



The Regulation and  
Quality Improvement  
Authority

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**Announced Estates Inspection  
of  
Rowandale**

**26 October 2015**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An announced estates inspection took place on 26 October 2015 from 10.30 to 12.30. 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 Residential Care Homes Minimum Standards 2011.

### 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>	2	0

The details of the QIP within this report were discussed with the home manager, Mr Feargal Lynn 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 Feargal Lynn	<b>Registered Manager:</b> Mr Feargal Lynn
<b>Person in Charge of the Home at the Time of Inspection:</b> Mr Feargal Lynn	<b>Date Manager Registered:</b> 9 May 2011
<b>Categories of Care:</b> RC-MP(E), RC-DE, RC-I	<b>Number of Registered Places:</b> 15
<b>Number of Residents Accommodated on Day of Inspection:</b> 13	<b>Weekly Tariff at Time of Inspection:</b> £470

### 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 27: Premises and Grounds**

**Standard 28: Safe and Healthy working Practices**

**Standard 29: Fire safety**

### 4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- Previous Estate's inspection report
- Statutory notifications received over the past 12 months.

During the inspection the inspector did not meet with any patients, visiting professionals or patient's representatives. The following records were examined during the inspection:

- Fire safety service records and in-house log books
- Fire risk assessment
- Electrical certificates & associated records.
- LOLER reports
- Legionella risk assessment and controls records

### 5. The Inspection

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

The previous inspection of the home was an unannounced primary care inspection dated 4 February 2015. The completed QIP was returned and approved by the specialist inspector on 1 April 2015. No further follow up from this inspection was required.

#### 5.2 Review of Requirements and Recommendations from *the last* Estates Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref: Regulation 27 (2)</b>	Ensure that the control measures flowing from the recently completed risk assessment (6/6/2011) in relation to the 'Control of Legionella bacteria' are fully implemented. These include the: <ul style="list-style-type: none"> <li>• appropriate monthly monitoring and recording of the hot and cold water temperatures</li> <li>• twice weekly flushing of seldom used outlets</li> <li>• Quarterly descaling and disinfecting of all shower heads and hoses.</li> </ul>	<b>Partially Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Further action required in relation to temperature monitoring and flushing of seldom used outlets. Refer to the main body of the report for further details of requirement.</p>	
<p><b>Requirement 2</b> <b>Ref:</b> Regulation 27 (2)</p>	<p>Ensure that the Stair lift in the home receives suitable 'thorough examination' in accordance with the Lifting Operations, Lifting Equipment Regulations (LOLER, 1999). The following link provides further information.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Thorough examination undertaken on 23 October 2015.</p>	
<p><b>Requirement 3</b> <b>Ref:</b> Regulation 27 (4)</p>	<p>Ensure that the fire alarm and detection system and the emergency lighting installation are regularly serviced and maintained in accordance with BS5839 'Part 1: Code of practice for system design, installation, commissioning and maintenance', and BS5266 'Part 8: Emergency escape lighting systems' respectively.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Systems subject to inspection and testing on 16 January 2015.</p>	
<b>Previous Inspection Recommendations</b>		<b>Validation of Compliance</b>
<p><b>Recommendation 1</b> <b>Ref:</b> Standard 27</p>	<p>Ensure that a suitable monitoring and testing regime is in place for the installed Nurse Call System. This will ensure the early detection of any faults in the system.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Confirmed during inspection.</p>	

### 5.3 Standard 27: Premises and Grounds

#### 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.

#### 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.

#### 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.

#### Areas for Improvement

No areas of improvement were identified as a result of this inspection.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
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### 5.4 Standard 28: 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.

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

The nature and needs of the residents 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 & 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

In order to ensure the provision of safe hot water to residents throughout the home, it is important that suitable maintenance and monitoring arrangements for all thermostatic mixing valves (TMV's) installed in the home are implemented. TMV's should be serviced annually or

in accordance with the manufacturer's recommendations and monitored periodically to ensure they are performing at the correct temperature. Records of all maintenance and monitoring should be maintained and available in the home for inspection.

All infrequently used hot and cold water outlets within the home should be identified and suitable procedures put in place to ensure these outlets are regularly flushed through twice weekly. Again records for any such outlets should be maintained and available in the home for inspection.

The water pressure at the first floor shower was unacceptable. This defect should be resolved in a timely manner and the shower brought back into service for the use residents located on the home's first floor.

<b>Number of Requirements</b>	<b>2</b>	<b>Number Recommendations:</b>	<b>0</b>
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## 5.5 Standard 29: 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.

### 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 residents, 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.

### 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

No areas of improvement were identified as a result of this inspection.

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

No additional areas were examined during this inspection.

## 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Feargal Lynn 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, The Residential Care Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Residential Care Homes Minimum Standards 2011. 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 Manager/Registered Person

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)  <b>Stated: Second time</b>  <b>To be Completed by:</b> <b>21 December 2015</b>	TMV's should be serviced annually or in accordance with the manufacturer's recommendations and monitored periodically to ensure they are performing at the correct temperature. All infrequently used hot and cold water outlets within the home should be identified and suitable procedures put in place to ensure these outlets are regularly flushed through twice weekly. Records for the above should be maintained and available in the home for inspection.		
	<b>Response by Registered Manager Detailing the Actions Taken:</b> Programme in place to check TMVs and current programme for checking seldom used outlets has been modified		
<b>Requirement 2</b>  <b>Ref:</b> Regulation 14 (2)  <b>Stated: First time</b>  <b>To be Completed by:</b> <b>21 December 2015</b>	The water pressure at the first floor shower was unacceptable. This defect should be resolved in a timely manner and the shower brought back into service for the use residents located on the home's first floor.		
	<b>Response by Registered Manager Detailing the Actions Taken:</b> Plumber has arranged to replace entire shower in first floor due to design fault not identified at installation which resulted in low water pressure.		
<b>Registered Manager Completing QIP</b>		<b>Date Completed</b>	
<b>Registered Person Approving QIP</b>		<b>Date Approved</b>	
<b>RQIA Inspector Assessing Response</b>	Gavin Doherty	<b>Date Approved</b>	7/1/2016

*\*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\**