



The Regulation and  
Quality Improvement  
Authority

**THE REGULATION AND QUALITY IMPROVEMENT  
AUTHORITY**

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**ANNOUNCED FOLLOW-UP ESTATES INSPECTION**

<b>Inspection No:</b>	IN021094
<b>Establishment ID No:</b>	1204
<b>Name of Establishment:</b>	Cornfield Care Centre
<b>Date of Inspection:</b>	15 January 2015

## 1.0 GENERAL INFORMATION

<b>Name of Home:</b>	Cornfield Care Centre
<b>Address:</b>	51 Seacoast Road Limavady BT49 9DW
<b>Telephone Number:</b>	028 777 61300
<b>Registered Organisation/Provider:</b>	Marcus Jervis Nutt
<b>Registered Manager:</b>	Mable Cole
<b>Person in Charge of the Home at the time of Inspection:</b>	Mable Cole
<b>Type of establishment:</b>	Nursing Home
<b>Number of Registered Places:</b>	75
<b>Date and time of inspection:</b>	15 January 2015
<b>Date of previous inspection:</b>	14 October 2014
<b>Name of Inspector:</b>	G Mulholland

**2.0** The current position, in relation to the issues included in the Quality Improvement Plan for the Estates Inspection on 14 October 2014 as found during the Follow -Up Inspection to this home on 15 January 2015, is as follows:

<b>Standard 32 - Premises and grounds</b>				
<b>The following requirements and recommendations should be noted for action in relation to Standard 32 – Premises and Grounds</b>				
<b>No</b>	<b>Regulation</b>	<b>Requirements made following inspection on 14 October 2014</b>	<b>Details of Action Taken By registered Person(s)</b>	<b>Position on day of Follow up Inspection on 15 January 2015</b>
1	27 (2)(a)	Provide obscure finish to the glazed panels in bedroom 25 in the Kingfisher unit to afford improved privacy from the adjacent corridor.  See 9.2.2 in report	Obscure finish now in place on panels in bedroom 25 Kingfisher Unit.	Complete
<b>Standard 35 – Safe and Healthy working practices</b>				
<b>The following requirements and recommendations should be noted for action in relation to Standard 35 – Safe and Healthy Working Practices.</b>				
2	27 (2)(q) 14 (2)(a)	Provide confirmation that the items included on the report of the testing and inspection of the fixed wiring installation have been addressed appropriately in liaison with the specialist contractor.  See 9.3.2 in report	RCD protection on circuits identified on report by specialist contractor now addressed.	Observations on the electrical installation have been addressed; a letter dated 18 November 2014 was available for inspection and confirms work has been carried out.
3	27 (2)(q) 14 (2)(a)	Forward copies of certificates relating to the servicing of the homes kitchen	Certificates relating to servicing of Kitchen and Laundry gas	RQIA received certificates relating to the servicing of kitchen

		and laundry gas equipment.  See 9.3.3 in report	equipment forwarded.	gas equipment on 17 December 2014. Certificates relating to the servicing of laundry gas equipment to be forwarded to RQIA.  <b>See 3.0 below</b>
4	27 (2)(q) 13 (7)	Provide confirmation that procedures have been implemented to ensure that the three washer disinfectors are appropriately maintained in accordance with the provisions of HTM2030  See 9.3.4 in report.	Weekly checks of the three washers implemented and recorded by maintenance person.	Records show weekly checks of the washer disinfectors are in place. Temperatures recorded.  A validation/commissioning certificate for washer disinfectors is to be forwarded to RQIA. This has been carried out by Primacare.  <b>See 3.0 below</b>
5	27 (2)(q) 14 (2)(a)	Provide confirmation that procedures have been implemented to ensure that the home's new hoists are to be subjected to appropriate safety checks/thorough examinations in line with the provisions of LOLER  See 9.3.5 in report.	Hoists checked on 10 November 2014 and safety checks implemented twice yearly.	Last LOLER examination carried out on 10 November 2014.
6	27 (2)(q) 14 (2)(a)	Ensure that all future servicing of the home's thermostatic mixing valves are recorded for reference.	Servicing to be completed yearly and certificate issued.	Arrangements in place to have TMVs serviced annually.

		See 9.3.6 in report.		
7	14 (2)(a)	Carry out remedial works to ensure that the temperature of the water at the hairdressing sinks is controlled to safe limits.  See 9.3.7 in report.	Thermostatic mixing valves in place and temperature checks completed monthly.	Remedial works carried out in hairdressing room to ensure water is at a safe temperature.
8	14 (2)(a)	Extend the range of checks by staff to all thermostatically controlled hot water outlets to ensure that they are operating correctly. The frequency of checks should be agreed in liaison with a competent person.  See 9.3.8 in report.	Checks completed monthly.	Mrs Cole confirmed these checks were carried out on all outlets.
9	14 (2)(c) 13 (7)	a) Undertake a review of the legionellae risk assessment and implement all subsequent measure deemed appropriate. This should include the full range of routine control measures normally associated with controlling legionellae bacteria. b) Sampling for legionellae bacteria should be carried out along-side this as part of this requirement and  a copy of the results forwarded to RQIA for information when same become available.  See 9.3.9 in report.	Legionella risk assessment completed on 28 October 2014.  Sampling completed on 10 November 2014 copy of results forwarded.	Legionella risk assessment carried out in November 2014, overall risk found to be Low. Two issues were not signed off but were within timescale stated. To keep in line with current good practice and HSG274Part 2, it was recommended that  a) flushing of unused outlets be increased to twice weekly b) The return temperature of the calorifer is checked and recorded. <b>See 3.0 below</b>  It is good to note that all other routine control measures

				normally associated with the control of legionella are in place.
10	14 (2)(a)	Ensure by way of instruction to staff that attention is given to locking unattended doors to areas and rooms where entry by patients is not authorized.  See 9.3.10 in report.	Memo issues to staff regarding locking of doors.	Complete
<b>Standard 36 Fire Safety</b> <b>The following requirements and recommendations should be noted in relation to Standard 26 – Fire Safety</b>				
11	27.(4)(d)(iv)	Ensure that the fire alarm and detection system is subjected to weekly user checks In accordance with the provisions of BS5839  See 9.4.2 in report.	Weekly checks now in place.	Weekly checks of the fire alarm and detection system in place and are done in rotation.
12	27.(4)(d)(iv)	Ensure that the emergency lights are subjected to monthly 'function' checks in accordance with the provisions of BS5266 and that records are retained.  See 9.4.3 in report.	Emergency lights checked monthly and records maintained in maintenance file.	Monthly function checks are in place
13	27.(4)(b)	The provider confirmed that quotations are sought for the installation of self-closing devices to bedroom doors throughout the home in line with correspondence from RQIA/NIFRS in June 2013. The provider should forward details of the programme of works for this	Self-closing devices to be installed on all bedroom doors by June 2015.	This timescale has been brought forward. Self-closing devices to be installed on all bedroom doors by January 2015.

		<p>including the intended timescales for completion.</p> <p>See 9.4.4 in report.</p>		
14	36.1	<p>Annual servicing of the fire alarm and detection system should be arranged into quarterly visits by the specialist contractor.</p> <p>See 9.4.5 in report.</p>	<p>Quarterly visits now in place.</p>	<p>Last inspection of the fire alarm and detection system was carried out in October 2014, further inspection due in January 2015. Mrs Cole advised that plans were in place to replace the current panel. RQIA to be kept updated on this.</p>
15	36.2	<p>Ensure that when the fire risk assessment is next reviewed, the person carrying out the review holds professional body registration or third party certification for fire risk assessment and is registered accordingly with the relevant body.</p> <p>See 9.4.6 in report.</p>	<p>Person carrying out fire risk assessment in the process of registering with a professional body.</p>	<p>Fire risk assessment due for renewal in April 2015.</p>

### **3.0 Action Required by Registered Persons**

Items 3, 4 and 9 in Section 2.0 above identified for action in this report should be addressed in a prioritised and timely manner. These issues will be followed up by RQIA. This may include further regulatory activity including a further inspection on or before **31 March 2015**.

The certification/documentation described in items 3 and 4 should be forwarded to this office via email to [estates@rqia.org.uk](mailto:estates@rqia.org.uk). The registered person should give due consideration to the matter detailed in item 9.

If you disagree with the factual accuracy of the report you should make a separate response to the above email address in order that amendments can be considered and made or your comments appended.

On **10 March 2015** this inspection report will be made open to the public (bar any communication regarding factual accuracy). If you have not provided a detailed response by this date, this report will still be made open without your comments.

You will be aware that this report and any response you submit will constitute an open report on this establishment and will be made available to interested parties on request. If a detailed response is not received in writing by the required date given above, I would ask you to regard this copy of the report as final and an open document effective from **10 March 2015**.



<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Mrs Mabel Cole <i>M Cole</i>
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Mr Jervis Nutt <i>Jervis Nutt</i>

Position Based on Response from Registered Persons (for RQIA use only)			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.	✓	✓		<i>P Cole</i>	23/11/15
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.					
C.	Clarification or follow up required on some items.					

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