



The Regulation and  
Quality Improvement  
Authority

**THE REGULATION AND QUALITY IMPROVEMENT  
AUTHORITY**

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**ANNOUNCED ESTATES INSPECTION**

<b>Inspection No:</b>	IN020628
<b>Establishment ID No:</b>	1557
<b>Name of Establishment:</b>	Slieve Roe House Residential Care Home, Kilkeel
<b>Date of Inspection:</b>	17 September 2014
<b>Inspector's Name:</b>	K. Monaghan

## 1.0 GENERAL INFORMATION

<b>Name of Home:</b>	Slieve Roe House Residential Care Home
<b>Address:</b>	Manse Road Kilkeel BT34 4BN
<b>Telephone Number:</b>	028 41 76 37 60
<b>Registered Responsible Person:</b>	Southern Health and Social Care (HSC) Trust (Ms. Mairead McAlinden, Chief Executive)
<b>Registered Manager:</b>	Mrs. Bronagh Rogers
<b>Person in Charge of the Home at the time of Inspection:</b>	Mrs. Tierna Armstrong, Head of Service, Southern HSC Trust
<b>Other person(s) present during inspection:</b>	Fire Officer Rory Dumigan, Northern Ireland Fire and Rescue Service
<b>Type of establishment:</b>	Residential Care Home
<b>Categories of Care:</b>	RC-I, RC-DE
<b>Conditions of Registration:</b>	N/A
<b>Number of Residents:</b>	17
<b>Date and time of inspection:</b>	17 September 2014 10:30am.
<b>Date of previous Estates inspection:</b>	24 October 2013
<b>Name of 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 residential care 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 Residential Care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- Residential Care Homes Minimum Standards (DHSSPS, 2011)

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:

- Discussions with Mrs. Tierna Armstrong
- Examination of records
- A review of the means of escape and a section of the roof space.
- Evaluation and feedback

Any other information received by RQIA about this regulated establishment has also been considered by the Inspector in preparing this inspection report.

## **5.0 CONSULTATION PROCESS**

During the course of the inspection the Inspector spoke to Mrs. Tierna Armstrong.

## **6.0 INSPECTION FOCUS**

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard:

### **Standard inspected:**

- Standard 29 - Fire Safety

This Estates inspection focused on fire safety and the follow up in relation to a fire alarm activation incident which took place on 07 September 2014.

## **7.0 PROFILE OF SERVICE**

Slieve Roe House Statutory Residential Care Home was initially opened in January 1980. The premises used for the purposes of the home are single storey, purpose built and located within walking distance of Kilkeel town centre. Accommodation is provided for seventeen residents in single bedrooms. Other facilities include lounges, a dining room, main kitchen, resident's kitchen, laundry room, washrooms, shower/bathrooms and a room for smoking. There are well maintained gardens and grounds with parking to the front of the building.

The Southern Health and Social Care Trust is the Organisation in Control.

## **8.0 SUMMARY**

Following this Estates Inspection of Slieve Roe House Residential Care Home in Kilkeel on 17 September 2014, improvements are required to comply with the Residential Care Homes Regulations (Northern Ireland) 2005 and the criteria outlined in the following standard:

- Standard 29 - Fire Safety

This resulted in five requirements. These are outlined in the quality improvement plan appended to this report.

The Estates Inspector would acknowledge the assistance Mrs. Tierna Armstrong, throughout the inspection.

## 9.0 INSPECTION FINDINGS

### 9.1 Recommendations and requirements for the previous Estates inspection on 24 October 2013:

- 9.1.1 The previous Estates inspection to this home was carried out on 24 October 2013. The issues included in the Quality Improvement Plan for the Estates inspection that was carried out on 24 October 2013 were not reviewed during this Estates inspection due to the specific focus on fire safety issues.

### 9.4 **Standard 29: 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 fire alarm activated in the home on 07 September 2014 at 10:50am. In line with the home's procedure to be followed in the event of a fire alarm activation, the Northern Ireland Fire and Rescue Service (NIFRS) were called. The NIFRS checked the premises and confirmed that there was no fire. The check of the premises carried out by the NIFRS included the roof space area in the vicinity of the activation. During the check to this roof space area it was noted that one of the fire detectors was covered and that the lights in the roof space were not working. These issues were subsequently addressed by the Trust's Estate Services.
- 9.4.2 At the same time as this Estates inspection, Fire Officer Rory Domigan from the Northern Ireland Fire and Rescue Service carried out a fire safety audit for the home. The report for this audit will be issued separately by the Northern Ireland Fire and Rescue Service.
- 9.4.3 This incident and the subsequent follow up identified a number of points of learning that should be carried forward into future practice. These are outlined in this report together with a number of other fire safety issues identified for attention during this Estates inspection as follows:
- 9.4.4 The roof space above the interface between Slieve Roe House Residential Care Home and Donard Day Care Centre was reviewed during this Estates inspection. No fire detectors were observed to be covered. The fire curtain in this area was not however securely fastened in position along one edge. Subsequent to this Estates inspection RQIA received confirmation from the Trust that this issue had been addressed.

## **9.0 INSPECTION FINDINGS CONTINUED**

### **9.4 Standard 29: Fire Safety Continued**

- 9.4.5 During the review of the roof space above the interface between Slieve Roe House Residential Care Home and Donard Day Care Centre, it was noted that the fire separation did not align with the fire separation between the home and the day care centre in the corridors below. This matter is being followed up by the Trust. Completion of the works to provide fully aligned roof space fire separation between the residential care home section of the premises and the day care centre section of the premises should be confirmed to RQIA. Reference should be made to item 1 in the attached Quality Improvement Plan.
- 9.4.6 In line with routine good fire safety practice the fire risk assessment for the premises should reviewed, updated and actioned as required following this incident. The report for this review of the fire risk assessment should include an overall evaluation of the fire risk in the premises. A copy of the report for this review of the fire risk assessment should be forwarded to RQIA. Reference should be made to item 2 in the attached Quality Improvement Plan.
- 9.4.7 The self-closing devices on the door to the kitchen on the first floor of the separate staff facilities and on the door to the office in Donard Day Care Centre should be reinstated. It was noted during the review of the means of escape that the doors to some of the cupboards were not locked shut. One door also required adjustment to ensure ease of closing. The doors to the cupboards should be checked and adjusted as required. These doors should either be kept locked or made self-closing. In addition a 'Fire Exit Keep Clear' sign should be fitted to the outside of the final exit door which opens from the end of the corridor in Donard Day Care Centre into the small open yard area. Reference should be made to item 3 in the attached Quality Improvement Plan.
- 9.4.8 Mrs. Armstrong confirmed that the Trust was making arrangements to install free swing self-closing devices to the bedroom doors in line with the recent directive from the Northern Ireland Fire and Rescue Service. The programme for completing this work should be confirmed to RQIA. Reference should be made to item 4 in the attached Quality Improvement Plan.

## **9.0 INSPECTION FINDINGS CONTINUED**

### **9.4 Standard 29: Fire Safety Continued**

- 9.4.9 The Trust should carry out a review of the procedures in place for contractors carrying out works in the home. As part of this review the need to include a 'Permit to Work' system for any works which would impact on the fire safety protection measures in the premises should be considered. In addition the areas affected by the works should be inspected on a regular basis and before the contractors leave the home at the end of each day's work. This review should also include a check to ensure that the Trust have arrangements in place to identify the devices that are included within each quarterly inspection and service of the fire detection and alarm installation. The outcome of this review should be confirmed to RQIA. Reference should be made to item 5 in the attached Quality Improvement Plan.
- 9.4.10 The above issues are detailed as appropriate in the section of the attached Quality Improvement Plan entitled 'Standard 29: Fire safety'.

## **10.0 QUALITY IMPROVEMENT PLAN**

The details of the Quality Improvement plan appended to this report were discussed with Mrs. Tierna Armstrong, 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 Residential 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 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

**Slieve Roe House Residential Care Home, Kilkeel RQIA ID 1557**

**17 September 2014**

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	07 November 2014

## **NOTES:**

The details of the quality improvement plan were discussed with Mrs. Tierna Armstrong, 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 Residential 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 residential home to improve the quality of life experienced by residents.

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:

**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 Bronagh Rogers
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Mrs Angela McVeigh Director OPPC

## Standard 29 – Fire safety

The following requirement s should be noted for action in relation to Standard 29 – Fire Safety:

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
1.	Regulations 27(4)(b) 27(4)(c) 27(4)(d)(i)	Completion of the works to provide fully aligned roof space fire separation between the residential care home section of the premises and the day care centre section of the premises should be confirmed to RQIA. Reference should be made to paragraph 9.4.5 in the Report.	2 Months	<b>This work is now complete - Oct 2014.</b>
2.	Regulations 27(4)(a)	In line with routine good fire safety practice the fire risk assessment for the premises should reviewed, updated and actioned as required. The report for this review of the fire risk assessment should include an overall evaluation of the fire risk in the premises. A copy of the report for this review of the fire risk assessment should be forwarded to RQIA. Reference should be made to paragraph 9.4.6 in the Report.	2 Months	<b>Fire Risk assessment has been reviewed , updated and actioned with an overall review of the Fire Risk assesement of the facility. Fire Risk Assessment has been forwarded to RQIA Nove mber 2014</b>

## Standard 29 – Fire safety

The following requirement s should be noted for action in relation to Standard 29 – Fire Safety:

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
3.	Regulations 27(4)(b) 27(4)(c) 27(4)(d)(i) 27(4)(d)(iv)	The self-closing devices on the door to the kitchen on the first floor of the separate staff facilities and on the door to the office in Donard Day Care Centre should be reinstated. The doors to the cupboards should be checked and adjusted as required. These doors should either be kept locked or made self-closing. In addition a 'Fire Exit Keep Clear' sign should be fitted to the outside of the final exit door which opens from the end of the corridor in Donard Day Care Centre into the small open yard area. Reference should be made to paragraph 9.4.7 in the Report	2 Months & Ongoing	<b>The works to doors on the cupboards is complete.</b>  <b>Funding has been secured for Fire Alarm activated door closures Estates are currently planning the installation of these in all residents bedrooms and an additional couple of vacant bedrooms.</b> <b>As an interim measure where residents request doors to be opened during the night residential care staff make 20 minute checks throughout the night.</b>
4.	Regulations 27(4)(b) 27(4)(c) 27(4)(d)(i)	The programme for completing the work to install the free swing self-closing devices to the bedroom doors should be confirmed to RQIA. Reference should be made to paragraph 9.4.8 in the Report	2 Months	<b>Funding has been secured for Fire Alarm activated door closures Estates are imminently planning the installation of these in all residents bedrooms and an additional couple of vacant bedrooms RQIA will be notified when works are completed.</b>

## Standard 29 – Fire safety

The following requirement s should be noted for action in relation to Standard 29 – Fire Safety:

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
5.	Regulations 27(4)(b)	The Trust should carry out a review of the procedures in place for contractors carrying out works in the home. As part of this review the need to include a Permit to Work' system for any works which would impact on the fire safety protection measures in the premises should be considered. In addition the areas affected by the works should be inspected on a regular basis and before the contractors leave the home at the end of each day's work. This review should also include a check to ensure that the Trust have arrangements in place to identify the devices that are included within each quarterly inspection and service of the fire detection and alarm installation. The outcome of this review should be confirmed to RQIA. Reference should be made to paragraph 9.4.9 in the Report	2 Months & Ongoing	<b>A permit to work procedure for covering and uncovering fire detection devices is in place.</b>  <b>Currently 25% of devices are tested on each quartely visit, future visits will require 25% devices to be tested within each zone. - oct 14</b>