:</b>	N/A
<b>Number of Residents:</b>	21
<b>Date and time of inspection:</b>	14 November 2014 (10:45am – 1:30 pm.)
<b>Date of previous Estates inspection:</b>	03 December 2013
<b>Name of Inspector:</b>	K. Monaghan

## **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 residential care 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 Residential Care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- Residential Care Homes Minimum Standards (DHSSPS, 2011)

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:

- Discussions with Ms. Colette Mackin, Manager and Ms. Paula Murray, Assistant Manager
- Examination of records
- A review of the premises.
- Evaluation and feedback

Any other information received by RQIA about this regulated establishment has also been considered by the Inspector in preparing this inspection report.

## **5.0 CONSULTATION PROCESS**

During the course of the inspection the Inspector spoke to Ms. Colette Mackin, Manager and Ms. Paula Murray, Assistant Manager

## **6.0 INSPECTION FOCUS**

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

### **Standards inspected:**

- Standard 27 - Premises and grounds
- Standard 28 - Safe and healthy working practices
- Standard 29 - Fire Safety

## **7.0 PROFILE OF SERVICE**

Seeconnell is a multi-level building which was a former hotel with upper, ground and lower level access. The accommodation includes fifteen single bedrooms in the Clan Suite, thirteen of which are ensuite; two bedrooms have a con-joined ensuite designed for siblings sharing. The Clan Suite has three communal lounges of varying sizes which are equipped with seating and occasional tables. The dining room is situated on the ground floor and overlooks the courtyard. A range of assisted bathrooms, shower facilities and toilets are located throughout the building.

The kitchen, laundry and the majority of service facilities including staff facilities are located on the ground floor of the Clan Suite. A visitor's room with a small equipped kitchen is available on the upper floor.

The Slieve Suite was registered in December 2013 and has six bedrooms, all of which are ensuite. Furnishings include a bed, a bedside lamp, a lockable bedside locker, drawers and wardrobes. A call system is provided to enable residents to summon assistance from staff. The Slieve Suite includes a kitchenette/dining room/sitting room, communal bathroom and a small office. The Slieve suite has a separate entrance on the lower ground and upper ground floor and a lift is in-situ. Access in/out of these doors is controlled by keypads. There is an enclosed terrace and a courtyard.

The home is located off the main A1 Belfast to Dublin Road and is signposted from the nearby town of Castlewellan. It is situated within the geographical area of the South Eastern Health and Social Care Trust, in a rural area designated as an area of outstanding natural beauty. It is approximately five miles from Dromara and is within easy travel distance of Newcastle, Banbridge, Hillsborough, Downpatrick and Dromore.

## **8.0 SUMMARY**

Following this Estates Inspection of Seeconnell Private Village Residential Care Home in Castlewellan on 14 November 2014, improvements are required to comply with the Residential Care Homes Regulations (Northern Ireland) 2005 and the criteria outlined in the following standards:

- Standard 27 - Premises and grounds
- Standard 28 - Safe and healthy working practices
- Standard 29 - Fire Safety

This resulted in eleven requirements. These are outlined in the quality improvement plan appended to this report.

The Estates Inspector would acknowledge the assistance of Ms. Colette Mackin, Manager and Ms. Paula Murray, Assistant Manager throughout the inspection.

## 9.0 INSPECTION FINDINGS

### 9.1 Recommendations and requirements from the previous Estates inspection on 03 December 2013:

The previous Estates inspection to this home was carried out on 03 December 2013. This inspection was carried out in relation to alterations and extensions to the premises associated with an application by the Registered Persons for a variation to the conditions of registration. The following issues should be noted with regard to the issues identified for attention during the previous Estates inspection to this home on 03 December 2013:

Standard 27 - Premises and grounds				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
9.1.1	Regulation	The external works should be completed.	The external works had been completed.	The external facilities will continue to be developed to meet the needs of the residents.
9.1.2	Regulation	The final finish for the floor in the large day/dining room should be applied.	The final finish had been applied to this floor.	N/A

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.1 Recommendations and requirements from the previous Estates inspection on 03 December 2013:

Standard 27 - Premises and grounds				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
9.1.3	Regulation	A drawing for the resident's call panel should be provided.	There was no drawing for the resident's call system adjacent to the panel in the lower ground floor lobby area.	A drawing should be provided adjacent to the resident's call panel in the lower ground floor lobby area. Reference should be made to item 3 in the attached Quality Improvement Plan.
9.1.4	Regulation	The remaining issues in relation to the documentation for the building and engineering services should be resolved.	These issues were resolved as part of the follow up to the previous Estates inspection.	N/A

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.1 Recommendations and requirements from the previous Estates inspection on 03 December 2013:

Standard 28 - Safe and healthy working practices				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
9.1.5	Regulation	A risk assessment should be carried out in relation to the corridor floor covering joint.	Subsequent to the Estates inspection on 03 December 2013, RQIA received confirmation that this risk assessment had been carried out and control measures had been put in place re same.	The corridor floor surfaces should be kept under review. Consideration should also be given to putting in place a programme of work to upgrade the existing corridor flooring with sheet flooring. Reference should be made to item 1 in the attached Quality Improvement Plan.



## 9.0 INSPECTION FINDINGS CONTINUED

### 9.1 Recommendations and requirements from the previous Estates inspection on 03 December 2013:

Standard 28 - Safe and healthy working practices				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
9.1.6	Regulation	The risks associated with behaviour that challenges and self-harm should be discussed with the Care Inspector for the home. The use of the assistive technology (door sensor system) should also be discussed with the Care Inspector for the home.	Subsequent to the Estates inspection that was carried out on 03 December 2013, RQIA received confirmation that this issue had been discussed with the Care Inspector and that the policy and procedure in relation to the use of restrictive practice had been amended as required.	Any issues that may arise in the in relation to this issue will be considered from a care perspective with support from Estates if required.
9.1.7	Regulation	The bottom step to the external steps at the side of the extension should be adjusted to ensure that it has the same rise as the other steps.	The ground level at this step had been adjusted.	N/A

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.1 Recommendations and requirements from the previous Estates inspection on 03 December 2013:

Standard 28 - Safe and healthy working practices				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
9.1.8	Regulation	More robust restrictors should be fitted to the window openings.	New more robust window restrictors had been installed.	An Estates and Facilities Alert Notice was issued by the Northern Ireland Adverse Incidents Centre on 10 November 2014 in relation to window restrictors of cable and socket design. The window restrictors throughout the premises should be reviewed in relation to the information contained in this Alert Notice. Action should be taken to address any issues identified for attention by this review. The outcome of this review and details of any action taken re same should be confirmed to RQIA. Reference should be made to item 4 in the attached Quality Improvement Plan.

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.1 Recommendations and requirements from the previous Estates inspection on 03 December 2013

Standard 28 - Safe and healthy working practices				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
9.1.9	Regulation	Minor adjustment should be made to the paved surface at the gate from the courtyard (slight level variation).	This issue was not reviewed during this Estates inspection. As part of the follow up to the Estates inspection that was completed on 02 December 2013, RQIA received confirmation that this issue had been addressed.	N/A

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.1 Recommendations and requirements from the previous Estates inspection on 03 December 2013

Standard 28 - Safe and healthy working practices				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
9.1.10	Regulation	The risk assessment in relation to legionella bacteria in the water systems should be reviewed, updated and actioned as required to take account of the new extension to the premises.	A comprehensive legionella risk assessment for the complete premises was carried out by a specialist company on 03 November 2014.	The water tanks were cleaned and disinfected on 05 and 13 November 2014. The temperatures of the unblended hot and cold water were also been tested. The action plan in the legionella risk assessment report should be reviewed, any remaining issues identified for attention should be addressed and the action plan should be signed off by the Registered Manager. Reference should be made to item 5 in the attached Quality Improvement Plan.

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.1 Recommendations and requirements from the previous Estates inspection on 03 December 2013:

Standard 30 – Fire safety				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
9.1.11	Regulation	Some minor fire sealing to the ceilings in the heating manifold stores should be completed.	The ceiling in the heating manifold store in the new extension at cleaner's store 1 was reviewed during this Estates inspection. Mr. Quinn confirmed that this ceiling had been fire sealed from above.	Mr. Quinn agreed to also fire seal this ceiling inside the store.
9.1.12	Regulation	The fire detector in the lower ground floor store should be reviewed (appeared to be a heat detector where a smoke detector may be more appropriate for proposed use).	This issue was not reviewed during this Estates inspection. Subsequent to the Estates inspection that was carried out on 03 December 2013 RQIA received confirmation that this issue had been completed.	Fire risk assessments for the complete premises had been completed on 17 September 2013 and again on 05 September 2014.

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.1 Recommendations and requirements from the previous Estates inspection on 03 December 2013:

Standard 30 – Fire safety				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
9.1.13	Regulation	The drawing for the fire alarm control panel should be further revised to ensure that all room designations are clearly displayed.	The drawing for the fire alarm control panel was reviewed during this Estates inspection. The roof spaces were not indicated on this drawing.	The drawing for the fire alarm control panel should be revised to ensure that all spaces including the roof spaces are clearly indicated. Reference should be made to item 10 in the attached Quality Improvement Plan.

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.1 Recommendations and requirements from the previous Estates inspection on 03 December 2013

Standard 30 – Fire safety				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
9.1.14	Regulation	The issue in relation to the use of the courtyard as a means of escape should be finalised with the Fire Risk Assessor for the home.	Subsequent to the Estates inspection on 03 December 2013, RQIA received confirmation that the courtyard was an established means of escape and that this was reflected in the fire training for staff.	Fire risk assessments for the complete premises had been completed on 17 September 2013 and again on 05 September 2014.
9.1.15	The above issues where appropriate are detailed in the relevant sections of the Quality Improvement Plan.			

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.2 **Standard 27 - Premises and grounds** - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

- 9.2.1 The following issues were identified for attention in relation to this standard during this Estates Inspection:
- 9.2.2 There was a loose slate on the roof above the front porch area. There was also a loose slate on the main roof at the front of the home. Mr. Quinn confirmed that arrangements had already been made to re-fix these slates. Reference should be made to item 1 in the attached Quality Improvement Plan.
- 9.2.3 There was an issue in relation to water ingress in the staff entrance hall adjacent to the kitchen. The cause of this water ingress should be investigated and remedial works should be carried out as required to resolve this issue. Subsequent to this Estates inspection RQIA received confirmation from Ms. Mackin that a contractor had been contacted in relation to this issue and a plan in relation to how this issue will be rectified will be forwarded to RQIA. Reference should be made to item 2 in the attached Quality Improvement Plan.
- 9.2.4 New front doors were on order. The installation of these new doors should be confirmed to RQIA. Reference should be made to item 1 in the attached Quality Improvement Plan.
- 9.2.5 The large external store was not in an organised tidy condition. This store should be cleared out and maintained in an organised tidy condition. The boiler room should also be cleared out. Subsequent to this Estates inspection RQIA received confirmation from Ms. Mackin that the external store and the boiler room had been cleaned and all unused items disposed of.
- 9.2.6 There was some moss growth on the bitmac surfaces. This should be treated. Reference should be made to item 2 in the attached Quality Improvement Plan.
- 9.2.7 The above issues are detailed as appropriate in the section of the Quality Improvement Plan entitled 'Standard 27 – Premises and Grounds.



## 9.0 INSPECTION FINDINGS CONTINUED

### 9.3 **Standard 28 – Safe and healthy working practices – *The home is maintained in a safe manner***

- 9.3.1 The following issues were identified for attention in relation to this standard during this Estates Inspection:
- 9.3.2 The report for the most recent service of the standby electrical generator was not presented for review during this Estates inspection. Subsequent to this Estates inspection RQIA received a copy of the report for the most recent servicing of the standby electrical generator. The heating boilers were serviced on 27 November 2013. Ms. Mackin confirmed that a more recent service of the heating boilers had also been carried out. A copy of the report for this work should be forwarded to RQIA. Subsequent to this Estates inspection, RQIA received a copy of the certificate for the most recent safety check to the gas equipment and a copy of the report for the most recent servicing of the ventilation/air conditioning units from Ms. Mackin. Two issues were confirmed to Ms. Mackin for follow up in relation to this gas safety certificate. Completion of these issues should be confirmed to RQIA. The report for the most recent service of the ventilation/air conditioning units identified a small number of the issues for attention. Completion in relation to these issues should be confirmed to RQIA. Reference should be made to item 6 in the attached Quality Improvement Plan.
- 9.3.3 The standby electrical generator is tested each week. This test does not include a simulated power failure as this type of testing can affect the internal telephone system. The arrangements for testing the standby electrical generator should be reviewed with an electrical engineer to establish a set frequency and a safe method of carrying out simulated power failure tests. As part of this review the need to provide an uninterrupted power supply (UPS) battery backup for the internal telephone system should be considered. Reference should be made to item 7 in the attached Quality Improvement Plan.
- 9.3.4 The passenger lifts were serviced on 29 September 2014. The reports for the most recent six monthly thorough examinations of the passenger lifts in accordance with the Lifting Operations and Lifting Equipment Regulations (Northern Ireland) 1999 were not presented for review during this Estates inspection. Copies of these reports should be forwarded to RQIA. Subsequent to this Estates inspection a copy of the report for the most recent thorough examination to the passenger lift in the main foyer was received by RQIA. The report for the most recent thorough examination of the new lift in the extension should also be followed up and retained in the home available for review during future inspections. Reference should be made to item 6 in the attached Quality Improvement Plan.

## **9.0 INSPECTION FINDINGS CONTINUED**

### **9.3 Standard 28 – Safe and healthy working practices continued**

- 9.3.5 A risk assessment for the prevention or control of legionella bacteria in the water systems was completed on 03 November 2014. The showers are disinfected monthly and this is to be continued in the future using a new procedure recommended by the legionella risk assessor. Flushing of infrequently used water outlets had also commenced on 12 November 2014. This flushing was however based on a weekly frequency. This frequency should be changed to twice weekly. Reference should be made to item 8 in the attached Quality Improvement Plan.
- 9.3.6 Sample checks to the unblended hot and cold water temperatures at the laundry sink were carried out during this Estates inspection. The results for these checks indicated that the cold water was well within the current standards for the prevention or control of legionella bacteria but the unblended hot water temperature was not high enough. The unblended hot water temperatures should be increased to above 55°C. Advice should be sought from the legionella risk assessor in relation to this issue. The unblended hot water temperatures should also be closely monitored. Reference should be made to item 8 in the attached Quality Improvement Plan.
- 9.3.7 Ms. Mackin confirmed that monthly infection control audits are completed in the home. The outcome of these audits is used to improve the standard of infection control in the home. This is to be commended. The information in relation to the ongoing servicing and maintenance of the thermostatic mixers was not presented for review during this Estates inspection. The details for the ongoing servicing and maintenance of the thermostatic mixers should be confirmed to RQIA. Reference should be made to item 8 in the attached Quality Improvement Plan.

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.3 Standard 28 – Safe and healthy working practices continued

- 9.3.8 The emergency business continuity plan was discussed during this Estates inspection. This plan should be reviewed and tested as necessary to ensure that it remains effective, resilient and adequately resourced particularly for the winter months ahead. Reference should be made to item 9 in the attached Quality Improvement Plan.
- 9.3.9 Subsequent to this Estates inspection, RQIA received a copy of the certificate for the most recent cleaning of the kitchen extract ventilation system which was completed on 27<sup>th</sup>. January 2014.
- 9.3.10 The above issues are detailed as appropriate in the section of the Quality Improvement Plan entitled 'Standard 28 – Safe and healthy working practices'.

### 9.4 Standard 29: 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 following issues were identified for attention in relation to this standard during this Estates Inspection:
- 9.4.2 Ms. Mackin confirmed that personal emergency evacuation plans (PEEPs) had been drawn up for each resident. Fire risk assessments were also completed for the home on 17 September 2013 and on 05 September 2014. The outcome of the fire risk assessment that was completed on 05 September 2014 was 'Tolerable Risk'. The action plan in the report for the fire risk assessment that was completed on 05 September 2014 should be reviewed and signed off by the Registered Manager. Reference should be made to item 11 in the attached Quality Improvement Plan.

## **9.0 INSPECTION FINDINGS CONTINUED**

### **9.3 Standard 28 – Safe and healthy working practices continued**

- 9.4.3 The first aid fire-fighting equipment was serviced in August 2014. Fire training was also provided for staff on 26 and 27 August 2014. Ms. Mackin advised that fire drills were also held in the home although records for the fire drills were not presented for review during this Estates inspection. A template should be drawn up to record the details for each fire drill. This should include the date, time, scenario covered and the names of the staff (and residents if applicable) who attended. In addition the time taken to move the residents to a place of safety and any points of learning that should be carried forward into future practice should be noted in the records. As the home accommodates residents with complex needs it would be beneficial if the fire safety advisor for the home would oversee one day time and one night time fire drill so that a robust benchmark for future fire drills is established. Subsequent to this Estates inspection, RQIA received confirmation from Ms. Mackin that a fire drill supervised by the Fire Safety Advisor for the home was completed on 24 November 2014 with a satisfactory outcome. A supervised night time fire drill should also be carried out. Reference should be made to item 11 in the attached Quality Improvement Plan.
- 9.4.4 The fire detection and alarm system was inspected and serviced on 30 May 2014. The fire alarm is also tested on a weekly basis. The frequency for the ongoing inspections and servicing of the fire detection and alarm system was based on a six monthly cycle. Subsequent to this Estates inspection, RQIA received confirmation from Ms. Mackin that the contract for the maintenance of the fire detection and alarm system had been reviewed and changed to a quarterly basis and that this will also include a quarterly inspection of the emergency lighting.

## **9.0 INSPECTION FINDINGS CONTINUED**

### **9.4 Standard 29: Fire safety continued**

- 9.4.5 The emergency lighting was being checked weekly and records were presented for review during this Estates inspection in relation to this activity. A report for the annual duration inspection and test to the emergency lighting by an electrical engineer was not presented for review during this Estates inspection. Subsequent to this Estates inspection RQIA received confirmation from Ms. Mackin that a quarterly inspection of the emergency lighting will be carried out.
- 9.4.6 The day activity facilities on the lower ground floor are separated from the residential accommodation above. The need for a repeater panel on the lower ground floor for the fire detection and alarm system should be reviewed with the fire safety advisor for the home. The outcome of this review and the proposed action re same should be confirmed to RQIA. Reference should be made to item 11 in the attached Quality Improvement Plan.
- 9.4.7 The above issue is detailed as appropriate in the section of the attached Quality Improvement Plan entitled 'Standard 29: Fire safety'.

## **10.0 QUALITY IMPROVEMENT PLAN**

The details of the Quality Improvement plan appended to this report were discussed with Ms. Colette Mackin, Manager and Ms. Paula Murray, Assistant Manager, 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 Residential 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 nursing 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 IN020780

**Seeconnell Private Village Residential Care Home, Castlewellan RQIA ID 11155**

**14 November 2014**

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.					

## **NOTES:**

The details of the quality improvement plan were discussed with Ms. Colette Mackin, Manager and Ms. Paula Murray, Assistant Manager, 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 Residential 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 residential home to improve the quality of life experienced by residents.

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:

**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:**

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Imelda McGrady
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Marie McGrady



## Standard 27 – Premises and grounds

The following requirements should be noted for action in relation to Standard 27 – Premises and Grounds

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
1.	Regulations 27(2)(b)	The two loose slates should be re-fixed. The installation of the new doors should be confirmed to RQIA. The corridor floor surfaces should be kept under review. Consideration should also be given to putting in place a programme of work to upgrade the existing corridor flooring with sheet flooring. Reference should be made to paragraphs 9.1.5, 9.2.2 and 9.2.4 in the Report.	1 Month & Ongoing	<b>The two loose tiles have been fixed. The flooring will be kept under review and any issues identified will be addressed.</b>

## Standard 27 – Premises and grounds

The following requirements should be noted for action in relation to Standard 27 – Premises and Grounds

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
2.	Regulations 27(2)(b) 27(2)(d)	The cause of the water ingress in the staff corridor adjacent to the kitchen should be investigated and remedial works should be carried out as required to resolve this issue. The moss growth on the bitmac surfaces should be treated. Reference should be made to paragraphs 9.2.3 and 9.2.6 in the Report.	3 Months	<b>The cause of the water ingress has been investigated and work has commenced to resolve the issue. The moss growth has been treated and will be treated at regular intervals.</b>

## Standard 28 - Safe and healthy working practices

The following requirements should be noted for action in relation to Standard 28 - Safe and healthy working practices:

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
3.	Regulations 27(2)(q)	A drawing should be provided adjacent to the resident's call panel in the lower ground floor lobby area. Reference should be made to paragraph 9.1.3 in the Report.	3 Months	<b>A drawing of the call panel has been placed in the lobby on the ground floor area.</b>

## Standard 28 - Safe and healthy working practices

The following requirements should be noted for action in relation to Standard 28 - Safe and healthy working practices:

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
4.	Regulations 14(2)(a) 14(2)(c)	The window restrictors throughout the premises should be reviewed in relation to the information contained in the Estates and Facilities Alert Notice that was issued by the Northern Ireland Adverse Incidents Centre on 10 November 2014 for window restrictors of cable and socket design. Action should be taken to address any issues identified for attention by this review. The outcome of this review and details of any action taken re same should be confirmed to RQIA. Reference should be made to paragraph 9.1.8 in the Report.	2 Months	<b>The window restrictors are in the process of being reviewed and no issues have been identified to date.</b>
5.	Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)	The action plan in the legionella risk assessment report should be reviewed, any remaining issues identified for attention should be addressed and the action plan should be signed off by the Registered Manager. Reference should be made to paragraph 9.1.10 in the Report.	3 Months	<b>The action plan in the legionella risk assessment has been reviewed and addressed. The action plan has been signed off by the registered manager.</b>

## Standard 28 - Safe and healthy working practices

The following requirements should be noted for action in relation to Standard 28 - Safe and healthy working practices:

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
6.	Regulations 27(2)(c) 27(2)(q)	The report for the most recent service of the heating boilers should be forwarded to RQIA. The issues confirmed for attention in relation to the report for the gas safety inspection that was carried out on 11 November 2014 should be addressed. Completion of the issues in relation to the ventilation/air conditioning units should also be confirmed to RQIA. A copy of the report for the most recent six monthly thorough examination of the new passenger lift (in extension) in accordance with the Lifting Operations and Lifting Equipment Regulations (Northern Ireland) 1999 should be followed up and retained in the home available for review during future inspections. Reference should be made to paragraphs 9.3.2 and 9.3.4 in the Report.	2 Months	<b>The heating boilers were serviced on 20.11.14. The issues identified in the gas safety inspection/air conditioning have been addressed. The reports of the thorough examination of the passenger lifts are completed six monthly and are retained within the home.</b>

## Standard 28 - Safe and healthy working practices

The following requirements should be noted for action in relation to Standard 28 - Safe and healthy working practices:

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
7.	Regulations 27(2)(q)	The arrangements for testing the standby electrical generator should be reviewed with an electrical engineer to establish a set frequency and a safe method of carrying out simulated power failure tests. As part of this review the need to provide an uninterrupted power supply (UPS) battery backup for the internal telephone system should be considered. Reference should be made to paragraph 9.3.3 in the Report.	2 Months	<b>The arrangement for testing the standby generator are under review with an electrical engineer and simulated power failure tests have not identified any issues.</b>

## Standard 28 - Safe and healthy working practices

The following requirements should be noted for action in relation to Standard 28 - Safe and healthy working practices:

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
8.	Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)	The frequency for flushing the infrequently used water outlets should be changed to twice weekly. The unblended hot water temperatures should be increased to above 55°C. Advice should be sought from the legionella risk assessor in relation to this issue. The unblended hot water temperatures should also be closely monitored. The details for the ongoing servicing and maintenance of the thermostatic mixers should be confirmed to RQIA Reference should be made to paragraph 9.3.5, 9.3.6 and 9.3.7 in the Report.	Ongoing & 3 Months	<b>The water outlets are flushed twice weekly. All water temperatures are closely monitored and are within required parameters. The thermostatic mixing valves continue to be serviced and maintained at regular intervals.</b>

## Standard 28 - Safe and healthy working practices

The following requirements should be noted for action in relation to Standard 28 - Safe and healthy working practices:

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
9.	Regulations 27(2)(s)	The emergency business continuity plan should be reviewed and tested as necessary to ensure that it remains effective, resilient and adequately resourced particularly for the winter months ahead. Reference should be made to paragraph 9.3.8 in the Report.	2 Months	<b>The emergency continuity plan has been forwarded to RQIA and will be reviewed at regular intervals to ensure it remains effective.</b>

## Standard 29 – Fire safety

The following requirement s should be noted for action in relation to Standard 29 – Fire Safety:

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
10.	Regulations 27(4)(b)	The drawing for the fire alarm control panel should be revised to ensure that all spaces including the roof spaces are clearly indicated. Reference should be made to paragraph 9.1.13 in the Report.	3 Months	<b>The architect of the building has provided a drawing for the fire alarm control panel to include the roof spaces.</b>

## Standard 29 – Fire safety

The following requirement s should be noted for action in relation to Standard 29 – Fire Safety:

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
11.	Regulations 27(4)(a) 27(4)(b) 27(4)(f)	The action plan in the report for the fire risk assessment that was completed on 05 September 2014 should be reviewed and signed off by the Registered Manager. A template for recording the fire drill details should be drawn up. A supervised night time fire drill should also be completed. The need for a repeater panel on the lower ground floor for the fire detection and alarm system should be reviewed with the fire risk assessor for the home. The outcome of this review and proposed action re same should be confirmed to RQIA. Reference should be made to paragraphs 9.4.2, 9.4.3 and 9.4.6 in the Report.	3 Months	<b>The action plan for the fire risk assessment has been reviewed and signed. A template for recording fire drills is now in use. A repeater panel for the lower ground floor has been ordered and will be installed on receipt.</b>



### Quality Improvement Plan Sign Off Sheet for Estates Inspectors

<b>Name of Home</b>	Seeconnell Private Village, Castlewellan RQIA ID 11155
<b>Date of Inspection</b>	14 November 2014
<b>Estates Inspector</b>	Kieran Monaghan

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.	√	–	√	K. Monaghan	12 January 2015

Announced Estates Inspection IN020780 - 14 November 2014– QIP sign off sheet

**Informing and Improving Health and Social Care**