



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

Inspector: Colin Muldoon  
Inspection ID: IN021440

Ard Cuan  
RQIA ID: 1571  
1 Demesne View  
Portaferry  
BT22 1QX

Tel: 028427 28806  
Email: framullan@yahoo.ie

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**Announced Estates Inspection  
of  
Ard Cuan Residential Home  
  
03 November 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 03 November 2015 from 10.00 to 14.00. Overall 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 Residential Care Homes Minimum Standards 2011.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions 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>	3	2

The details of the QIP within this report were discussed with Mr William McClintock (Responsible Person) and Mrs Grainne McIlveen 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> Ard Cuan Mr James Caldwell (Responsible Person) Mr William McClintock (Responsible Person)	<b>Registered Manager:</b> Mrs Frances Mullan
<b>Person in Charge of the Home at the Time of Inspection:</b> Mrs Frances Mullan	<b>Date Manager Registered:</b> 21 September 2007
<b>Categories of Care:</b> RC-I, RC-DE	<b>Number of Registered Places:</b> 17
<b>Number of Residents Accommodated on Day of Inspection:</b> 15	<b>Weekly Tariff at Time of Inspection:</b> Trust rates

## 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 27: Premises and Grounds**

**Standard 28: Safe and Healthy working Practices**

**Standard 29: 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 months and the last care inspection report.

During the inspection the inspector met with Mr William McClintock (Responsible Person) and Mrs Grainne McIlveen

The following records were examined during the inspection: Copies of service records and in-house log books relating to the maintenance and upkeep of the building and engineering services, legionellae risk assessment, fire risk assessment.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 28 April 2015. There were no requirements or recommendations arising from that inspection.

## 5.2 Review of Requirements and Recommendations from the last Estates Inspection on 15 November 2012.

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 14.-(2)(c)	Arrangements should be made to: 1. Regularly monitor the calorifier temperature to ensure it is in line with measures required to control legionella. 2. Flush all infrequently used water outlets at least weekly. It should be ensured that all actions being taken to control legionella are in accordance with the risk assessment action plan. Reference should be made to Health and Safety Executive document L8 and Health Technical Memorandum 04-01	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There are legionella control and monitoring measures in place which includes the weekly measurement of the calorifier temperature and the flushing of infrequently used outlets.	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 27.-(4)(a)	The fire risk assessment should be reviewed in accordance with NIHTM84 by a competent person. The responsible person must ensure that any issues identified in the assessment are addressed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The fire risk assessment was reviewed following the last inspection. The most recent review was carried out in April 2015 by an accredited fire risk assessor.	

## 5.3 Standard 27: Premises and Grounds

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

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this Estates inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. This supports the delivery of safe care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

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

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

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

The areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. This supports the delivery of compassionate care.

**Areas for Improvement**

1. A new stair-lift was installed in 2014 and there is a procedure for staff to carry out a visual and function check monthly. There are no arrangements for the stair-lift to be thoroughly examined in accordance with the Lifting Operations and Lifting Equipment Regulations (NI) 1999.  
Refer to requirement 1 in Quality Improvement Plan.
2. The legionella risk assessment is reviewed annually by management.  
The inspector recommended that reference is made to recent Health and Safety Executive technical guidance on legionella control.  
Refer to recommendation 1 in Quality Improvement Plan.

<b>Number of Requirements</b>	<b>1</b>	<b>Number Recommendations:</b>	<b>1</b>
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**5.4 Standard 28: Safe and Healthy Working Practices****Is Care Safe? (Quality of Life)**

A range of documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this Estates inspection. This supports the delivery of safe care.

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

The nature and needs of the residents 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.

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

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

One issue was however identified for attention during this Estates inspection. This is detailed in the 'areas for improvement' section below.

## Areas for Improvement

1. There is a procedure in place to regularly check the safe temperature of the hot water in residents' bedrooms. This procedure should be extended to include the baths and to check that the TMV fail safe operates correctly on all outlets where this feature is provided.  
The Health and Safety Executive code of practice (L8) technical guidance HSG274 Part 2 regarding the provision, cleaning and maintenance of thermostatic mixing valves should be referred to and followed.  
Refer to requirement 2 in Quality Improvement Plan.

<b>Number of Requirements</b>	<b>1</b>	<b>Number Recommendations:</b>	<b>0</b>
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## 5.5 Standard 29: 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.

One issue was however identified for attention during this Estates inspection. This is detailed in the 'areas for improvement' section below.

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

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of residents, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment. This supports the delivery of effective care.

One issue was however identified for attention during this Estates inspection. This is detailed in the 'areas for improvement' section below.

### 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.

## Areas for Improvement

1. The current fire risk assessment was carried out by an accredited fire risk assessor in April 2015. The overall risk was considered to be moderate mainly due to the need to maintain/replace/install self-closing devices on a number of doors. Mr McClintock informed the inspector that arrangements were being made to carry out this work. Mr McClintock also confirmed that all the other issues in the fire risk assessment action plan had been addressed.  
Refer to requirement 3 in Quality Improvement Plan.

2. There is a procedure for staff to follow when a fire has started. It is recommended that this is reviewed to ensure there is clarity about the procedure to follow when the alarm is activated.

Refer to recommendation 2 in Quality Improvement Plan.

<b>Number of Requirements</b>	<b>1</b>	<b>Number Recommendations:</b>	<b>1</b>
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## 5.6 Additional Areas Examined

Not applicable.

## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr William McClintock (Responsible Person) and Mrs Grainne McIlveen 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, The Residential Care Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Residential Care Homes Minimum Standards 2011. 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 Manager/Registered Person

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	
<b>Requirement 1</b>  <b>Ref:</b> Regulation 27.-(2)(c)  <b>Stated:</b> First time  <b>To be Completed by:</b> 03 December 2015	<p>The stair-lift should be maintained and thoroughly examined in accordance with the Lifting Operations and Lifting Equipment Regulations (NI) 1999.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b></p>
<b>Requirement 2</b>  <b>Ref:</b> Regulations 14.-(2)(a) and (c) 27.-(2)(q)  <b>Stated:</b> First time  <b>To be Completed by:</b> 03 December 2015 and ongoing	<p>The check on the safe temperature of hot water from outlets accessible to residents should be extended to include the baths and arrangements should be made to periodically check that the TMV fail safe operates correctly on all outlets where this feature is provided. The Health and Safety Executive code of practice (L8) technical guidance HSG274 Part 2 regarding the provision, cleaning and maintenance of thermostatic mixing valves should be referred to and followed.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b></p>
<b>Requirement 3</b>  <b>Ref:</b> Regulation 27.-(4)(a)  <b>Stated:</b> First time  <b>To be Completed by:</b> Within timescale acceptable to the fire risk assessor	<p>The installation of automatic door closing devices should be carried out in accordance with the requirements of the fire risk assessment action plan.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b></p>
Recommendations	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 27  <b>Stated:</b> First time  <b>To be Completed by:</b> 03 December 2015	<p>In relation to the control of legionella it is recommended that reference is made to the L8 code of practice technical guidance document HSG274 Part 2 which is freely available from the Health and Safety Executive website.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b></p>

<b>Recommendation 2</b>  <b>Ref:</b> Standard 29  <b>Stated:</b> First time  <b>To be Completed by:</b> <b>03 December 2015</b>	The procedure for staff to follow when the alarm is activated should be clarified and staff updated as necessary. Reference should be made to the recommendations arising from the Rosepark inquiry  <b>Response by Registered Manager Detailing the Actions Taken:</b>		
<b>Registered Manager Completing QIP</b>		<b>Date Completed</b>	
<b>Registered Person Approving QIP</b>		<b>Date Approved</b>	
<b>RQIA Inspector Assessing Response</b>		<b>Date Approved</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\**