



The Regulation and  
Quality Improvement  
Authority

**THE REGULATION AND QUALITY IMPROVEMENT  
AUTHORITY**

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**ANNOUNCED ESTATES INSPECTION**

<b>Inspection No:</b>	IN016773
<b>Establishment ID No:</b>	1483
<b>Name of Establishment:</b>	Corkhill Care Centre
<b>Date of Inspection:</b>	23 September 2014
<b>Inspector's Name:</b>	Raymond Sayers

## 1.0 GENERAL INFORMATION

<b>Name of Home:</b>	Corkhill Care Centre
<b>Address:</b>	27 Coolmaghery Rd Donaghmore Dungannon BT70 3HJ
<b>Telephone Number:</b>	028 8776 7362
<b>Registered Organisation/Provider:</b>	Mr & Mrs Tom Potts
<b>Registered Manager:</b>	Mrs Una McTaggart
<b>Person in Charge of the Home at the time of Inspection:</b>	Mrs Una McTaggart
<b>Other person(s) consulted during inspection:</b>	Mr Tom Potts
<b>Type of establishment:</b>	Nursing Home
<b>Number of Registered Places:</b>	49
<b>Date and time of inspection:</b>	23 September 2014 from 14.10 – 16.10hrs
<b>Date of previous estates inspection:</b>	16 February 2012
<b>Name of Inspector:</b>	Raymond Sayers

## **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. Patients' private bedrooms were only inspected when unoccupied and permission was granted;
- Evaluation and feedback.

Any other information received by RQIA about this regulated establishment 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 Una McTaggart and Mr Tom Potts.

## **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**

Corkhill Care Centre is registered to provide care to a maximum of 49 persons requiring both nursing and residential care.

The home is registered to provide care for persons under the following categories of care:

Nursing Care - I Old age not falling into any other category

Nursing - DE Dementia

Nursing - PH Physical disability other than sensory impairment

Residential Care - I Old age not falling into any other category

Residential Care - DE Dementia

The home is located in the countryside near the village of Donaghmore and currently comprises of 43 single bedrooms and three double bedrooms.

There are four sitting rooms, two dining rooms for patients and residents use, one main kitchen and a serving snack kitchen is located within the dementia unit. A coffee corner is available on the first floor for patients, residents and relatives use. Bathroom/washing/toilet facilities, a laundry, staff accommodation and offices are provided.

## **8.0 SUMMARY**

Following the Estates Inspection of Corkhill Care Centre on 23 September 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 35 - Safe and healthy working practices;
- Standard 36 - Fire Safety.

This resulted in two requirements, listed in the quality improvement plan appended to this report.

The building fabric is maintained to a very good standard, a small number of interior decorative issues were noted for maintenance action.

The facility fire risk assessment has been completed and recommended control precautions are implemented; the responsible person should ascertain that the fire risk assessor is certified by a third party accreditation body or fire safety professional body.

The Estates Inspector would like to acknowledge the assistance of Mrs Una McTaggart & Mr Tom Potts during the inspection process.

## 9.0 INSPECTOR'S FINDINGS

### 9.1 Recommendations and requirements from previous inspection

It is noted that the issues raised in the report of the previous estates inspection on 16 February 2012 have been addressed.

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
1	Regulation 14 (2)	Review and assess the BS7671 Periodic Inspection Report (PIR) for the electrical installation, plan and implement a remedial/corrective works action plan.	Verified as implemented on previous Quality Improvement Plan, current PIR examined and dated 1 February 2012.	Compliant
2	Regulation 27.(4)(a)	Consider installing swing free self-closer devices on bedroom doors in compliance with NIHTM84; prior to the installation of swing free devices management procedures should be implemented to verify that bedroom doors remain closed as recommended by NIHTM84	Management staff inspection regime implemented to ensure doors are closed during night hours.	Compliant

No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Comments
3	Standard 35.1	Examine and consider the passenger lift installation thorough examination Lifting Operations and Lifting Equipment Regulations report dated 30/01/2012, implement a repair/corrective works programme in compliance with the report recommendations.	Verified as implemented	Compliant
4	Standard 35.1	Complete an a survey of all window opening casements, assess the residual risk to all building users and ensure that window casement opening restrictors prevent the passage of a 100mm diameter sphere through any window opening casement.	Survey completed and management checks implemented.	Compliant

**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 evidence of maintenance activity and procedures; the building and engineering services however required some attention in order to comply with this standard. Corrective works were completed by the registered person, detailed in report items 9.2.2 - 9.2.4 and no requirements are listed in the attached Quality Improvement Plan section titled '**Standard 32 - Premises and grounds**'.
- 9.2.2 Laundry room washing machine support frame surface finish was corroded. Notified repairs implemented 24 September 2014
- 9.2.3 A foul odour was rising from the floor drain outlet in the laundry. Notified repairs implemented 24 September 2014
- 9.2.4 First floor bedroom 56 external window reveal was cracked and defective, render coating was spalling off wall surface. Notified repairs implemented 24 September 2014
- 9.2.5 A number of rooms had sustained some superficial wall decoration damage:
- Ground floor Bedroom 6; minor marks at bedhead.
  - First floor Bedroom 19; minor marks on walls.
- Ms McTaggart reported that repair works would be implemented.

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

- 9.3.1 Safe and healthy working practices are evident in the home, compliant with this standard. There is however an issue identified for corrective/improvement works attention by the registered person in relation to this standard and is detailed in report paragraph 9.3.2. A requirement is listed in the attached Quality Improvement Plan section titled '**Standard 35 – Safe and healthy working practices**'.
- 9.3.2 Window opening casement restrictor devices on windows in "Robins Rest" dementia unit could potentially be manipulated and opened by a patient with good manual dexterity. It is reported by the facility manager that dementia patients are always supervised when using the day room area where window casement frames may be opened.  
(Reference: Quality Improvement Plan Item 1)



**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 implemented the home are compliant with this standard. Records inspected demonstrate good attention to fire safety matters. There is however one issue which needs to be addressed and is detailed in report paragraph 9.4.2. A recommendation is listed in the section of the attached quality improvement plan titled '**Standard 36: Fire safety**'.
- 9.4.2 The fire risk assessment was completed by Mr Robert Richardson ARICS; recommended fire safety controls are implemented. It has not been ascertained that Mr Richardson is an accredited fire risk assessor as recommended by RQIA guidance ref:  
[http://www.rqia.org.uk/cms\\_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf](http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf)  
(Reference: Quality Improvement Plan Item 2)

## **10.0 QUALITY IMPROVEMENT PLAN**

The details of the Quality Improvement plan appended to this report were discussed with Mrs Una McTaggart and Tom Potts during 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**

## Quality Improvement Plan

### Announced Estates Inspection

**Corkhill Care Centre Nursing Home, RQIA ID 1483**

**23 September 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.					
C.	Clarification or follow up required on some items.					

**NOTES:**

The details of the quality improvement plan were discussed with Mrs Una McTaggart and Mr Tom Potts during 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:**

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	

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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)
		N/A		

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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	Regulations 14 (2)(a),(b) & (c)	Review the window opening casement restriction risk assessment at regular intervals. A review should also be completed when there has been any significant change in the circumstances relating to any of the dementia patients resident in the home. (Reference: Report paragraph 9.3.2)	8 weeks	

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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	Standard Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
2	Standard 36.	It is recommended that the annual review of the fire risk assessment should be carried out by a person or a company certified by a third party UKAS accredited certification body or a person who is registered with one of the fire safety professional bodies. Reference should be made to correspondence issued by RQIA to all Registered Persons on 13 January 2013 and the following guidance contained therein: <a href="http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf">http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf</a> (Reference: Report paragraph 9.4.2)	26 Weeks	

Announced Estates Inspection to Corkhill Care Centre Nursing Home on 23 September 2014

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A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address [info@rqia.org.uk](mailto:info@rqia.org.uk)