



The Regulation and  
Quality Improvement  
Authority

**THE REGULATION AND QUALITY IMPROVEMENT  
AUTHORITY**

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**ANNOUNCED ESTATES INSPECTION**

<b>Inspection No:</b>	IN021735
<b>Establishment ID No:</b>	1553
<b>Name of Establishment:</b>	Kilbroney House Nursing Home, Rostrevor
<b>Date of Inspection:</b>	03 March 2015
<b>Inspector's Name:</b>	K. Monaghan

## 1.0 GENERAL INFORMATION

<b>Name of Home:</b>	Kilbroney House Nursing Home
<b>Address:</b>	83 Kilbroney Road Rostrevor BT34 3BL
<b>Telephone Number:</b>	028 41 73 86 00
<b>Registered Responsible Individual:</b>	Mrs. Jacqueline Ann Campbell
<b>Registered Manager:</b>	Mrs. Jacqueline Ann Campbell
<b>Person in Charge of the Home at the time of Inspection:</b>	Mrs. Pauline Campbell, Nurse Manager
<b>Other person(s) present during inspection:</b>	Mr. Dermot Cullen who deals with the ongoing maintenance issues for the premises
<b>Type of establishment:</b>	Nursing Home
<b>Categories of Care:</b>	NH-PH, NH-PH(E), NH-MP, NH-MP(E), NH-DE, NH-I
<b>Conditions of Registration:</b>	There shall be a maximum of 4 patients in Category NH-DE, a maximum of 3 patients in Cat. NH-MP/MP (E) and a maximum of 2 patients in Cat. NH-PH/PH (E). The home is also approved to provide care on a day basis to 1 person.
<b>Number of Patients:</b>	19
<b>Date of previous Estates inspection:</b>	06 January 2015
<b>Date and time of inspection:</b>	03 March 2015 (10:30am. – 12:25pm)
<b>Names of Estates Inspector:</b>	K. Monaghan

## **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 and
- 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:

1. Discussions with Mrs. Pauline Campbell and Mr. Dermot Cullen
2. Inspection of the home internally and externally. Patients' private bedrooms were only inspected when unoccupied and permission was granted
3. 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. Pauline Campbell and Mr. Dermot Cullen.

#### **6.0 INSPECTION FOCUS**

This inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Nursing Homes Minimum Standards with the focus on assessing 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**

Kilbroney House Private Nursing Home is located on the outskirts of Rostrevor situated in close proximity to Kilbroney Forest Park. The home is located within a rural setting and public transport facilities, shops and community services are a short distance away.

The two-storey building comprises five single bedrooms, four double and two treble bedrooms, a large sitting room, one dining room, toilet/washing facilities and a kitchen. Laundry facilities are situated adjacent to the home at the rear of the premises.

Gardens and car parking are provided to the front of the premises.

The Registered Manager Mrs J Campbell RMN has responsibility for managing all aspects of care and services provided for patients. The home is registered to accommodate a maximum of nineteen patients. The registration categories of care are for conditions associated with old age, dementia, mental disorder, and physical disability for patients under and over sixty-five years.

The home is registered to provide day care for one patient.

## **8.0 SUMMARY**

During this Estates inspection a number of issues were identified for attention. Following this Estates inspection Kilbroney House Nursing Home on 03 March 2015, 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 fourteen requirements and two recommendations. These are outlined in the quality improvement plan appended to this report.

The Estates Inspector would like to acknowledge the assistance of Mrs. Pauline Campbell and Mr. Dermot Cullen, throughout the inspection process.

## 9.0 INSPECTION FINDINGS

### 9.1 Recommendations and requirements from the previous Estates inspections on 14 June 2014 and 06 January 2015:

The previous routine Estates inspection to Kilbroney House Private Nursing Home was carried out on 14 June 2014. A further Estates inspection which focused on the premises issues associated with a variation application was also carried out on 06 January 2015. The following issues should be noted with regard to these two previous Estates inspections:

<b>Standard 35 - Safe and healthy working practices</b>				
<b>No</b>	<b>Regulation</b>	<b>Requirements</b>	<b>Action taken - As confirmed during this inspection</b>	<b>Inspector's Comments</b>
9.1.1	Regulations 13/(7) 14(2)(a) 14(2)(c) 27(2)(q)	<p><b>Previous QIP Item 1 (14 June 2014)</b></p> <p>The procedure for carrying out the monthly checks to the unblended hot water temperatures should be reviewed with the legionella risk assessor to ensure that all of the sentinel outlets in the home are being tested. Consideration should be given to the benefits of testing water samples as part of the forthcoming review of the legionella risk assessment. The issues included in the action plan for the previous legionella risk assessment should be checked during the forthcoming review. The 'dead leg' in the kitchen should be removed and the 'dead leg' in the first floor hot press should be checked with the risk assessor to establish what if any action is required in relation to this 'dead leg'.</p>	<p>The temperature at all of the unblended hot water outlets was being checked.</p> <p>Information in relation to water samples and the action plan for the previous legionella risk assessment was not presented for review during this Estates inspection. The 'dead leg' in the kitchen had been removed. There was still a short 'dead leg' in the first floor hot press.</p>	<p>A copy of the report for the most recent legionella risk assessment should be forwarded to RQIA.</p> <p>The action required in relation to the short 'dead leg' in the first floor hot press should be checked with the legionella risk assessor. Reference should be made to item 2 in the attached Quality Improvement Plan.</p>

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.1 Recommendations and requirements from the previous Estates inspections on 14 June 2014 and 06 January 2015:

<b>Standard 35 - Safe and healthy working practices continued</b>				
<b>No</b>	<b>Regulation</b>	<b>Requirements</b>	<b>Action taken - As confirmed during this inspection</b>	<b>Inspector's Comments</b>
9.1.2	Regulations 14(2)(a) 14(2)(c) 27(2)(c)	<b>Previous QIP Item 2 (14 June 2014)</b> The reports for the ongoing six monthly thorough examinations of the lift under the Lifting Operations and Lifting Equipment Regulations should be available in the home for inspection.	The report for the most recent thorough examination of the passenger lift under the Lifting Operations and Lifting Equipment Regulations was not presented for review during this Estates inspection.	A copy of the report for the most recent thorough examination of the passenger lift under the Lifting Operations and Lifting Equipment Regulations should be forwarded to RQIA. Reference should be made to item 3 in the attached Quality Improvement Plan.
9.1.3	Regulations 14(2)(a) 14(2)(c)	<b>Previous QIP Item 3 (14 June 2014)</b> The record for the significant findings for the risk assessments in relation to window openings, hot surfaces and the ramp at bedrooms 3 and 4 on the first floor should be signed and dated. A review date should also be recorded.	The significant findings for the risk assessments in relation to window openings, hot surfaces and the ramp at bedrooms 3 and 4 on the first floor were not presented for review during this Estates inspection.	Confirmation in relation to this issue should be provided to RQIA. Reference should be made to item 4 in the attached Quality Improvement Plan.

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.1 Recommendations and requirements from the previous Estates inspections on 14 June 2014 and 06 January 2015:

<b>Standard 35 - Safe and healthy working practices continued</b>				
<b>No</b>	<b>Regulation</b>	<b>Requirements</b>	<b>Action taken - As confirmed during this inspection</b>	<b>Inspector's Comments</b>
9.1.4	Standard 35.1	<p><b>Previous QIP Item 4 (14 June 2014)</b> It is recommended that the existing colour coding system for cleaning equipment in the home should be changed to fully reflect the NHS system.</p>	The NHS colour coding system for cleaning equipment had been adopted in the home.	The cleaning equipment should be monitored to ensure ongoing compliance with the NHS colour coding system.
9.1.5	Regulations 13(7) 27(2)(c) 27(2)(q)	<p><b>Previous QIP Item 5 (14 June 2014)</b> The extract fan in the ground floor toilet should be repaired or replaced. The ongoing maintenance/service requirements for the thermostatic mixers should be reviewed to establish the service requirements.</p>	The extract fan in the ground floor toilet had been made good. The information in relation to the ongoing maintenance of the thermostatic mixers was not presented for review during this Estates inspection.	A copy of the report for the most recent service of the thermostatic mixers should be forwarded to RQIA. Reference should be made to item 5 in the attached Quality Improvement Plan.



## 9.0 INSPECTION FINDINGS CONTINUED

### 9.1 Recommendations and requirements from the previous Estates inspections on 14 June 2014 and 06 January 2015:

<b>Standard 35 - Safe and healthy working practices continued</b>				
<b>No</b>	<b>Regulation</b>	<b>Requirements</b>	<b>Action taken - As confirmed during this inspection</b>	<b>Inspector's Comments</b>
9.1.6	Regulations 14(2)(a) 14(2)(c)	<b>Previous QIP Item 6 (14 June 2014)</b> All of the window openings should be reviewed and adjusted as required to ensure that they are controlled to a safe point of opening with a maximum clear opening of 100mm. The restrictors should not be easy to disengage without the use of a key or a specialist tool.	The window openings in bedroom 12 were not controlled to a safe point of opening with a maximum clear opening of 100mm. Refer also to section 9.1.13.	Subsequent to this Estates inspection, the registered person confirmed to RQIA that this issue had been completed.

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.1 Recommendations and requirements from the previous Estates inspections on 14 June 2014 and 06 January 2015:

<b>Standard 35 - Safe and healthy working practices continued</b>				
<b>No</b>	<b>Regulation</b>	<b>Requirements</b>	<b>Action taken - As confirmed during this inspection</b>	<b>Inspector's Comments</b>
9.1.7	Regulations 14(2)(a) 14(2)(c) 27(2)(b)	<b>Previous QIP Item 7 (14 June 2014)</b> A slip resistant finish should be applied to the top tread of the external fire escape. The wardrobe in bedroom 9 should be refixed to the wall. In addition the gable wall in bedroom 9 should be checked to ensure that there is no moisture ingress.	A slip resistant finish had been applied to the top tread of the external fire escape. The wardrobe in bedroom 9 had been fixed to the wall. Mr. Cullen also confirmed that extensive remedial works had been carried out to resolve the moisture ingress issue to the gable wall in bedroom 9	N/A

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.1 Recommendations and requirements from the previous Estates inspections on 14 June 2014 and 06 January 2015:

Standard 36 – Fire safety				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
9.1.8	Regulations 27(4)(b) 27(4)(c) 27(4)(d)(i) 27(4)(d)(iv)	<b>Previous QIP Item 8 (14 June 2014)</b> The frequency for the ongoing inspections and tests to the fire detection and alarm system should be reviewed to ensure that this activity is carried out on a quarterly basis. The need for a green break glass unit at the electromagnetic fastening for the front door should be reviewed with the fire alarm engineers with reference to the guidance provided in BS 7273-4. The drawing for the fire alarm system should be amended to include room numbers and room designations.	The reports for the most recent inspections and tests to the fire detection and alarm system were not presented for review during this Estates inspection. A green break glass unit had been fitted for the release of the front door fastening in the event of an emergency. The drawing for the fire alarm system had been amended to include room numbers and room designations.	The current frequency for the ongoing inspections and tests to the fire detection and alarm system should be confirmed. Reference should be made to item 12 in the attached Quality Improvement Plan.

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.1 Recommendations and requirements from the previous Estates inspections on 14 June 2014 and 06 January 2015:

<b>Standard 36 – Fire safety continued</b>				
<b>No</b>	<b>Regulation</b>	<b>Requirements</b>	<b>Action taken - As confirmed during this inspection</b>	<b>Inspector's Comments</b>
9.1.9	Regulations 27(4)(a) 27(4)(b) 27(4)(e)	<b>Previous QIP Item 9 (14 June 2014)</b> The fire risk assessment should be reviewed, updated and actioned as required. The new programme of 'e' learning for fire safety training should commence as soon as possible. The 'e' learning should be used to support face to face fire safety training.	The report for the current fire risk assessment and the records for the fire training were not presented for review during this Estates inspection.	A copy of the report for the current fire risk assessment should be forwarded to RQIA. Details in relation to the fire training should also be confirmed to RQIA. Reference should be made to item 13 in the attached Quality Improvement Plan.

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.1 Recommendations and requirements from the previous Estates inspections on 14 June 2014 and 06 January 2015:

Standard 36 – Fire safety continued				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
9.1.10	Regulations 27(4)(b) 27(2)(c) 27(4)(d)(i) 27(4)(d)(iv)	<b>Previous QIP Item 10 (14 June 2014)</b> The door to the cellar should be adjusted to improve the level of smoke sealing. One of the doors to the dining room should also be adjusted to ensure that it latches fully with the self-closing device. The amount of storage and the type of storage in the cellar should be reviewed and amended as required.	Adjustments had been made to the door to the cellar to improve the smoke sealing. The door to the dining room had been adjusted. There was still a significant amount of storage in the cellar.	The amount of storage in the cellar should be kept to a minimum.

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.1 Recommendations and requirements from the previous Estates inspections on 14 June 2014 and 06 January 2015:

Standard 32 - Premises and grounds				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
9.1.11	Regulations 27(4)(b) 14(2)(a) 14(2)(c)	<b>Previous QIP Item 1 (06 January 2015)</b> The following documentation in connection with the new bedroom 10 should be followed up and retained in the home available for review during future inspections: <ol style="list-style-type: none"><li>1. Building Control Approval</li><li>2. The review, update and action taken in relation to the fire risk assessment to reflect the changes to the premises</li><li>3. Certificates for the alterations to the fixed wiring installation, the fire detection and alarm system, the emergency lights and the nurse call system</li><li>4. The review, update and action taken in relation to the legionella bacteria risk assessment to reflect the changes to the plumbing system.</li></ol>	These documents were not presented for review during this Estates inspection.	Subsequent to this Estates inspection the registered person confirmed to RQIA that these documents would be forwarded to RQIA when available. The current position in relation to these documents should be confirmed to RQIA. Reference should be made to item 1 in the attached Quality Improvement Plan.

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.1 Recommendations and requirements from the previous Estates inspections on 14 June 2014 and 06 January 2015:

<b>Standard 35 - Safe and healthy working practices</b>				
<b>No</b>	<b>Regulation</b>	<b>Requirements</b>	<b>Action taken - As confirmed during this inspection</b>	<b>Inspector's Comments</b>
9.1.12	Regulation 27(2)(p)	<b>Previous QIP Item 2 (06 January 2015)</b> The window in the ensuite toilet facility should be adjusted so that it can open with a maximum clear opening of 100mm.	The window opening in the ensuite facility for the new bedroom had been adjusted so that it could open. The opening however was not controlled to a maximum of 100mm.	Subsequent to this Estates inspection the registered person confirmed to RQIA that this issue had been completed.
9.1.13	Regulations 14(2)(a) 14(2)(c)	<b>Previous QIP Item 3 (06 January 2015)</b> The window opening in the new bedroom 10 should be controlled to a safe point of opening with a maximum clear opening of 100mm.	This window opening was not controlled.	Subsequent to this Estates inspection, the registered person confirmed to RQIA that this issue had been completed.

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.1 Recommendations and requirements from the previous Estates inspections on 14 June 2014 and 06 January 2015:

<b>Standard 35 - Safe and healthy working practices continued</b>				
<b>No</b>	<b>Regulation</b>	<b>Requirements</b>	<b>Action taken - As confirmed during this inspection</b>	<b>Inspector's Comments</b>
9.1.14	Regulation 27(2)(n)	<b>Previous QIP Item 4 (06 January 2015)</b> The nurse call system in the ground floor bathroom should be extended to provide a call facility at the shower.	The nurse call system in the ground floor shower had not been extended.	Subsequent to this Estates inspection, the Registered Person confirmed to RQIA that this issue had been completed.



## 9.0 INSPECTION FINDINGS CONTINUED

### 9.1 Recommendations and requirements from the previous Estates inspections on 14 June 2014 and 06 January 2015:

<b>Standard 35 - Safe and healthy working practices continued</b>				
<b>No</b>	<b>Regulation</b>	<b>Requirements</b>	<b>Action taken - As confirmed during this inspection</b>	<b>Inspector's Comments</b>
9.1.15	Regulations 14(2)(a) 14(2)(c)	<b>Previous QIP Item 5 (06 January 2015)</b> A check should be carried out to confirm if a DO8 Type 3 fail-safe thermostatic mixer has been installed at the new bath to control the maximum temperature of the hot water. If this is the case the documentation in relation to the new mixer should be obtained from the plumber and retained in the home. If this is not the case, a DO8 Type 3 fail-safe thermostatic mixer should be installed.	A new DO8 Type 3 thermostatic mixer had been installed at the bath. The support documentation for this new thermostatic mixer was retained in the home.	N/A

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.1 Recommendations and requirements from the previous Estates inspections on 14 June 2014 and 06 January 2015:

<b>Standard 35 - Safe and healthy working practices continued</b>				
<b>No</b>	<b>Regulation</b>	<b>Requirements</b>	<b>Action taken - As confirmed during this inspection</b>	<b>Inspector's Comments</b>
9.1.16	Regulations 14(2)(a) 14(2)(c)	<b>Previous QIP Item 6 (06 January 2015)</b> A risk assessment should be carried out in relation to the radiator in the new bedroom. Adequate hot surface controls should be put in place based on the outcome of this risk assessment.	It is good to report that a cover had been fitted to the new radiator in the ground floor bathroom / shower room.	N/A
9.1.17	The above issues where appropriate are restated in the relevant sections of the attached Quality Improvement Plan.			

## 9.0 INSPECTION FINDINGS CONTINUED

### 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 It is good to report that the premises being used for the purposes of Kilbroney House Nursing Home were clean, odour free and offered comfortable accommodation for the patients. No issues were identified for attention in relation to this standard during this Estates inspection. This is to be commended.

### 9.3 Standard 35 - Safe and healthy working practices

***The home is maintained in a safe manner***

9.3.1 The following issues should be noted in relation to this standard:

9.3.2 The extract fans in the first floor sluice and the adjacent toilet were not working. These fans should be repaired or replaced. Reference should be made to item 6 in the attached Quality Improvement Plan.

9.3.3 The 'dead leg' pipe at the shower in the ground floor shower/bath room had been cut back. There was however still a section of this pipe remaining. This 'dead leg' pipe should be completely removed. A procedure should also be drawn up for the quarterly descaling and disinfection of the showers. In addition, a record for this activity should be retained in the home available for review during future inspections. Reference should be made to item 7 in the attached Quality Improvement Plan.

9.3.4 It is good to report that Mr. Cullen confirmed that a new Type 3 fail-safe thermostatic mixing valve had been installed to control the temperature of the hot water at the bath on the ground floor. Documentation to support the specification for this thermostatic mixer was also presented for review during this Estates inspection. This is to be commended. It was not clear if the temperature of the hot water at the shower in the ground floor bath/shower room was also controlled by a Type 3 fail-safe thermostatic mixer. This should be checked. If a Type 3 fail-safe thermostatic mixer is not installed at this shower, the installation should be changed to meet this standard. Reference should be made to item 8 in the attached Quality Improvement Plan.

## **9.0 INSPECTION FINDINGS CONTINUED**

### **9.3 Standard 35 - Safe and healthy working practices continued**

- 9.3.5 The fixed wiring installation was inspected and tested on 10 November 2014 with a satisfactory outcome. The current position in relation to the five C3 issues identified for attention by this inspection and test should be clarified. Reference should be made to item 9 in the attached Quality Improvement Plan.
- 9.3.6 Mr. Cullen is involved with the ongoing maintenance and controls that are in place in relation to legionella bacteria. The standards in relation to legionella controls have recently been revised. It is recommended that Mr. Cullen should attend a short legionella awareness course. It is also recommended that the method of recording the results for the ongoing monthly temperature checks should be changed to a spread sheet format. Reference should be made to item 11 in the attached Quality Improvement Plan.
- 9.3.7 The hoists were serviced and thoroughly examined on 11 May 2014 and again on 13 November 2014. The supporting reports for this activity included a note to indicate that a check should be carried out in relation to the actuators. The current position in relation to this issue should be clarified. Reference should be made to item 10 in the attached Quality Improvement Plan.
- 9.3.8 The above issues where appropriate are detailed in the section of the attached Quality Improvement Plan entitled 'Standard 35 - Safe and healthy working practices'.

## 9.0 INSPECTION FINDINGS CONTINUED

### 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 following issues should be noted in relation to this standard:
- 9.4.2 The door to bedroom 12 should not be propped open. If this door needs to be held open an appropriate type of hold open device linked to the fire detection and alarm system should be installed. Reference should be made to item 14 in the attached Quality Improvement Plan.
- 9.4.3 Work was ongoing in relation to the installation of some new emergency lights. Completion of this work should be confirmed to RQIA. Reference should be made to item 15 in the Quality Improvement Plan.
- 9.4.4 It is recommended that low temperature enclosed type light fittings should be fitted in the two small storage cupboards on the first floor and in the cellar. Reference should be made to item 16 in the Quality Improvement Plan.
- 9.4.5 The above issues where appropriate are detailed in the section of the attached Quality Improvement Plan entitled 'Standard 36 – Fire Safety'.

## **10.0 QUALITY IMPROVEMENT PLAN**

The details of the Quality Improvement plan appended to this report were discussed with Mrs. Pauline Campbell and Mr. Cullen, 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 nursing home to improve the quality of life experienced by patients.

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**



The **Regulation** and  
**Quality Improvement**  
**Authority**

## QUALITY IMPROVEMENT PLAN

- for -

**ANNOUNCED ESTATES INSPECTION IN021735**

- to -

**KILBRONEY HOUSE NURSING HOME, ROSTREVOR RQIA ID 1553**

- on -

**03 MARCH 2015**

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.	√	–	√	K Monaghan	08 June 2015

**NOTES:**

The details of the quality improvement plan were discussed with Mrs. Pauline Campbell and Mr. Cullen, 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:**

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	MRS J CAMPBELL
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	MR S CAMPBELL

Announced Estates Inspection IN021735 – 03 March 2015 to Kilbroney House Nursing Home, Rostrevor RQIA ID 1553



The following requirement should be noted for action in relation to Standard 32 – Premises and grounds:

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
1.	Regulations 27(2)(b)	<p>The following documentation in connection with the new bedroom should be followed up and retained in the home available for review during future inspections:</p> <ol style="list-style-type: none"> <li>1. Building Control Approval</li> <li>2. The review, update and action taken in relation to the fire risk assessment to reflect the changes to the premises</li> <li>3. Certificates for the alterations to the fixed wiring installation, the fire detection and alarm system, the emergency lights and the nurse call system</li> <li>4. The review, update and action taken in relation to the legionella bacteria risk assessment to reflect the changes to the plumbing system</li> </ol> <p>Reference should be made to paragraph 9.1.11 in the Report.</p>	Two months	<p>Please find enclosed certificates for items 1, 2. &amp; 3.</p> <p>The plumbing system was not affected and therefore no legionella risk was presented.</p>

The following requirement 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)
2.	Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)	A copy of the report for the most recent legionella risk assessment should be forwarded to RQIA. The action required in relation to the short 'dead leg' in the first floor hot press should be checked with the legionella risk assessor. Reference should be made to paragraphs 9.1.1 in the Report.	One month	<i>It risk assessment is being performed on 5/6/15. A copy will be forwarded in early July. This 'dead leg' has been assessed by legionella risk assessor and deemed safe.</i>
3.	Regulations 14(2)(a) 14(2)(c) 27(2)(c)	A copy of the report for the most recent thorough examination of the passenger lift under the Lifting Operations and Lifting Equipment Regulations should be forwarded to RQIA. Reference should be made to paragraph 9.1.2 in the Report.	One month	<i>Please find enclosed certificate.</i>

The following requirement 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)
4.	Regulations 14(2)(a) 14(2)(c)	A copy of the significant findings for the risk assessments in relation to window openings, hot surfaces and the ramp at bedrooms 3 and 4 on the first floor should be forwarded to RQIA. Reference should be made to paragraphs 9.1.3 in the Report.	One month and ongoing	<i>All 1st floor window openings have been restricted to 100mm. Hot surfaces are either covered or restricted to a safe temperature Only those assessed as being mobile enough are accommodated in bedrooms 3 &amp; 4.</i>
5.	Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(c)	A copy of the report for the most recent service of the thermostatic mixers should be forwarded to RQIA. Reference should be made to paragraphs 9.1.5 in the Report.	One month	<i>The temperatures of the failsafe mixing valves are regularly tested and recorded, however MIRA/RADA and JMC MECHANICAL SERVICES LTD have been contacted to advise on future servicing requirements.</i>

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The following requirement 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)
6.	Regulations 13(7) 27(2)(c) 27(2)(p)	The extract fans in the fire floor sluice and the adjacent toilet should be repaired or replaced. Reference should be made to paragraphs 9.3.2 in the Report.	One month and ongoing	<i>Action completed.</i>
7.	Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(c) 27(2)(q)	The 'dead leg' pipe at the shower in the ground floor shower/bath room should be completely removed. A procedure should also be drawn up for the quarterly descaling and disinfection of the showers. In addition, a record for this activity should be retained in the home available for review during future inspections. Reference should be made to paragraphs 9.3.3 in the Report.	One month and ongoing	<i>Dead leg removed. Descaling / Disinfection of shower leads to take place quarterly and a suitable record kept.</i>

The following requirement 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)
8.	Regulations 14(2)(a) 14(2)(c)	A check should be carried out to determine if the temperature of the hot water at the shower in the ground floor bath/shower room is controlled by a Type 3 fail-safe thermostatic mixer. If a Type 3 fail-safe thermostatic mixer is not installed at this shower, the installation should be changed to meet this standard. Reference should be made to paragraphs 9.3.4 in the Report.	One month	<i>This valve has been checked and is Type 3 fail-safe.</i>
9.	Regulations 14(2)(a) 14(2)(c) 27(2)(q)	The current position in relation to the five C3 issues identified for attention during the inspection and test to the fixed wiring installation on 10 November 2014 should be clarified. Reference should be made to paragraphs 9.3.5 in the Report.	Two months	<i>These minor works have been attended to by an electrician.</i>
10.	Regulations 14(2)(a) 14(2)(c) 27(2)(c)	The current position in relation to the check to the actuators for the hoists should be clarified. Reference should be made to paragraphs 9.3.7 in the Report.	One month	<i>As a precautionary measure the service engineer recommended that this actuator be replaced in 3-4 months. This has been scheduled to be replaced within the next month.</i>

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

Item	Regulation Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
11.	Standard 35.3	It is recommended that Mr. Cullen should attend a short legionella awareness course. It is also recommended that the method of recording the results for the ongoing monthly temperature checks should be changed to a spread sheet format. Reference should be made to paragraphs 9.3.6 in the Report.	Three months	<i>Mr. Cullen has taken instruction from Chlorination Services. Alternative recording templates are now being used which should offer more clarity.</i>

The following requirement 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)
12.	Regulations 27(4)(b) 27(4)(d)(iv)	The frequency for the ongoing inspections and tests to the fire detection and alarm system should be confirmed. Reference should be made to paragraphs 9.1.8 in the Report.	One month	<i>Bell testing and associated competent person based testing are carried out weekly. Qualified personnel perform fire alarm/detection system 6 monthly.</i>
13.	Regulations 27(4)(a) 27(4)(b) 27(4)(e)	A copy of the report for the current fire risk assessment should be forwarded to RQIA. Details in relation to the fire training should also be confirmed to RQIA. Reference should be made to paragraphs 9.1.9 in the Report.	One month	<i>Enclosed.</i>
14.	Regulations 27(4)(b) 27(2)(c) 27(4)(d)(i)	The door to bedroom 12 should not be propped open. If this door needs to be held open an appropriate type of hold open device linked to the fire detection and alarm system should be installed. Reference should be made to paragraphs 9.4.2 in the Report.	Ongoing	<i>A hold open device has been fitted to this room.</i>

The following requirement 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)
15.	Regulations 27(4)(b) 27(2)(c) 27(4)(d)(iv)	Completion of the works to install the new emergency lights should be confirmed to RQIA. Reference should be made to paragraphs 9.4.3 in the Report.	One month	<i>Action completed.</i>
Item	Regulation Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
16.	Standard 36.2	It is recommended that low temperature enclosed type light fittings should be fitted in the two small storage cupboards on the first floor and in the cellar. Reference should be made to paragraphs 9.4.4 in the Report.	Two months	<i>Action completed.</i>