



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

ANNOUNCED ESTATES INSPECTION

| | |
|-------------------------------|---------------|
| Inspection No: | 17981 |
| Establishment ID No: | 1345 |
| Name of Establishment: | The Cara |
| Date of Inspection: | 28 April 2014 |
| Inspector's Name: | Colin Muldoon |

1.0 GENERAL INFORMATION

| | |
|--|--|
| Name of Home: | The Cara |
| Address: | 114 Duneany Road, Rasharkin. BT44 8SR |
| Telephone Number: | 028 2957 1785 |
| Registered Organisation/Provider: | The Cara Mr Wesley Kerr (Registration pending) |
| Registered Manager: | Mr Wesley Kerr (Registration pending) |
| Person in Charge of the Home at the time of Inspection: | Mr Wesley Kerr |
| Other person(s) consulted during inspection: | Mrs Josephine McErlean (Representing the proprietor) |
| Type of establishment: | Residential Care Home |
| Number of Registered Places: | The home is currently vacant. The inspectors were informed that the proposal is to accommodate eight residents in the main house. |
| Categories of care | To be confirmed |
| Date and time of inspection: | 28 April 2014 10.25 – 12.35 |
| Date of previous inspection: | 25 June 2012 |
| Name of Inspectors: | Colin Muldoon (Estates) and John McAuley (Care) |

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 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:

- Discussion with Mr Wesley Kerr and Mrs Josephine McErlean.
- Examination of records
- Inspection of the home internally and externally.
- Evaluation and feedback

Any other information received by RQIA about this Registered Provider has also been considered by the Inspector in preparing for this inspection.

5.0 CONSULTATION PROCESS

During the course of the inspection, the Inspector spoke to Mr Wesley Kerr and Mrs Josephine McErlean.

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

The Cara is a detached house in a rural setting and is approximately one mile from Rasharkin.

8.0 SUMMARY

The Cara is a residential care home which has been vacant for some time. There is a proposal to re-commission the home and in support of this a significant amount of refurbishment and upgrade work has been carried out. The works include the installation of a through floor lift, the installation of a wet room shower, the creation of a hairdressing room, upgrade of toilet facilities, the upgrade of communal areas and redecoration of most bedrooms. There has also been work carried out to the main kitchen. All bedroom accommodation is now single occupancy.

There are three chalet rooms separate from the main home. These were not considered as part of this inspection.

Following the Estates Inspection of The Cara on 28 April 2014 10.25 – 12.35 improvements are required to comply with the Residential Care Homes Regulations (Northern Ireland) 2005 and the criterion outlined in the following standards:

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

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

The Estates Inspector would like to acknowledge the assistance of Mr Wesley Kerr and Mrs Josephine McErlean during the inspection process.

9.0 INSPECTOR'S FINDINGS

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

9.1.1 On the day of inspection there was no documentation relating to the test and inspection of the electrical installation.
(Item 1 in Quality Improvement Plan)

9.1.2 The inspector was informed that, as part of the refurbishment work, the call system was extended, modified, repaired and tested. Activation of a call point during the inspection indicated that there are parts of the home where staff may not be able to hear that a call is being made.
(Item 2 in Quality Improvement Plan)

The newly fitted bedroom doors had vision panels fitted with clear glass. Mr Kerr informed the inspector that arrangements have been made to replace the panes with opaque coloured panels.

9.1.3 Following the refurbishment and reconfiguration of the home there may be some exposed hot surfaces.
(Item 3 in Quality Improvement Plan)

9.1.4 The home has a glass fronted solid fuel stove in a communal area. The fresh air supply to this area of the home is by way of a small opening window which can be closed.
The arrangement for guarding the fire also requires consideration.
(Item 4 in Quality Improvement Plan)

9.1.5 During the inspection the lighting in the main living room was measured and appeared to be generally below the level recommended in good practice guidance.
(Item 5 in Quality Improvement Plan)

9.1.6 Although not confirmed on the day of inspection it is understood that the category of care may include dementia and therefore a dementia audit should be carried out.
(Item 6 in Quality Improvement Plan)

9.1.7 Before the home would become operational the thermostatic mixing valves require to be serviced.
(Item 7 in Quality Improvement Plan)

- 9.1.8 Some of the refurbishment work has involved reconfiguration of the home and appears to have required structural alterations for which there should be Building Control approval. Plans of the current layout should be forwarded to RQIA.
(Item 8 and 9 Quality Improvement Plan)
- 9.1.9 Many parts of the home have been redecorated and the work which remains outstanding should be completed.
(Item 10 in Quality Improvement Plan)
- 9.1.10 On the day of inspection the arrangements for storing medicines were discussed but not confirmed to the inspectors.
(Item 11 in Quality Improvement Plan)

These matters are detailed in the section of the attached Quality Improvement Plan titled '**Standard 27 - Premises and grounds**'.

- 9.2** **Standard 28 - Safe and healthy working practices** - *The home is maintained in a safe manner*
- 9.2.1 On the day of inspection there was no legionella risk assessment in the home.
(Item 12 in Quality Improvement Plan)
- 9.3** **Standard 29: Fire safety** - *Fire safety precautions are in place that reduce the risk of fire and protect residents, staff and visitors in the event of fire.*
- 9.3.1 The inspector was informed that a fire risk assessment has been carried out but it was not available on site on the day of inspection.
(Item 13 in Quality Improvement Plan)
- 9.3.2 Although there are no staff currently in the home arrangements will need to be made regarding fire safety training and practice fire drills.
(Item 14 in Quality Improvement Plan)
- 9.3.3 Although there was a fire action procedure available on the day of inspection it requires to be reviewed and updated.
(Item 15 in Quality Improvement Plan)
- 9.3.4 The home has been unoccupied for some time and therefore the fire safety installations must be re-commissioned by a competent person.
(Items 16 and 17 in Quality Improvement Plan)
- 9.3.5 One of the final exit doors has a mechanical key pad lock. This should be changed to an electro-magnetic lock which is linked to the alarm and detection system. The installation should also have an emergency override in close proximity to the door.
(Item 18 in Quality Improvement Plan)

- 9.3.6 The Northern Ireland Fire and Rescue Service should be advised of the date when the home will become operational.
(Item 19 in Quality Improvement Plan)
- 9.3.7 A significant number of new doors have been fitted throughout the home. On the day of inspection the door to bedroom 7 was found to require adjustment.
(Item 20 in Quality Improvement Plan)

Fire Safety matters requiring attention are detailed in the section of the attached Quality Improvement Plan titled '**Standard 29: Fire safety**'.

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Mr Wesley Kerr and Mrs Josephine McErlean 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.

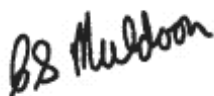
Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by residents.

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**



**Colin Muldoon
Estates Inspector**

20 June 2014

Date



Quality Improvement Plan sign off sheet for estates inspectors

| | |
|---------------------------|---------------|
| Name of Home | The Cara |
| Date of Inspection | 28 April 2014 |
| | C Muldoon |

| 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. | √ | √ | C Muldoon | 31/10/2014 |

Estates Inspection – QIP sign off sheet

Informing and Improving Health and Social Care

NOTES:

The details of the Quality Improvement Plan were discussed with Mr Wesley Kerr and Mrs Josephine McErlean 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:

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

SIGNED: Wesley Kerr

NAME: WESLEY KERR
(Print) REGISTERED PROVIDER

DATE: 23/06/2014

SIGNED: Wesley Kerr

NAME: WESLEY KERR
(Print) REGISTERED MANAGER

DATE: 23/06/2014

Announced Estates Inspection to The Cara Residential Care Home on 28 April 2014

10.25 – 12.35

Assurance, Challenge and Improvement in Health and Social Care

Standard 27 - Premises and grounds

The following requirements and recommendations 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 | Regulation 27.-(2)(q) | A competent electrician should provide valid certification which verifies that the electrical installation is in a safe and satisfactory condition. (Item 9.1.1 in report) | Before the home becomes operational | OTHER WORKS HAVE TO BE COMPLETED IN ORDER TO COMPLY WITH BUILDING CONTROL REGS. A COMPETENT ELECTRICIAN WILL COMPLETE NEW ELECTRICAL WORKS, ENSURE THE TOTAL INSTALLATION IS SAFE AND SATISFACTORY AND CERTIFY PRIOR TO HOME BECOMING OPERATIONAL. |
| 2 | Regulation 27.-(2)(c) | The resident /staff call system should be reviewed and modified as necessary to ensure that staff will always be alerted when a call is being made. (Item 9.1.2 in report) | Before the home becomes operational. | THIS HAS ALREADY BEEN COMPLETED WITH A NEW ALARM (SOUND AND VISUAL) BEING INSTALLED IN THE STAFF ROOM & OFFICE AREA |
| 3 | Regulation 14.-(2)(a) and (c) | A hot surface risk assessment should be carried out and actioned as necessary. (Item 9.1.3 in report) | Before the home becomes operational. | THREE RADIATORS HAVE BEEN IDENTIFIED AS REQUIRING COVERS HOWEVER A FINAL HOT SURFACE RISK ASSESSMENT WILL BE CARRIED OUT ON COMPLETION OF REQUIRED WORKS, AS OUTLINED ABOVE. |

| Item | Regulation Reference | Requirements | Timescale | Details Of Action Taken By Registered Person (S) |
|------|--|--|--------------------------------------|--|
| 4 | Regulation 14.-(2)(a) and (c) 27.-(2)(p) | The ventilation of the room containing the solid fuel stove should be by way of permanently open air vents. The fresh air supply to this area of the home should be in compliance with the relevant Building Control technical booklet and include consideration of combustion product spillage caused by extract fans in adjoining toilets and hairdressing room. A CO detector should be fitted in accordance with the manufacturer's instructions. The provider must consider, assess and implement the necessary guarding arrangements for the fire (Item 9.1.4 in report) | Before the home becomes operational. | A CO DETECTOR HAS BEEN FITTED. THE SOLID FUEL STOVE WILL NOT BE USED WITHOUT THE AIR VENTS BEING PERMANENTLY OPEN. THE SOLID FUEL STOVE WILL NOT BE USED WITHOUT THE NECESSARY GUARDING ARRANGEMENTS BEING IN PLACE. |
| 5 | Regulation 27.-(2)(p) | The lighting level in the main living room should be reviewed and brought into line with the Minimum Standards and good practice guidance from the DSDC and CIBSE (Item 9.1.5 in report) | Before the home becomes operational. | THIS HAS BEEN FULLY ADDRESSED WITH THE INSTALLATION OF NEW LED LIGHTING. |
| 6 | Regulation 27.-(2)(a) and (n) | A dementia audit from a recognized authority should be carried out and the findings actioned. (Item 9.1.6 in report) | Before the home becomes operational. | THIS WILL BE COMPLIED WITH PRIOR TO THE HOME BECOMING OPERATIONAL. |
| 7 | Regulation 27.-(2)(q) | The thermostatic mixing valves should be serviced, set and fail safe tested in accordance with the manufacturer's instructions. (Item 9.1.7 in report) | Before the home becomes operational | THIS HAS BEEN FULLY ADDRESSED. |

| Item | Regulation Reference | Requirements | Timescale | Details Of Action Taken By Registered Person (S) |
|------|-----------------------|---|--------------------------------------|--|
| 8 | Regulation 27.-(2)(b) | The Building Control approval and completion certificates for the alterations to the home should be forwarded to RQIA. (Item 9.1.8 in report) | Before the home becomes operational. | BUILDING CONTROL REQUIRE FURTHER WORKS TO BE COMPLETED, WHEN IT IS UNDERGOING FINAL APPROVAL WILL BE GRANTED. CERTIFICATION WILL BE FORWARDED TO RQIA AS SOON AS THIS IS AVAILABLE. |
| 9 | Regulation 27.-(2)(a) | Up to date drawings of the home should be forwarded to RQIA. The drawings should be to scale or accurately dimensioned, be a true representation of the current layout of the home and reflect the updated statement of purpose which is due to be submitted to RQIA by 20 June 2014. (Item 9.1.8 in report) | Before the home becomes operational. | UP TO DATE DRAWINGS OF THE HOME WILL BE FORWARDED AS SOON AS THE ARCHITECT HAS COMPLETED THEM AND THEY ARE APPROVED BY BUILDING CONTROL. A NEW STATEMENT OF PURPOSE WILL ALSO BE FORWARDED WHEN THE WORK IS COMPLETED. |
| 10 | Regulation 27.-(2)(d) | The remaining redecoration work to the bedrooms should be completed. (Item 9.1.9 in report) | Before the home becomes operational. | THE REMAINING THREE BEDROOMS HAVE BEEN RE-DECORATED. |
| 11 | Regulation 27.-(2)(l) | The proposed arrangements for storing medicines should be confirmed to RQIA. (Item 9.1.10 in report) | Before the home becomes operational. | A DRUGS TROLLEY AND A CONTROLLED DRUGS SAFE WILL BE STORED IN A LOCKED ROOM - ROOM ALREADY IN PLACE. |

Standard 28 - Safe and healthy working practices

The following requirements and recommendations 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) |
|------|-------------------------------|---|---|---|
| 12 | Regulation 14.-(2)(a) and (c) | <p>A legionella risk assessment must be carried out by a suitably qualified and competent person. The outcome of the assessment must be a scheme which:</p> <ol style="list-style-type: none"> 1. Defines the actions required to ensure the water installation is free from legionella immediately prior to occupation of the home. This should be verified by testing of water samples, the results of which should be forwarded to RQIA. 2. Defines the remedial and control measures necessary for the ongoing control of legionella. <p>The scheme must be in line with Approved Code of Practice L8. The provider must fully address the legionella scheme of control and keep records of all actions relating to the control of legionella. (Item 9.2.1 in report)</p> | Before the home becomes operational and ongoing | THIS WILL BE COMPLIED WITH PRIOR TO THE HOME OPENING. |

Standard 29 - Fire Safety

The following requirements and recommendations 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) |
|------|-------------------------------------|--|--------------------------------------|---|
| 13 | Regulation 27.-(4)(a) | <p>A fire risk assessment using the standards and criteria in the current NIHTM84 must be carried out by an accredited assessor.</p> <p>The action plan resulting from the fire risk assessment must be fully addressed.</p> <p>A copy of the fire risk assessment must be forwarded to RQIA.</p> <p>(Item 9.3.1 in report)</p> | Before the home becomes operational. | THIS HAS BEEN COMPLETED - A COPY HAS BEEN FORWARDED TO RQIA. |
| 14 | Regulation 27.-(4)(e) 27.-(4)(f) | <p>All staff must receive fire safety information, instruction and training in accordance with NIHTM84. The training must be provided by a competent person and be specific to the home.</p> <p>All staff must participate in a practice fire drill in accordance with the emergency procedure. The drills must verify that an effective evacuation can be carried out at any time and when the minimum number of staff are on duty.</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>(Item 9.3.2 in report)</p> | Before the home becomes operational. | <p>FIRE TRAINING WILL BE PROVIDED AND STAFF WILL RECEIVE ALL NECESSARY INFORMATION, INSTRUCTION AND TRAINING IN ACCORDANCE WITH NIHTM84.</p> <p>ALL STAFF WILL PARTICIPATE IN A PRACTICE FIRE DRILL TO ENSURE COMPLIANCE WITH THIS REQUIREMENT.</p> <p>RECORDS WILL BE MAINTAINED AS REQUIRED.</p> <p>LEARNING POINTS WILL BE INCLUDED IN FIRE SAFETY TRAINING AND REVIEWS OF PROCEDURES.</p> |

| Item | Regulation Reference | Requirements | Timescale | Details Of Action Taken By Registered Person (S) |
|------|---|--|--------------------------------------|---|
| 15 | Regulation 27.-(4)(a) | The emergency fire procedure should be reviewed and updated. Reference should be made to current good practice and the findings of the Rosepark inquiry. The advice of the fire safety advisor should be sought. (Item 9.3.3 in report) | Before the home becomes operational. | THE EMERGENCY FIRE PROCEDURE WILL BE REVIEWED AND UPDATED WHEN REQUIRED BUILDING WORKS ARE COMPLETED. |
| 16 | Regulation 27.-(4)(d)(i) 27.-(4)(d)(ii) 27.-(4)(d)(iv) 27.-(4)(d)(v) | The fire detection and alarm system must be fully re-commissioned and tested by a competent contractor. Reference should be made to BS 5839 (Item 9.3.4 in report) | Before the home becomes operational. | THIS WILL BE COMPLETED FOLLOWING THE BUILDING WORKS AS REQUIRED BY BUILDING CONTROL BEING FINISHED. |
| 17 | Regulation 27.-(4)(c) 27.-(4)(d)(iv) 27.-(4)(d)(v) | The emergency lighting system must be fully re-commissioned and tested by a competent contractor. Reference should be made to BS 5266. (Item 9.3.4 in report) | Before the home becomes operational. | THIS WILL BE COMPLETED AS REQUIRED PRIOR TO THE HOME BECOMING OPERATIONAL. |
| 18 | Regulation 27.-(4)(c) | The mechanical key pad lock on the final exit door should be changed to an electro-magnetic lock which is linked to the fire detection and alarm system and which has an emergency override. It should be installed by a competent contractor who can verify that the installation is in accordance with BS7273. (Item 9.3.5 in report) | Before the home becomes operational. | THIS WILL BE COMPLETED PRIOR TO THE HOME BECOMING OPERATIONAL. |

| Item | Regulation Reference | Requirements | Timescale | Details Of Action Taken By Registered Person (S) |
|------|--|--|--------------------------------------|---|
| 19 | Regulation 27.-(4)(a) | The provider must advise the Northern Ireland Fire and Rescue Service when the home is to become operational. (Item 9.3.6 in report) | Before the home becomes operational. | THIS WILL BE DONE AS SOON AS REQUIRED BUILDING WORKS ARE COMPLETED, SO FIRE OFFICER WILL BE ABLE TO VISIT AND INSPECT THE COMPLETED WORK. |
| 20 | Regulation 27.-(4)(c) 27.-(4)(d)(i) | All fire doors should be surveyed and the necessary adjustments made which will ensure that they operate correctly and provide an effective fire and smoke seal. (Item 9.3.7 in report) | Before the home becomes operational. | THE BEDROOM DOOR IDENTIFIED WILL BE ADJUSTED. THE DAY-ROOM (LUNGE) DOORS IDENTIFIED WILL HAVE NECESSARY FIRE AND SMOKE SEALS FITTED. |