



The Regulation and  
Quality Improvement  
Authority

**THE REGULATION AND QUALITY IMPROVEMENT  
AUTHORITY**

9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

**ANNOUNCED ESTATES INSPECTION**

<b>Inspection No:</b>	17980
<b>Establishment ID No:</b>	1669
<b>Name of Establishment:</b>	Kingsland Care Centre
<b>Date of Inspection:</b>	06 May 2014
<b>Inspector's Name:</b>	Colin Muldoon

## 1.0 GENERAL INFORMATION

<b>Name of Home:</b>	Kingsland Care Centre
<b>Address:</b>	252 Seacliff Road, Bangor. BT20 5HT
<b>Telephone Number:</b>	02891 273867
<b>Registered Organisation/Provider:</b>	Larchwood Care Homes (NI) Ltd Mr Ciaran Sheehan
<b>Registered Manager:</b>	Mrs Michelle McMillan
<b>Person in Charge of the Home at the time of Inspection:</b>	Mrs Michelle McMillan
<b>Other person(s) consulted during inspection:</b>	Mr Ian Munn (Maintenance Officer)
<b>Type of establishment:</b>	Nursing Home
<b>Number of Registered Places:</b>	43
<b>Categories of Care</b>	NH-I, NH-PH, NH-PH(E), NH-TI
<b>Date of inspection:</b>	06 May 2014
<b>Date of previous Estates inspection:</b>	08 April 2013
<b>Name of Inspector:</b>	Colin Muldoon

## **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 Mrs Michelle McMillan and Mr Ian Munn.
- 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 Michelle McMillan and Mr Ian Munn.

## **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**

Kingsland is a relatively modern purpose built care home in the Ballyholme area of Bangor. Resident accommodation is on both of the floors and there is a lift to facilitate movement between floors. The home sits on the sea front and it has been designed so that the living rooms and some of the bedrooms benefit from the sea views. There is good car parking space.

## **8.0 SUMMARY**

There was good evidence of maintenance activities and the home was well presented. In general the building appeared to be in satisfactory condition although some matters relating to the environment were identified. Therefore, following the Estates Inspection of Kingsland Care Centre on 06 May 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 eleven 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 Michelle McMillan and Mr Ian Munn during the inspection process.

## 9.0 INSPECTOR'S FINDINGS

### 9.1 Recommendations and requirements from previous inspection

It is good to note that action has been taken on issues raised in the report of the previous Estates inspection on 08 April 2013. Some matters (9.1.1, 9.1.2 and 9.1.3) require further attention and are restated in the relevant sections of the attached Quality Improvement Plan sub-titled 'restated recommendations/requirements'.

9.1.1 *The thermostatic mixing valves should be maintained in accordance with the manufacturer's instructions.*

*(Item 1 in the Quality Improvement Plan of 08 April 2013)*

Although the temperature of the water from resident accessible outlets is being checked the thermostatic mixing valves are not being maintained.

*(Item 1 in Quality Improvement Plan)*

9.1.2 *The defect identified in the thorough examination report on the goods lift must be rectified.*

*Both lifts should be maintained in accordance with the manufacturer's instructions.*

*(Item 2 in the Quality Improvement Plan of 08 April 2013)*

The home has a passenger lift and a non-passenger catering goods lift.

The inspector was informed by the manager that the catering lift is redundant and never used.

The documentation available indicates that the last thorough examination of the passenger lift (to comply with the Lifting Operations and Lifting Equipment Regulations (NI) 1999) was in September 2013. A further examination was due in March 2014. The report on the September examination notes two category a defects (requiring immediate attention). The inspector issued an urgent action notice requiring the lift to be thoroughly examined and any defects found rectified.

The passenger lift is not being maintained and this also was highlighted in the report on the last thorough examination.

*(Item 2 in Quality Improvement Plan)*

9.1.3 *It should be confirmed that, in the event of a fire, the ducted ventilation system will not facilitate the passage of smoke and hot gases.*

*(Item 12 in the Quality Improvement Plan of 08 April 2013)*

The inspector was informed that the ducting has been checked and found to be not satisfactory.

(Item 7 in Quality Improvement Plan)

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 The available records relating to servicing and the thorough examination of the hoisting equipment (to comply with the Lifting Operations and Lifting Equipment Regulations (NI) 1999) were dated October 2013. A further examination was due in April 2014.

(Item 3 in Quality Improvement Plan)

This issue is detailed in the section of the attached Quality Improvement Plan entitled Standard 32 – Premises and grounds.

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

9.3.1 The home has a current legionella risk assessment and there are actions being taken towards the control of legionella. However, a scheme for the effective control of legionella is not being fully implemented. Examples of issues to be addressed include; the checking of calorifier temperatures and the disinfection of shower heads.

(Item 4 in Quality Improvement Plan)

9.3.2 The last test and inspection of the portable electrical appliances was in March 2012.

(Item 5 in Quality Improvement Plan)

9.3.3 There is a procedure to function test a number of nurse call points each month. It is recommended that it be ensured that all points are regularly included in the cycle of checks.

(Item 6 in Quality Improvement Plan)

These issues are detailed in the section of the attached Quality Improvement Plan entitled 'Standard 35 - Safe and healthy working practices

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 home has a fire risk assessment which was carried out in February 2013.

The assessment should be reviewed. The review should be carried out by an accredited fire risk assessor.  
(Item 8 in Quality Improvement Plan)

9.4.2 The records on site indicate that the fire safety training for some staff has become overdue. The manager informed the inspector that it has been arranged for a specialist training contractor to provide this training for all staff on 27 May. There were records of frequent practice drills and the training matrix indicates that most staff participated during the last year.  
(Item 9 in Quality Improvement Plan)

9.4.3 The emergency fire procedure on file was discussed and the inspector was informed that, although there is a difference between the day and the night procedures, in practice, the Northern Ireland Fire and Rescue Service is always called immediately there is an alarm.  
(Item 10 in Quality Improvement Plan)

9.4.4 The fire detection and alarm system was last maintained on 03 May 2013. Although the report on this service indicates that the installation was in satisfactory condition the frequency of servicing should be in line with the relevant code of practice.  
An urgent action notice was issued in relation to this matter.  
(Item 11 in Quality Improvement Plan)

9.4.5 The maintenance officer confirmed to the inspector that, although there are no records, the emergency lights are function tested monthly. It should also be ensured that all the alarm call points are included in a regular cycle of testing.  
(Item 12 in Quality Improvement Plan)

9.4.6 Bedroom doors have automatic closers and hold open devices. It is good practice for all fire doors to be closed at night. If residents have difficulty opening the doors consideration should be given to the fitting of free swing door closers.  
(Item 13 in Quality Improvement Plan)

These issues 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 Michelle McMillan 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 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**





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

## Quality Improvement Plan sign off sheet for estates inspectors

Name of Home	Kingsland NH
Date of Inspection	06 May 2014
	C Muldoon

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.	√		√	C Muldoon	11/07/2014

**NOTES:**

The details of the Quality Improvement Plan were discussed with Mrs Michelle McMillan 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>	Annie Frobisher
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Nuala Green

Announced Estates Inspection to Kingsland Care Centre on 06 May 2014

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

## 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	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
1	Regulation 27.-(2)(q)	The thermostatic mixing valves should be maintained, tested and set in accordance with the manufacturer's instructions. (Item 9.1.1 in report)	2 Months	<b>This was fully completed on 23/5/2014.</b>
2	Regulation 27.-(2)(c) 27.-(2)(q)	The passenger lift should be thoroughly examined in accordance with the Lifting Operations and Lifting Equipment Regulations(NI) 1999 and any defects found rectified. Arrangements should be made to have the lift maintained in accordance with the manufacturer's instructions. It is recommended that the catering goods lift is decommissioned by a competent person. (Item 9.1.2 in report)	Immediate	<b>Both lifts have been fully serviced. The catering goods lift has been fixed and is also in full working order.</b>
Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
3	Regulation 27.-(2)(c)	The thorough examination (to comply with the Lifting Operations and Lifting Equipment Regulations (NI) 1999) and servicing of the resident hoisting equipment should be brought up to date. (Item 9.2.1 in report)	1 Month	<b>Fully complete.</b>

Announced Estates Inspection to Kingsland Care Centre on 06 May 2014

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

## 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	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
4	Regulation 13.-(7) 14.-(2)(a) and (c)	The action plan and the scheme of control relating to the last legionella risk assessment should be revisited and fully addressed. It is recommended that the flushing of infrequently used outlets is increased to two times a week. Reference should be made to: Health and Safety Executive document L8 <i>Legionnaires' disease - The control of legionella bacteria in water systems</i> and the Department of Health document Health Technical Memorandum 04-01: <i>The control of Legionella, hygiene, "safe" hot water, cold water and drinking water systems.</i> (Item 9.3.1 in report)	1 Month	From 16/6/14 , unused outlets are flushed out twice weekly and records dated accordingly. From this date shower heads will also be disinfected quarterly. There is a mains water system in this Home and the Legionella assessor who carries out work within the other Homes will check records bi-annually.
Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
5	Regulation 27.-(2)(c)	The provider should review the policy on portable electrical appliances to ensure there is effective maintenance through adequate and suitable checks, formal visual inspections and testing. (Item 9.3.2 in report)	1 Month	A PAT testing report was completed on 25/6/2014.

Announced Estates Inspection to Kingsland Care Centre on 06 May 2014

Assurance, Challenge and Improvement in Health and Social Care

Item	Standard	Recommendation	Timescale	Details Of Action Taken By Registered Person (S)
6	Standard 35	It should be ensured that all the nurse call points are included in the cycle of function tests. (Item 9.3.3 in report)		From 16/6/14 action has been taken to ensure that 6 different nurse call points are to be tested on a weekly basis and documented accordingly.
<p><b>Standard 36 - Fire Safety</b>  <b>The following requirements and recommendations should be noted for action in relation to Standard 36 - Fire Safety</b></p>				
Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
7	Regulation 27.-(4)(d)(i)	Following consultation with a competent fire safety advisor action should be taken which will ensure that the ducted ventilation system will not compromise the fire safety of the home. (Item 9.1.3 in report)	1 Month	<b>The upgrade of the fire safety systems within the ventilation installation was completed on 30.4.14.</b>

Announced Estates Inspection to Kingsland Care Centre on 06 May 2014

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

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
8	Regulation 27.-(4)(a)	<p>The fire risk assessment should be reviewed by a competent person. Issues identified in the assessment should be fully addressed.</p> <p>It is recommended that the person carrying out the review of the fire risk assessment holds professional body registration or third party certification for fire risk assessment and is registered accordingly with the relevant body. Reference should be made to correspondence issued by RQIA to all registered homes on 13 January 2013 and the guidance contained in:</p> <p><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></p> <p><a href="http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf">http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf</a></p> <p>(Item 9.4.1 in report)</p>	1 Month	<b>All the points on the FRA have been fully addressed. The assessor is IFE Accredited.</b>
Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
9	Regulation 27.-(4)(e)	<p>It should be ensured that all staff receive appropriate fire safety information, instruction and training at least twice a year. Reference should be made to the current version of Northern Ireland Firecode document HTM84.</p> <p>(Item 9.4.2 in report)</p>	Ongoing	Further Fire training has been scheduled for 7/7/14.

Announced Estates Inspection to Kingsland Care Centre on 06 May 2014

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

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
10	Regulation 27.-(4)(a)	The emergency fire procedure should be reviewed to ensure that it is in line with current good practice. The advice of the fire safety advisor should be sought and reference made to the findings of the Rosepark inquiry. It must be ensured that the revised procedure is included in training and is followed during drills. (Item 9.4.3 in report)	1 Month	<b>In light of the Rosepark Fire a number of areas are given priority within the Fire Training provided to all staff at the Home. These are roles and responsibility to ensure that everybody knows exactly what they should be doing. The evacuation procedure and Fire Drills for staff.</b>
11	Regulation 27.-(4)(d)(iv)	The fire detection and alarm system should be maintained at periods not exceeding six months and preferably quarterly. Reference should be made to BS5839 (Item 9.4.4 in report)	Immediate and ongoing	<b>Completed.</b>
12	Regulation 27.-(4)(d)(v)	It should be ensured that the function testing of the fire safety installations is being carried out in accordance with good practice and that comprehensive records are maintained. Reference should be made to BS 5839 (fire detection and alarm system) and BS 5266 (emergency lighting system) (Item 9.4.5 in report)	1 Month	<b>Completed.</b>
Item	Standard	Recommendation	Timescale	Details Of Action Taken By Registered Person (S)
13	Regulation 27.-(4)d(i)	If residents have difficulty with closed bedroom doors consideration should be given to the fitting of free swing closers. (Item 9.4.6 in report)	Ongoing	<b>Doors are not being wedged open. Resident needs are being assessed on an individual basis.</b>

Announced Estates Inspection to Kingsland Care Centre on 06 May 2014

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