



The Regulation and  
Quality Improvement  
Authority

Collegeland Nursing Home  
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Lislasly Road  
Aughanlig  
Dungannon  
BT71 6SR

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**Announced Estates Inspection  
of  
Collegeland Nursing Home**

**19 August 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An announced estates inspection took place on 19 August 2015 from 10.00hrs to 12.30hrs. 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 items 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>	1	1

The details of the QIP within this report were discussed with the Mr Patrick McAvoy, Registered Responsible Person 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> Roughan Care Limited/ Mr Patrick McAvoy	<b>Registered Manager:</b> Mrs Ann Keppler
<b>Person in Charge of the Home at the Time of Inspection:</b> Mrs Ann Keppler	<b>Date Manager Registered:</b> 14 August 2014
<b>Categories of Care:</b> RC-I, RC-PH, NH-DE, NH-I, NH-PH, NH-PH(E)	<b>Number of Registered Places:</b> 26
<b>Number of Patients Accommodated on Day of Inspection:</b> 25	<b>Weekly Tariff at Time of Inspection:</b> <b>£470-593</b>

## 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 month's period.

During the inspection the inspector met with Mr Patrick McAvoy and Mrs Ann Keppler.

The following records were examined during the inspection: Copies of service records, building user maintenance/inspection log books relating to the building and engineering services, legionellae and fire risk assessments.

## 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 IN021873 dated 9 July 2015. The completed QIP was returned, and assessed as satisfactory by the care inspector on 26 August 2015.

## 5.2 Review of Requirements and Recommendations from the last Estates Inspection dated 15 January 2013.

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> Ref: Standard 32.1	Complete a redecoration repair to Bedroom 5 wall surface damaged by furniture impact/movement.	Met
	<b>Action taken as confirmed during the inspection:</b> Works implemented.	
<b>Recommendation 2</b> Ref: Standard 32.8	Replace defective double glazed units.	Met
	<b>Action taken as confirmed during the inspection:</b> Works implemented.	
<b>Recommendation 3</b> Ref: Standard 32.1	Redecorate kitchen wall surfaces.	Met
	<b>Action taken as confirmed during the inspection:</b> Redecoration works implemented.	
<b>Recommendation 4</b> Ref: Standard 35.1	Complete a survey /assessment on all window opening casement restriction devices; adapt and adjust window opening casements to ensure openings are controlled to a safe point of opening of not more than 100mm and cannot be overridden by patients. Casement opening restriction devices should only be installed and adjusted using a specialist tool.	Met
	<b>Action taken as confirmed during the inspection:</b> Implemented.	
<b>Recommendation 5</b> Ref: Standard 35.1	Install gas service emergency isolation valves in the laundry adjacent doorway access/egress points.	Met
	<b>Action taken as confirmed during the inspection:</b> Works implemented.	

### 5.3 Standard 44: Premises

#### Is Care Safe? (Quality of Life)

A range of documents relating to the maintenance and inspection of the premises were presented for review during this Estates inspection. The documentation included: inspection/test reports for building engineering services and associated risk assessments. This supports the delivery of safe care.

[There were no issues identified for attention during this Estates inspection.]

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

A range of accommodation, facilities and support services are provided in the premises. This supports the delivery of effective care.

[There were Issues identified for attention during this Estates inspection, and are detailed in the `areas for improvement` section below.]

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

The accommodation inspected was maintained in a good condition, clean and free from malodours. This supports the delivery of compassionate care.

[There were no issues identified for attention during this Estates inspection.]

#### Areas for Improvement

Sluice room wall surfaces require redecoration where cupboard was removed.  
Refer to Quality Improvement Plan, Requirement 1.

Several bedroom wall surfaces are damaged by impact with hoists/wheelchairs.  
Refer to Quality Improvement Plan, Requirement 1.

Roof eaves gutters have vegetation growth and debris.  
Mr McEvoy stated this would be rectified immediately.

Kitchen vegetable preparation room floor covering weld joint is defective and covering is lifting at joint.  
Refer to Quality Improvement Plan Requirement 1.

Bedroom 16 carpet is worn & frayed; removal of fixing screws has left holes at tiled splash back.  
Refer to Quality Improvement Plan Requirement 1.

Bedroom 10 carpet is stained/soiled.  
Refer to Quality Improvement Plan Requirement, 1.

Dining/lounge floor joint exposed floor substrate adjacent the concertina wall where floor covering was damaged.

Refer to Quality Improvement Plan Requirement 1.

<b>Number of Requirements</b>	<b>1</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)

Documents related to the safe operation of the premises, installations and engineering services were presented for review during this Estates inspection. This supports the delivery of safe care.

[There were no issues identified for attention during the estates inspection.]

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

The dependency 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.

[There was an issue identified for attention during this Estates inspection, and is detailed in the `areas for improvement` section below.]

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

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

[There were no issues identified for attention during this Estates inspection.]

##### Areas for Improvement

Legionella prevention control measures were implemented in the facility; annual chlorination of the hot and cold water storage and distribution systems was completed on 12 August 2015 and periodic sterilisation of the shower heads was implemented. There was however no assessment process to evaluate the risk posed by legionella.

Refer to Quality Improvement Plan, Recommendation 1.

<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.

[There were no issues identified for attention during this Estates inspection.]

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

The standard used by the registered person to determine the 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.

A fire risk assessment was completed by an assessor accredited for conducting fire safety risk assessments in regulated residential care facilities. This is in accordance with RQIA guidance letter “Competence of persons carrying out fire risk assessments in regulated residential care establishments”, 2 April 2015. This standard has been referenced in the fire risk assessment. This supports the delivery of effective care.

[There were no issues identified for attention during this Estates inspection.]

### **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.

[There were no issues identified for attention during this Estates inspection.]

### **Areas for Improvement**

Not Applicable.

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

Mr McAvoy stated that it was his intention to undertake an alteration and refurbishment works project within six months, and a variation application would be submitted.

## **6. Quality Improvement Plan**

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Patrick McEvoy 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

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 27. (2)(a),(b) &amp; (d)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> <b>1 April 2016</b></p>	<p>Complete a condition audit of all existing floor, wall and ceiling finishes prior to commencing any planned refurbishment works. Replace existing finishes with finishes deemed appropriate and acceptable in a dementia friendly environment. (Complete a dementia care environmental audit).</p>
	<p><b>Response by Registered Manager Detailing the Actions Taken:</b></p> <p>Audit commenced and ongoing. Provider arranging work for repairs as identified.</p>

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standards 44.1 &amp; 44.8</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> <b>14 October 2015</b></p>	<p>Review the legionella risk assessment and provide an assessment which evaluates the risk in accordance with Health Safety Executive guidelines.</p>
	<p><b>Response by Registered Manager Detailing the Actions Taken:</b></p> <p>Present legionella risk assessment has been further developed in accordance with Health and Safety Executive Guidelines</p>

<b>Registered Manager Completing QIP</b>	Ann Keppler	<b>Date Completed</b>	01/10/15
<b>Registered Person Approving QIP</b>	Patrick Mc Avoy	<b>Date Approved</b>	01.10.15
<b>RQIA Inspector Assessing Response</b>	<b>Raymond Sayers</b>	<b>Date Approved</b>	<b>08/10/15</b>

*\*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\**