



The Regulation and  
Quality Improvement  
Authority

**THE REGULATION AND QUALITY IMPROVEMENT  
AUTHORITY**

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**ANNOUNCED ESTATES INSPECTION**

|                               |                      |
|-------------------------------|----------------------|
| <b>Inspection No:</b>         | <b>17915</b>         |
| <b>Establishment ID No:</b>   | <b>1621</b>          |
| <b>Name of Establishment:</b> | <b>Iniscora</b>      |
| <b>Date of Inspection:</b>    | <b>6 June 2014</b>   |
| <b>Inspector's Name:</b>      | <b>Gavin Doherty</b> |

## 1.0 GENERAL INFORMATION

|  |   |
|--|---|
| <b>Name of Home:</b>   | Iniscora Residential Care Home                    |
| <b>Address:</b>  | 29 St. Patrick's Drive<br>Downpatrick<br>BT30 6DW |
| <b>Telephone Number:</b>                                       | 4461 7239   |
| <b>Registered Organisation/Provider:</b>                       | Mrs. Helen Taylor, Mainstay DRP                   |
| <b>Registered Manager:</b>                                     | Mrs Christine McLean                              |
| <b>Person in Charge of the Home at the time of Inspection:</b> | Mrs Christine McLean                              |
| <b>Other person(s) consulted during inspection:</b>            | N/A.  |
| <b>Type of establishment:</b>                                  | Residential Care Home                             |
| <b>Number of Registered Places:</b>                            | 12 (RC-LD, RC-LD(E))                              |
| <b>Date and time of inspection:</b>                            | 6 June 2014 from 10:30- 12:30                     |
| <b>Date of previous inspection:</b>                            | 28 September 2011                                 |
| <b>Name of Inspector:</b>                                      | Gavin Doherty                                     |

## **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:

- HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- 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:

- Discussion with the person in charge
- Examination of records
- Inspection of the home internally and externally. Residents' private bedrooms were only inspected when unoccupied and permission was granted.
- Evaluation and feedback

Any other information received by RQIA about this Registered Provider 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 the Home Manager, Mrs Christine McLean.

## **6.0 INSPECTION FOCUS**

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards and to assess progress with the issues raised during and since the previous inspection:

### **Standards inspected:**

- Standard 27 - Premises and grounds
- Standard 28 - Safe and healthy working practices
- Standard 29 - Fire Safety

## **7.0 SUMMARY**

Following the Estates Inspection of Iniscora on 6 June 2014 improvements are required to comply with the Residential Care Homes Regulations (Northern Ireland) 2005 and the criterion outlined in the following standards:

- Standard 28 - Safe and healthy working practices
- Standard 29 - Fire Safety

This resulted in three requirements and no recommendations. These are outlined in the Quality Improvement Plan appended to this report.

The Estates Inspector would like to acknowledge his gratitude to Mrs Christine McLean and the staff of the home for their hospitality and assistance throughout the inspection process.

## 8.0 INSPECTOR'S FINDINGS

### 8.1 Recommendations and requirements from previous inspection

8.1.1 It was good to note that the issues raised in the report of the previous estates inspection on 28 September 2011 had been fully addressed.

### 8.2 **Standard 27 - Premises and grounds** - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

8.2.1 There was good evidence of maintenance activities throughout the home and the home continues to be kept very clean and is maintained to a very high standard. Maintenance procedures for the building and engineering services were inspected and all appeared to be in order. There are therefore no requirements or recommendations made against this standard as a result of this inspection.

### 8.3 **Standard 28 - Safe and healthy working practices** - *The home is maintained in a safe manner*

8.3.1 By in large, safe and healthy working practices appear evident in the home in accordance with this standard. Records indicate that the stair lift is being suitably serviced and is subject to suitable thorough examination. The home's heating installation and electrical systems (fixed installation and portable appliances) are also subject to regular inspection and testing. The resident call system was serviced on 11 June 2013 and regular checks of the system are undertaken by staff. The gas cooker was inspected by a Gas Safe registered engineer on the 13 August 2013 and no defects were found. Down District Council's environmental health department inspected the kitchen facilities on 11 October 2011 and awarded the home the score of '5' at this time. However, two requirements have been made in relation to this standard. These are detailed below in 8.3.2, 8.3.3 and in the section of the attached quality improvement plan titled '**Standard 35 – Safe and healthy working practices**'.

8.3.2 A risk assessment for the Control of legionella bacteria in the home's hot and cold water systems was undertaken on 21 May 2012 and is reviewed regularly by the water treatment company. It is important that the comprehensive control measures required as a result of this risk assessment are being fully implemented within the home. This will include regular temperature checks at the home's calorifier (hot water storage tank) and cold water storage tank. These checks did not appear to be in place at the time of the inspection. The latest guidance on this matter can be obtained in HSG274 part2 'The control of legionella bacteria in hot and cold water systems', issued by the

Health and Safety Executive. ([www.hse.gov.uk/pubns/priced/hsg274part2.pdf](http://www.hse.gov.uk/pubns/priced/hsg274part2.pdf))  
(Item 1 in the attached Quality Improvement Plan)

- 8.3.3 The home's manually operated bath chair currently undergoes a 'Thorough examination' in relation to the 'Lifting Operations, Lifting Equipment Regulations' (LOLER) on an annual basis. However the regulations stipulate that this examination should be carried out within a period not exceeding six months. It is also a requirement for the competent person to provide the home with a 'written report of thorough examination'. This report will identify if there are defects and what must be done to put them right. The information contained within this report should be in accordance with Schedule 1 of LOLER. Further information on this requirement can be obtained in INDG422 'Thorough examination of lifting equipment', issued by the Health and Safety Executive. ([www.hse.gov.uk/pubns/indg422.pdf](http://www.hse.gov.uk/pubns/indg422.pdf))  
(Item 2 in the attached Quality Improvement Plan)

**8.4** **Standard 29: Fire safety** - *Fire safety precautions are in place that reduce the risk of fire and protect residents, staff and visitors in the event of fire.*

- 8.4.1 Fire Safety procedures in the home are, in the main, generally in line with this standard. The fire risk assessment was reviewed on 13 June 2013 by a suitably accredited fire risk assessor. The fire alarm and detection system, emergency lighting installation and the portable fire-fighting equipment are subject to regular inspection and testing and the records relating to the required in-house tests were inspected and found to be satisfactory. Fire drills are carried out on a monthly basis and involve the residents in the home. The most recent fire drill was undertaken on 5 June 2014 and the most recent fire safety training was provided to all staff on 18 February 2014. Further fire safety training has been arranged for September 2014. However, one issue was identified for attention by the registered manager as a result of this inspection. This is detailed below in 8.4.2 and in the section of the attached Quality Improvement Plan titled '**Standard 29 – Fire Safety**'.

- 8.4.2 It is important that the requirements flowing from the recently reviewed fire risk assessment are fully implemented within the timescales stipulated. The manager should sign-off and date each requirement upon implementation.  
(Item 3 in the attached Quality Improvement Plan)

## **9.0 QUALITY IMPROVEMENT PLAN**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Christine McLean 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 home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the quality improvement plan.

## **10.0 Enquiries**

Enquiries relating to this report should be addressed to:

**Gavin Doherty  
Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT**



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**Quality Improvement Plan**  
**Announced Estates Inspection**  
**Iniscora Residential Care Home**  
**6 June 2014**

| QIP Position Based on Comments from Registered Persons<br>(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. |  |            | ✓  | Gavin Doherty   | 27/10/2014 |
| C.  | Clarification or follow up required on some items.   |  |            |    |                 |            |



**NOTES:**

The details of the Quality Improvement Plan were discussed with Mrs Christine McLean 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 Care 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 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 Christine McLean |
| <b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b> | Mrs Helen Taylor     |

Announced Estates Inspection to Iniscora Residential Care Home on 6 June 2014

**Assurance, Challenge and Improvement in Health and Social Care**

## Standard 28 - Safe and healthy working practices

The following requirements and recommendations should be noted for action in relation to Standard 28 - Safe and healthy working practices

| Item | Regulation Reference                  | Requirement   | Timescale            | Details Of Action Taken By Registered Person (s)                              |
|------|---------------------------------------|---|----------------------|---|
| 1    | Regulation 27 (2)(q)<br>14 (2)(a),(c) | Ensure that all the control measures required as a result of the risk assessment for the control of legionella bacteria in the home's hot and cold water systems are being fully implemented. This will include regular temperature checks at the home's calorifier (hot water storage tank) and cold water storage tank.<br>(Refer to 8.3.2 in the report)   | Immediate & on-going | In place hot and cold water temperatures are being recorded on a weekly basis |
| 2    | Regulation 27 (2)(q)<br>14 (2)(a),(c) | Ensure that the home's manually operated bath chair undergoes suitable 'thorough examination' in accordance with the 'Lifting Operations, Lifting Equipment Regulations' (LOLER) within a period not exceeding six months. Reports for this thorough examination should be prepared in accordance with 'Schedule 1' of LOLER and should be available for inspection within the home. (Refer to 8.3.3 in the report) | Immediate & on-going | Contact has been made and lift will be serviced by 30/9/14                    |

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**Standard 29 – Fire Safety**

The following requirements and recommendations should be noted for action in relation to Standard 29 – Fire Safety

| <b>Item</b> | <b>Regulation Reference</b> | <b>Requirement</b>   | <b>Timescale</b>                              | <b>Details Of Action Taken By Registered Person (s)</b>                                       |
|-------------|-----------------------------|--|---|---|
| 3           | Regulation 27 (4)(a)        | Ensure that the requirements flowing from the recently reviewed fire risk assessment are fully implemented within the timescales stipulated. The manager should sign-off and date each requirement upon implementation. (Refer to 8.4.2 in the report) | Timescales stipulated in Fire Risk Assessment | All requirements have been implemented and manager has signed and dated fire risk assessments |

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