



The Regulation and  
Quality Improvement  
Authority

**THE REGULATION AND QUALITY IMPROVEMENT  
AUTHORITY**

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**ANNOUNCED ESTATES INSPECTION**

<b>Inspection No:</b>	IN017943
<b>Establishment ID No:</b>	1400
<b>Name of Establishment:</b>	Tamlaght
<b>Date of Inspection:</b>	13 November 2014
<b>Inspector's Name:</b>	Mr Gavin Doherty

## 1.0 GENERAL INFORMATION

<b>Name of Home:</b>	Tamlaght
<b>Address:</b>	34 Larne Road Carrickfergus BT38 7DY
<b>Telephone Number:</b>	(028) 9336 6194
<b>Registered Organisation/Provider:</b>	Miss Laura Wheeler
<b>Registered Manager:</b>	Mrs Fiona Gray
<b>Person in Charge of the Home at the time of Inspection:</b>	Mrs Fiona Gray
<b>Other person(s) consulted during inspection:</b>	Mr Mark King, Consultant Mr Wesley Scott, Building Maintenance
<b>Type of establishment:</b>	Nursing Home
<b>Number of Registered Places:</b>	45 RC-I, NH-I
<b>Date and time of inspection:</b>	13 November 2014 from 10:30 – 13:30
<b>Date of previous inspection:</b>	17 April 2013
<b>Name of Inspector:</b>	Mr Gavin Doherty

## **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 nursing 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 Nursing Homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- Nursing Homes Minimum Standards (DHSSPS, 2008)

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 the person in charge
- Examination of records
- Inspection of the home internally and externally. Patient's private bedrooms were only inspected when unoccupied and permission was granted.
- 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 Mrs Fiona Gray, registered manager, Mr Mark King, Consultant and Mr Wesley Scott, responsible for the building maintenance.

## **6.0 INSPECTION FOCUS**

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Nursing Homes Minimum Standards and to assess progress with the issues raised during and since the previous inspection:

### **Standards inspected:**

- Standard 32 - Premises and grounds
- Standard 35 - Safe and healthy working practices
- Standard 36 - Fire Safety

## **7.0 PROFILE OF SERVICE**

Tamlaght is a 45 bedded purpose built Nursing Home situated in private grounds on the Larne Road in the town of Carrickfergus. It is a substantial two-storey dwelling and is situated on a main bus route, close to all facilities in the town of Carrickfergus. Bedroom accommodation is provided in both single and double bedrooms (41 single and two double). The first floor of the home is accessed by a passenger lift and stairs. There are a range of toilet, bath and shower facilities, communal lounges and a large dining room. The home's gardens have been landscaped and provide a pleasant outlook for patients.

## **8.0 SUMMARY**

Following the Estates Inspection of Tamlaght on 13 November 2014 improvements are required to comply with the Nursing Homes Regulations (Northern Ireland) 2005 and the criterion outlined in the following standards:

- Standard 32 - Premises and grounds
- Standard 35 - Safe and healthy working practices
- Standard 36 - Fire Safety

This resulted in six requirements and no recommendations. These are outlined in the quality improvement plan appended to this report.

The Estates Inspector would like to acknowledge the assistance and hospitality of Mrs Fiona Gray, Mr Mark King, Mr Wesley Scott and the Home's staff throughout the inspection process.

## 9.0 INSPECTOR'S FINDINGS

### 9.1 Recommendations and requirements from previous inspection

It is good to note that the issues raised in the report of the previous estates inspection on 17 April 2013 had been fully addressed.

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
1	Regulation 27 (2)(b)(d)	Ensure that a suitable monitoring regime for the home's hot and cold water temperatures is put in place. Suitable records should be maintained and available for inspection within the home.	Records examined confirmed monthly temperature checks are maintained.	Requirement fulfilled.
2	Regulation 14 (2)(a)(c)	Ensure that the remedial works required as a result of the most recent inspection of the fire alarm and detection system are completed without further delay. (This work is in hand).	Most recent inspection of the fire alarm and detection system confirms that the system is in a 'satisfactory' condition with no outstanding issues.	Requirement fulfilled.

**9.2 Standard 32 - Premises and grounds - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose***

9.2.1 There was good evidence of maintenance activities within the home, and the home appeared clean and very well kept. Maintenance procedures for the building and engineering services are in place and appear to comply with this standard. At the time of the inspection many areas of the home were being redecorated and this ongoing commitment to the quality of the premises is to be commended. There were therefore no requirements or recommendations made against this standard during this inspection.

**9.3 Standard 35 - Safe and healthy working practices - *The home is maintained in a safe manner***

9.3.1 By in large, safe and healthy working practices appear evident in the home in accordance with this standard. The patient hoists used within the home receive suitable regular 'Thorough Examination' and the premises fixed electrical installation was inspected on 14 April 2011 and is in a 'satisfactory' condition. Portable appliance testing was undertaken on 20 January 2014 and no failures were identified. All gas appliances were inspected on 5 & 26 August 2014 and confirmed to be in a 'satisfactory' condition. The top score of '5' was awarded by the local council during their most recent inspection by their Environmental Health department on 13 July 2013. However, one issue has been identified for attention by the registered manager. This is detailed below and in the section of the attached quality improvement plan titled '**Standard 35 - Safe and healthy working practices**'.

9.3.2 A risk assessment was undertaken on 7 March 2013 with regards to the 'Control of legionella bacteria in the home's hot and cold water systems'. As a result of this risk assessment several control measures have been implemented throughout the home. However, it is noted that at present, suitable temperature checks for the home's Calorifiers (Hot water storage tanks), cold water storage tanks and sentinel outlets are not being taken and recorded. It is essential that all the control measures highlighted in this risk assessment are fully implemented and maintained. Records should also be maintained and available for inspection within the home. If required, detailed advice on each control measure should be sought from the provider of the risk assessment.

Detailed advice has been recently published by the Health and Safety Executive in the form of 'HSG274 - Part 2: The control of legionella bacteria in hot and cold water systems', and this can be freely downloaded at the following address:

<http://www.hse.gov.uk/pubns/priced/hsg274part2.pdf>

(Item 1 in the attached Quality improvement plan)

- 9.3.3 It is essential that the thermostatic mixing valves installed in the home are serviced and maintained in accordance with the manufacturer's instructions. Records should be maintained and be available within the home for inspection. (Item 2 in the attached Quality improvement plan)
- 9.3.4 Ensure that the local exhaust ventilation system in the main Kitchen undergoes suitable thorough examination, cleaning and testing, at least once every 14 months, and in accordance with the 'Control of Substances Hazardous to Health Regulations (COSHH) 2002', Regulation 9 'Maintenance, examination and testing of control measures'. (Item 3 in the attached Quality improvement plan)
- 9.3.5 The most recent 'Thorough Examination' of the patient hoists and lifting equipment appears from records examined, to have been undertaken on 12 February 2014. Such examinations should be carried out every 6 months in accordance with the Lifting Operations, Lifting Equipment Regulations (LOLER). It is essential that suitable procedures are implemented to ensure that these inspections take place at intervals not exceeding 6 months. (Item 4 in the attached Quality improvement plan)
- 9.3.6 It is important that wardrobes in resident's bedrooms are securely fixed to the backing wall. A survey of all such furniture throughout the home should be undertaken and suitable steps taken to secure any wardrobes found not to be so fixed. (Item 5 in the attached Quality improvement plan)
- 9.4 Standard 36: 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 Fire Safety procedures in the home are, in the main, generally in line with this standard. A fire risk assessment was undertaken on 22 October 2014 and the significant issues recorded had been assessed and implemented. Records inspected during the inspection demonstrated good attention to fire safety matters. However, several issues have been identified for attention by the registered manager. These are detailed below and in the section and in the section of the attached quality improvement plan titled '**Standard 36: Fire safety**'.
- 9.4.2 Ad-hoc fire drills are currently carried out within the home but suitable records of these drills are not maintained. Such fire drills should be carried out in compliance with the Home's fire plan and it is essential that all staff participate in a practice fire drill at least once every year. Records should be maintained and be available within the home for inspection. (Item 6 in the attached Quality improvement plan)

## **10.0 QUALITY IMPROVEMENT PLAN**

The details of the Quality Improvement plan appended to this report were discussed with Mrs Fiona Gray, Mr Mark King and Mr Wesley Scott 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 Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

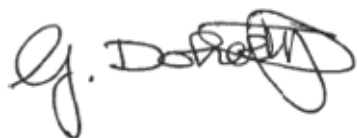
Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by residents.

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**

A handwritten signature in black ink, appearing to read 'G. Doherty', with a stylized flourish at the end.

**Gavin Doherty**  
Estates Inspector



## Quality Improvement Plan

### Announced Estates Inspection

#### Tamlaght Nursing Home

**13 November 2014**

QIP Position Based on Comments from Registered Persons (for RQIA use only)			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.			✓	Gavin Doherty	03/02/2015
C.	Clarification or follow up required on some items.					

Announced Estates Inspection to Tamlaght Nursing Home on 13 November 2014

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## **NOTES:**

The details of the quality improvement plan were discussed with Mrs Fiona Gray, Mr Mark King and Mr Wesley Scott 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 Nursing 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 patients.

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  
9<sup>th</sup> Floor Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

SIGNED:



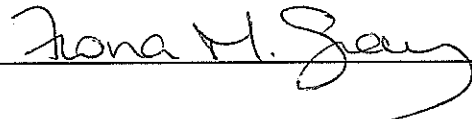
NAME:  
(print)

TREVOR GAGE  
REGISTERED PROVIDER

DATE:

16<sup>th</sup> Jan 2015

SIGNED:



NAME:  
(print)

FIONA GRAY.  
REGISTERED MANAGER

DATE:

16<sup>th</sup> January 2015.

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**Standard 35 - Safe and healthy working practices**

The following requirements and recommendations should be noted for action in relation to Standard 35 - Safe and healthy working practices

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
1	Regulation 14 (2)(a),(c)	Ensure that all requirements and recommendations contained within the Home's risk assessment for the control of legionella bacteria in the hot and cold water systems, are fully implemented within the stipulated timescales and maintained accordingly. (9.3.2 in the Report)	12 weeks	Requirements + recommendations contained within the Home's risk assessment have been actioned + implemented.
2	Regulation 14 (2)(a),(c)	Ensure that the thermostatic mixing valves installed in the home are serviced and maintained in accordance with the manufacturer's instructions or at least annually. Records should be maintained and be available within the home for inspection. (9.3.3 in the Report)	Immediate and ongoing	A programme of maintenance and servicing of the homes thermostatic mixing valves has commenced and is ongoing.
3	Regulation 14 (2)(a),(c)	Ensure that the local exhaust ventilation system in the main Kitchen undergoes suitable thorough examination, cleaning and testing, at least once every 14 months, and in accordance with the 'Control of Substances Hazardous to Health Regulations (COSHH) 2002', Regulation 9 'Maintenance, examination and testing of control measures'. (9.3.4 in the Report)	12 weeks	I have been in touch with contractors to obtain quotes in anticipation of having the work carried out.

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4	Regulation 14 (2)(a),(c)	Suitable procedures must be implemented for the 'Thorough Examination' of the patient hoists and lifting equipment, to ensure that these inspections take place at intervals not exceeding 6 months in accordance with the Lifting Operations, Lifting Equipment Regulations (LOLER). (9.3.5 in the Report)	Immediate and ongoing	These were carried out in February and September 2014. Certificates are available for both dates.
5	Regulation 14 (2)(a),(c)	It is important that wardrobes in resident's bedrooms are securely fixed to the backing wall. A survey of all such furniture throughout the home should be undertaken and suitable steps taken to secure any wardrobes found not to be so fixed. (9.3.6 in the Report)	12 weeks	A programme for securing the wardrobes to the wall has been commenced and will be completed within the time specified.

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**Standard 36 - Fire Safety**

The following requirements and recommendations should be noted for action in relation to Standard 36 - Fire Safety

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
6	Regulation 27(4)(f)	Ensure that sufficient practice fire drills are undertaken within the home at various times, including evenings, to ensure that all staff participate in a fire drill at least annually. (9.4.2 in the Report)	Immediate and ongoing	We continue to carry out fire drills on an ad hoc basis and to cover all the staff shifts.

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