



The Regulation and  
Quality Improvement  
Authority

**THE REGULATION AND QUALITY IMPROVEMENT  
AUTHORITY**

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**ANNOUNCED ESTATES INSPECTION**

<b>Inspection No:</b>	<b>IN018003</b>
<b>Establishment ID No:</b>	<b>1434</b>
<b>Name of Establishment:</b>	<b>Antrim Care Home</b>
<b>Date of Inspection:</b>	<b>19 December 2014</b>
<b>Inspector's Name:</b>	<b>Colin Muldoon</b>

## 1.0 GENERAL INFORMATION

<b>Name of Home:</b>	Antrim Care Home
<b>Address:</b>	88 Milltown Road, Antrim BT41 2JJ
<b>Telephone Number:</b>	028 9442 8717
<b>Registered Organisation/Provider:</b>	Four Seasons Health Care Mr J McCall (Responsible Person)
<b>Registered Manager:</b>	Mrs Shirley Martin
<b>Person in Charge of the Home at the time of Inspection:</b>	Mrs Shirley Martin
<b>Other person(s) consulted during inspection:</b>	Mr Gerry Hegarty (FSHC Estates Manager)
<b>Type of establishment:</b>	Nursing Home
<b>Number of Registered Places:</b>	53
<b>Category of Care</b>	NH-I, NH-PH, NH-PH(E), NH-TI, NH-DE, RC-I
<b>Date and time of inspection:</b>	19 December 2014                      10.15am – 1.45pm
<b>Date of previous Estates inspection:</b>	05 December 2011
<b>Name of Inspector:</b>	Colin Muldoon

## **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 Mrs Shirley Martin and Mr Gerry Hegarty
- Examination of records
- Inspection of the home internally and externally. Resident'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 Shirley Martin and Mr Gerry Hegarty.

## **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**

Antrim Care Home was a private dwelling which has been extended and adapted for use as a care home. The home is set on a quiet rural site on the outskirts of Antrim, just off the main bus route on the Ballymena to Antrim Road.

All resident accommodation of bedrooms, living and dining rooms, toilets, bathing and showering facilities are on the ground floor.

There is an upper floor which is used for staff facilities.

## **8.0 SUMMARY**

There was good evidence of maintenance activities and in general the building appeared to be in satisfactory condition although some matters relating to the environment were identified. Therefore, following the Estates Inspection of Antrim Care Home on 19 December 2014, improvements are required to comply with the Nursing Homes Regulations (Northern Ireland) 2005 and the criteria outlined in the following standards:

- Standard 32 - Premises and grounds
- Standard 36 - Fire Safety

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

The Estates Inspector would like to acknowledge the assistance of Mrs Shirley Martin and Mr Gerry Hegarty during the inspection process.

## 9.0 INSPECTOR'S FINDINGS

### 9.1 Recommendations and requirements from previous Estates inspection on 05 December 2011

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
9.1.1	Regulation 14.-(2)(a)	The electrical cupboards in WC3 should be kept locked.	The provider confirmed these cupboards are kept locked.	N/A
9.1.2	Regulation 14.-(2)(a)	The door to the catering lift lobby should be kept locked.	On the day of inspection a catering trolley was parked in the lobby preventing the door from closing.	The main kitchen is on the ground floor and therefore if this catering lift is now redundant it is recommended that it is decommissioned and the shaft suitably fire sealed. In the interim it should be ensured that the door to the lift lobby is kept closed. (Item 6 in Quality Improvement Plan)
9.1.3	Regulation 14.-(2)(c)	There was no legionella risk assessment available for inspection. The Estates manager confirmed that there are no issues outstanding from the last assessment. However that assessment is now out of date.	The last legionella risk assessment was carried out in May 2012. The Estates manager confirmed to the inspector that the schedule of remedial work arising from the assessment was completed. The Estates manager also informed the inspector that a review of the legionella risk assessment had been arranged.	Following the review of the legionella risk assessment a program of work should be put in place to rectify any issues identified and the scheme for the control of legionella should be updated as necessary and fully implemented (Item 1 in Quality Improvement Plan)

		Arrangements should be made for the legionella risk assessment to be reviewed. From the risk assessment a written scheme of action should be drawn up and implemented.		
9.1.4	Regulation 14.-(2)(c) 27.-(2)(q)	The records of the calorifier and sentinel tap temperatures indicate significant and abnormal variations. This should be investigated and appropriate remedial actions implemented.	Although there were records of sentinel temperatures they may not include all sentinel outlets.	Although there were records relating to measures being taken towards the control of legionella they were incomplete and it could not be confirmed that a scheme for the effective control of legionella is being fully implemented. The inspector was informed that arrangements were in hand to address this matter. (Item 2 in Quality Improvement Plan)
9.1.5	Regulation 14.-(2)(c)	It should be ensured that the monitoring of stored hot water temperatures always includes all calorifiers.	There were records of calorifier temperature checks.	N/A
9.1.6	Regulation 14.-(2)(b)	The contractor's service sheets indicate that the fail safe mechanism on some of the showers is	Following the previous Estates inspection it was confirmed in the returned Quality Improvement Plan that showers had been replaced. On the day of inspection there were current records for the	N/A

		<p>not being tested. This should be followed up and arrangements made for the mechanism to be regularly tested. Consideration should be given to replacing shower mechanisms which are not equipped with appropriate fail safe facility with ones which do.</p>	<p>servicing of the thermostatic mixing valves.</p>	
9.1.7	<p>Regulation 27.-(2)(c) 27.-(2)(q)</p>	<p>There are arrangements for the lifts to be thoroughly examined. These arrangements should be reviewed to ensure that compliance with the Lifting Operations and Lifting Equipment Regulations is being achieved in relation to the independence of the person carrying out the examinations and whether the resulting certificate is in line with Schedule 1.</p>	<p>There were current servicing and thorough examination reports for the lift.</p>	N/A
9.1.8	<p>Regulation 27.-(2)(d)</p>	<p>The kitchen extract filters were dusty.</p>	<p>On the day of inspection the filters were clean.</p>	N/A

		The frequency of cleaning should be reviewed.		
9.1.9	Regulation 27.-(2)(d)	The floor covering and décor in the hall area outside the kitchen is in need of upgrade. It is understood that this work is being arranged.	Addressed	N/A
9.1.10	Regulation 27.-(2)(c)	The nurse call cord in bathroom 2 should be replaced	Addressed	N/A
9.1.11	Regulation 27.-(4)(b)	Clear the area below the stairs of all combustible materials. This area should be kept clear of all such materials.	The inspector was informed that this area is normally kept free of storage although on the day of inspection there was combustible packaging from Christmas decorations. This was removed during the inspection.	N/A
9.1.12	Regulation 27.-(4)(e)	The fire training of staff was discussed. It is understood that a number of staff require their fire training to be updated and that the manager is giving this a high priority. Ensure that all staff fire safety training has been updated in line with the provisions of HTM 84.	The manager confirmed that fire safety training was 92% up to date	N/A



9.1.13	Regulation 27.-(4)(d)(i)	The corridor door on the first floor requires to be adjusted so that it closes tight to form an effective fire seal.	Addressed	
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No	Standard.	Recommendation	Action taken - as confirmed during this inspection	Inspector's Comments
9.1.14	Standard 32.	The log sheet of room water temperatures should be amended so that actual readings are recorded.	Addressed	N/A

**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 were current records relating to the servicing and LOLER (Lifting Operations and Lifting Equipment Regulations (NI) 1999) thorough examination of the hoists and slings. The LOLER report of September 2014 notes that one hoist and some slings were not safe for use or were not inspected. Mrs Martin confirmed that the hoist in question was subsequently repaired.

(Item 3 in Quality Improvement Plan)

9.2.2 The LOLER thorough examination reports on both the passenger and goods lift note category B defects.

(Item 4 in Quality Improvement Plan)

9.2.3 The join in the sheet vinyl flooring in the assisted shower in the frail elderly unit requires repair to avoid a tripping hazard and a dirt trap.

(Item 5 in Quality Improvement Plan)

These matters are detailed in the section of the attached Quality Improvement Plan titled '**Standard 32 - Premises and grounds**'.

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

9.3.1 No issues were identified during this inspection

**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 The last recorded practice fire drills were in February 2014 and November 2013. Not all staff took part on each occasion and the records note some concerns about staff actions during the drills. This was discussed with Mrs Martin and Mr Hegarty and it was agreed that a concentrated program of drills would be actioned within a week.

The inspector also discussed the emergency plan at the fire panel. The current plan is a generic commercially available set of instructions.

(Items 7 and 8 in Quality Improvement Plan)

9.4.2 The last service of the fire alarm system was in October 2014. The service record sheet advises that this was a visual check only and should be followed up with a proper service by December 2014.

(Item 9 in Quality Improvement Plan)

9.4.3 The records indicate that the monthly function test of the emergency lights has been irregular.

(Item 10 in Quality Improvement Plan)

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9.4.4 On the day of inspection there was a hoist parked in the Six Mile suite corridor and obstructing the emergency exit route. It was relocated during the inspection.  
(Item 11 in Quality Improvement Plan)

These matters are detailed in the section of the attached Quality Improvement Plan titled '**Standard 36: Fire safety**'

## **10.0 QUALITY IMPROVEMENT PLAN**

The details of the Quality Improvement plan appended to this report were discussed with Mrs Shirley Martin and Mr Gerry Hegarty 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**

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## Quality Improvement Plan sign off sheet for estates inspectors

<b>Name of Home</b>	Antrim Care Home
<b>Date of Inspection</b>	19 December 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	12/03/2015

Estates Inspection – QIP sign off sheet

Informing and Improving Health and Social Care

**NOTES:**

The details of the Quality improvement Plan were discussed with Mrs Shirley Martin and Mr Gerry Hegarty as part of the inspection process.

The timescales commence from the date of inspection.

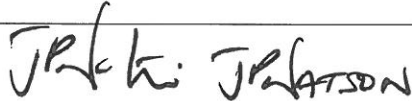
Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

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 completed by the registered provider and registered manager and returned to [estates@rqia.org.uk](mailto:estates@rqia.org.uk).

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:

NAME OF REGISTERED MANAGER COMPLETING QIP	Shirley Martin
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	 Jim McCall DIRECTOR OF OPERATIONS 17.2.15

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## Standard 32 - Premises and grounds

The following requirements and recommendations should be noted for action in relation to Standard 32 - Premises and grounds

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
1	Regulation 13.-(7)	<p>Following the review of the legionella risk assessment a program of work should be put in place to rectify any issues identified and the scheme for the control of legionella should be updated as necessary and fully implemented.</p> <p>Reference should be made to Health and Safety Executive document L8 <i>Legionnaires' disease - The control of legionella bacteria in water systems</i> with particular attention to HSG274 Part 2 (2014) and the Department of Health document Health Technical Memorandum 04-01: <i>The control of Legionella, hygiene, "safe" hot water, cold water and drinking water systems</i> (Item 9.1.3 in report)</p>	Ongoing	This will be reviewed when Legionella Risk Assessment is complete
2	Regulation 13.-(7)	<p>A scheme for the effective control of legionella should be fully implemented. (Item 9.1.4 in report)</p> <p><b>This is a restated requirement</b></p>	2 Weeks	Hot water issues have now been addressed

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3	Regulation 27.-(2)(c)	A valid LOLER thorough examination report should be obtained for all the hoists and slings. The reports should verify that all equipment is free from defects. (Item 9.2.1 in report)	1 Month	LOLER certificate received for visit conducted on 8th September 2014
4	Regulation 27.-(2)(c)	A competent person should follow up the defects noted in the LOLER thorough examination reports on the lifts and arrange for the necessary repairs to be carried out. (Item 9.2.2 in report)	1 Month	Manager will monitor
5	Regulation 27.-(2)(b)	The sheet vinyl flooring in the assisted shower room in the frail elderly unit requires repair to avoid a tripping hazard and a dirt trap. (Item 9.2.3 in report)	1 Month	Now complete

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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)(d)(i)	<p>If the catering lift is now redundant it is recommended that it is decommissioned and the shaft suitably fire sealed.</p> <p>In the interim it should be ensured that the door to the lift lobby is kept closed.</p> <p>The advice of the fire safety advisor should be sought.</p> <p>(Item 9.1.2 in report)</p> <p><b>This is a restated requirement</b></p>	Ongoing	The door is now closed. This lift is to be kept in use
7	Regulation 19.(2) Schedule 4 (15)	<p>The emergency procedure for staff to follow in the event of fire should be reviewed. The procedure should be detailed, define roles, be in line with current good practice and be specific to the home.</p> <p>The advice of the fire safety advisor should be sought and reference made to the findings of the Rosepark inquiry.</p> <p>The procedure should be posted at the fire panel.</p> <p>(Item 9.4.1 in report)</p>	1 Week	Manager will address with staff
8	Regulation 27.-(4)(f)	A concentrated program of drills should be carried out to ensure that all staff are familiar	1 Week and ongoing	Manager will arrange a fire drill with staff and place on an ongoing

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		<p>with the implementation of the emergency plan. The drills should verify the effectiveness of the emergency procedure.</p> <p>It should be ensured that all staff participate in practice fire drills at least once a year.</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 9.4.1 in report)</p>		<p>training planner. Maintenance person is scheduled to attend fire warden training 23.3.15</p>
9	Regulation 27.-(4)(d)(iv)	<p>The fire detection and alarm system should be fully serviced in accordance with BS5839.</p> <p>(Item 9.4.2 in report)</p>	2 Weeks	Serviced on 18.12.14. No Recommendations on report
10	Regulation 27.-(4)(d)(v)	<p>It should be ensured that the monthly function test of emergency lights is maintained and recorded.</p> <p>(Item 9.4.3 in report)</p>	Ongoing	Serviced on 9.10.14.No recommendations
11	Regulation 27.-(4)(c)	<p>It should be ensured that there are adequate storage facilities and that exit routes are always unobstructed.</p> <p>(Item 9.4.4 in report)</p>	Ongoing	Exit routes now unobstructed

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