

**Announced Estates Inspection  
of  
Culmore Manor Care Centre**

**9 June 2015**

## 1. Summary of Inspection

An announced estates inspection took place on 9 June 2015 from 10.00 to 15.30. 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>	7	3

The details of the QIP within this report were discussed with Ciaran Burke, Home Manager and Nuala Green, Director, Care Circle as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation: Registered Responsible Person:</b> Larchwood Care Homes (NI) Ltd: Ciaran Sheehan	<b>Registered Manager:</b> Ciaran Burke
<b>Person in Charge of the Home at the Time of Inspection:</b> Ciaran Burke	<b>Date Manager Registered:</b> May 2012
<b>Categories of Care:</b> NH-PH, NH-I	<b>Number of Registered Places:</b> 56
<b>Number of Patients Accommodated on Day of Inspection:</b> 56	<b>Weekly Tariff at Time of Inspection:</b> £586

## 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, statutory notifications over the past 12 months.

During the inspection the inspector met with Ciaran Burke, Home Manager, Michael Tyre, Home Maintenance Man and Nuala Green, Director, Care Circle Limited.

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, fire risk assessment.

## 5. The Inspection

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

The previous inspection of the home was an announced care inspection dated 25 June 2014. The completed QIP which contained five requirements and four recommendations was

returned by the provider and was assessed as acceptable by the care inspector on 19 August 2014.

## 5.2 Review of Requirements and Recommendations from the last Estates Inspection on 10 January 2013

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 27 (2)(l)	Carry out review of storage arrangements in the home and provide additional facilities as necessary. The manager should implement rationalization of storage throughout the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> New storage facility provided at rear external area of home. No evidence of storage issues noted during inspection.	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 27 (2)(b)	Submit to RQIA a timescaled programme for works to refurbish sanitary accommodation.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Home's sanitary accommodation refurbished including replacement floor finishes.	
<b>Requirement 3</b>  <b>Ref:</b> Regulation 27 (2)(c)	Commission second heating boiler and return to normal operating service.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> Home's heating system modified and heating load reduced. One boiler decommissioned and the remaining boiler subjected to routine servicing and maintenance. Subsequently, while this requirement has not been fully met, the issue has been resolved so that the home is now in compliance with the stated regulation.	
<b>Requirement 4</b>  <b>Ref:</b> Regulation 27 (2)(c)	Carry out repairs to the external lighting.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Lights repaired.	

<b>Requirement 5</b>  <b>Ref:</b> Regulation 27 (2)(c)	Carry out repairs to the heating system to ground floor right hand section of building In the meantime, the use of electrical convector heaters should be risk assessed and suitable precautions and care should be taken to reduce the risk of fire and scalding.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Heating installation renewed to this area of the home.	
<b>Requirement 6</b>  <b>Ref:</b> Regulation 27 (2)(q)	Carry out servicing and validation of the home's two washer disinfectors in accordance with the requirements of HTM 2030.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Washer disinfectors serviced by specialist contractor.	
<b>Requirement 7</b>  <b>Ref:</b> Regulation 27 (2)(c)	Provide suitable training and instruction to the home's maintenance man in support of his role, duties and maintenance activities.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Maintenance man attended relevant training. Records of this presented at inspection.	
<b>Requirement 8</b>  <b>Ref:</b> Regulations 27 (2)(q) 14 (2)(c)	Implement a regime of regular maintenance and thorough examinations for the home's two passenger lifts as required by LOLER.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Documentation presented at inspection to confirm that passenger lifts were subjected to thorough examinations in line with LOLER.	
<b>Requirement 9</b>  <b>Ref:</b> Regulation 27 (2)(q)	Carry out repairs to the passenger lift as identified in the thorough examination report of 12 October 2012.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Lift repaired. Documentation presented at inspection to confirm this.	

<b>Requirement 10</b>  <b>Ref:</b> Regulations 27 (2)(c) 14 (2)(c)	Carry out necessary remedial works to address the action plan of the legionellae risk assessment.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Risk assessment reviewed and all issues assessed as satisfactory by specialist legionellae risk assessor.	
<b>Requirement 11</b>  <b>Ref:</b> Regulations 27 (2)(q) 14 (2)(c)	Carry out servicing to the home's thermostatic mixing valves in accordance with manufacturers' guidance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Documentation presented at inspection confirming that TMV were serviced.	
<b>Requirement 12</b>  <b>Ref:</b> Regulation 27 (2)(q) 14 (2)(c)	Provide confirmation to RQIA of thorough examination of the homes patient hoists as required by LOLER.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Documentation presented at inspection to confirm that hoists were subjected to thorough examinations in line with LOLER.	
<b>Requirement 13</b>  <b>Ref:</b> Regulation 27 (2)(c)	Provide confirmation to RQIA of safety checks to the gas supply and distribution pipework system.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Documentation presented at inspection to confirm that gas installation and equipment were subjected to safety checks and safe to use	
<b>Requirement 14</b>  <b>Ref:</b> Regulation 13 (4)(a)	Ensure that treatment rooms are kept locked when not in use and medicines trolleys are secured to the respective anchor points	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Treatment rooms locked during inspection. Manager confirmed that staff were aware of the need to keep these doors locked when not in use.	

<b>Requirement 14</b>  <b>Ref:</b> Regulation 27.(4)(a)	Carry out suitable measures to address the issues identified in the fire risk assessment. Forward confirmation to RQIA that these are in hand.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Fire risk assessment reviewed since previous inspection and a number of items identified for actions.	
<b>Previous Inspection Recommendations</b>		<b>Validation of Compliance</b>
<b>Recommendation 1</b>  <b>Ref:</b> Standard 32.8	Provide suitable temperature gauge on domestic water system to enable monitoring of temperatures for legionellae control purposes.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> Gauge provided to the secondary return pipework of the hot water calorifier. Maintenance man stated that the accuracy of the gauge was in doubt. The Director undertook to provide the Maintenance Man with suitable equipment to ensure that this could be accurately monitored.	
<b>Recommendation 2</b>  <b>Ref:</b> Standard 32.8	Carry out a review of recording of temperature checks to domestic water system with specific reference to log sheet AN01 – TMV. Checks to ‘sentinel’ outlets should be carried out monthly in accordance with the requirements of L8 and recorded separately.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Maintenance man now recording the ‘sentinel’ tap checks on separate log sheet.	

## 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. Since the last estates inspection in January 2013, a significant range of works have been undertaken to address the issues identified in the report of that inspection and to upgrade the facilities in Culmore Manor. Decoration has been carried out throughout the home and bedrooms have been upgraded including new vanity sink units. Sanitary accommodation has been refurbished throughout including sheet vinyl floor coverings and modern wall tile finishes to shower areas. This greatly enhances the physical environment. 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

1. The decorative condition on some communal areas of the first floor requires upgrading. This relates particularly to the hand rails and to doors which have become scuffed by the passage of hoists and other mobile equipment. Refer to requirement 1 on the attached Quality Improvement Plan.
2. The report of the inspection and testing of the fixed wiring installation highlights a number of items requiring attention. Supporting documentation indicates that while the majority of the defects have been repaired, works to replace light fittings have not. The inspecting electrician reported that there were signs of 'overheating' at some fittings. The Director stated that this was planned to be carried out in September this year in a scheme to replace all fittings in the home with a low energy type fitting and in the meantime, the lights would be monitored by maintenance staff. Refer to requirement 2 on the attached Quality Improvement Plan.
3. Several ongoing water safety monitoring activities do not appear to be in line with the current updated approved code of practice HSG 274 part 2 published in 2014 by the Health and Safety Executive Northern Ireland. The provider should liaise with the legionellae specialist to ensure that the related procedures in the home are updated to take account of this latest guidance. Refer to requirement 3 on the attached Quality Improvement Plan.



4. The shower mixer valve in the home's first floor bathroom has been removed and the pipework left in situ and appears redundant. This should be subjected to regular flushing in line with the ongoing regime of flushing seldom used outlets. Consideration should be given to removing these 'dead-leg' pipes. Refer to requirement 4 on the attached Quality Improvement Plan.
5. The window restrictors are checked annually by the maintenance man. This should be reviewed with a view to carrying out more frequent checks. Refer to requirement 5 on the attached Quality Improvement Plan.
6. Records presented indicate that the checks to the nurse call points are arranged so that each point is checked by the maintenance man at intervals exceeding six monthly frequency. This should be reviewed to ensure that the system is checked more frequently. Refer to requirement 6 on the attached Quality Improvement Plan.

<b>Number of Requirements</b>	<b>6</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.

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

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

##### Areas for Improvement

1. The access arrangements to the home's roof space appear restrictive. These should be reviewed. Refer to recommendation 1 on the attached Quality Improvement Plan.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>1</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.

### **Areas for Improvement**

1. The fire risk assessment was reviewed on 24 March 2015. The report on the assessment was presented during the inspection. A number of items requiring attention were listed on the action plan. Refer to requirement 7 on the attached Quality Improvement Plan.
2. The Director stated that the fire risk assessor was working towards accreditation on a recognised register of fire risk assessors and this was at an advanced stage. Refer to recommendation 2 on the attached Quality Improvement Plan.
3. Records presented indicate that the fire alarm and detection system is serviced at six monthly intervals by the specialist contractor. Refer to recommendation 3 on the attached Quality Improvement Plan.

<b>Number of Requirements</b>	<b>1</b>	<b>Number Recommendations:</b>	<b>2</b>
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## **5.6 Additional Areas Examined**

Not applicable.

## 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ciaran Burke, Home Manager and Nuala Green, Director, Care Circle Limited 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.

### 6.1 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.

### 6.2 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.

### 6.3 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 27 (2)(d)  <b>Stated:</b> First time  <b>To be Completed by:</b> 21 July 2015	<p>Carry out decorative upgrading to the areas on the first floor where paintwork has become scuffed and damaged.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b>  This work has been completed. Ongoing routine painting to continue.</p>
<b>Requirement 2</b>  <b>Ref:</b> Regulation 27 (2)(q)  <b>Stated:</b> First time  <b>To be Completed by:</b> 13 July 2015	<p>Forward action plan in respect of the outstanding defects on the report of the testing and inspection of the fixed wiring installation.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b>  Plan is to change existing lighting to LED units in September 2015 as discussed on day of inspection. Existing units to be monitored in the interim.</p>
<b>Requirement 3</b>  <b>Ref:</b> Regulation 27 (2)(q)  <b>Stated:</b> First time  <b>To be Completed by:</b> 13 July 2015	<p>Liaise with the legionellae specialist to ensure that the related procedures in the home are in line with the current guidance. Reference should be made to the updated approved code of practice HSG 274 part 2 published In 2014 by the Health and Safety Executive Northern Ireland.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b>  Legionellae specialist contacted and awaiting his update to ensure procedures are in line with specified guidance.</p>
<b>Requirement 4</b>  <b>Ref:</b> Regulation 27 (2)(q)  <b>Stated:</b> First time  <b>To be Completed by:</b> Immediately and ongoing	<p>Include the unused hot and cold water pipes in the shower area of the first floor bathroom in the regime of flushing of seldom used outlets. Consideration should be given to removing these. The specialist legionellae risk assessor should be consulted accordingly.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b>  Specified outlets included in weekly flushing schedule.</p>

<b>Requirement 5</b>  <b>Ref:</b> Regulation 14 (2)(a)  <b>Stated:</b> First time  <b>To be Completed by:</b> 13 July 2015	Carry out review of the arrangements for checking the window restrictors in the home with a view to increasing the frequency of the checks. Reference should also be made to the related safety alert bulletins issued by the Department of Health and Social Services for Northern Ireland. <a href="http://www.dhsspsni.gov.uk/efa-2014-003.pdf">http://www.dhsspsni.gov.uk/efa-2014-003.pdf</a>  <a href="http://www.dhsspsni.gov.uk/efa-2013-002.pdf">http://www.dhsspsni.gov.uk/efa-2013-002.pdf</a>  <b>Response by Registered Manager Detailing the Actions Taken:</b> Rolling programme of checks on all window restrictors. (10 per week)
<b>Requirement 6</b>  <b>Ref:</b> Regulation 27 (2)(c)  <b>Stated:</b> First time  <b>To be Completed by:</b> 13 July 2015	Carry out review of the frequency of checks to the nurse call points throughout the home.  <b>Response by Registered Manager Detailing the Actions Taken:</b> Rolling programme of checks on all nurse call points (10 per week)
<b>Requirement 7</b>  <b>Ref:</b> Regulation 27 (4)(1)  <b>Stated:</b> First time  <b>To be Completed by:</b> In line with the timescales as recommended by the fire risk assessor	Carry out suitable remedial measures to address the action plan of the fire risk assessment.  <b>Response by Registered Manager Detailing the Actions Taken:</b> Remedial measures to address FRA action plan complete.
<b>Recommendations</b>	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 47.1  <b>Stated:</b> First time  <b>To be Completed by:</b> 13 July 2015	Modify access arrangements to the homes roof space to afford safe and easy access/egress to maintenance personnel and contractors.  <b>Response by Registered Manager Detailing the Actions Taken:</b> Access points to roof space modified to allow safe access.

<b>Recommendation 2</b>  <b>Ref:</b> Standard 48.3  <b>Stated:</b> First time  <b>To be Completed by:</b> Ongoing	Carry out review of the frequency of the servicing of the fire alarm and detection system with a view to amending the service intervals to quarterly.  <b>Response by Registered Manager Detailing the Actions Taken:</b> Fire alarm and detection system checks carried out bi-annually in accordance with British Standards guidelines.		
<b>Recommendation 3</b>  <b>Ref:</b> Standard 48.1  <b>Stated:</b> First time  <b>To be Completed by:</b> At time of next review of fire risk assessment	At the next review of the fire risk assessment, ensure that the person conducting the review holds registration or certification for fire risk assessors by a recognised professional or third party body. Reference should be made to the guidance issued by RQIA to providers in April 2015 <a href="http://www.rqia.org.uk/cms_resources/letter%20re%20accreditation%20for%20FRAs_March2015.pdf">http://www.rqia.org.uk/cms_resources/letter%20re%20accreditation%20for%20FRAs_March2015.pdf</a>  <a href="http://www.rqia.org.uk/cms_resources/Guide_to_Choosing_a_Competent_Fire_Risk_Assessor.pdf">http://www.rqia.org.uk/cms_resources/Guide_to_Choosing_a_Competent_Fire_Risk_Assessor.pdf</a>  <b>Response by Registered Manager Detailing the Actions Taken:</b> Person conducting FRA currently in final process of obtaining registration/certification by recognised body as indicated/discussed on day of inspection.		
<b>Registered Manager Completing QIP</b>	Ciaran Burke	<b>Date Completed</b>	08/07/15
<b>Registered Person Approving QIP</b>	Nuala Green	<b>Date Approved</b>	16/07/15
<b>RQIA Inspector Assessing Response</b>	Phil Cunningham	<b>Date Approved</b>	*5/8/15

*\*Several items requiring follow up*