



The Regulation and  
Quality Improvement  
Authority

**THE REGULATION AND QUALITY IMPROVEMENT  
AUTHORITY**

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**ANNOUNCED ESTATES INSPECTION**

<b>Inspection No:</b>	16753
<b>Establishment ID No:</b>	1340
<b>Name of Establishment:</b>	Anniscliff House
<b>Date of Inspection:</b>	10 April 2014
<b>Inspector's Name:</b>	Raymond Sayers

## 1.0 GENERAL INFORMATION

<b>Name of Home:</b>	Anniscliff House
<b>Address:</b>	141 Moneysharvin Road Maghera BT46 5HZ
<b>Telephone Number:</b>	02879642729
<b>Registered Organisation/Provider:</b>	Mrs J Davies/Mrs Bernadette McGilligan
<b>Registered Manager:</b>	Mrs Bernadette McGilligan
<b>Person in Charge of the Home at the time of Inspection:</b>	Mrs Bernadette McGilligan
<b>Type of establishment:</b>	Residential Home
<b>Number of Registered Places:</b>	17
<b>Date and time of inspection:</b>	10 April 2014 from 10.15 – 13.00hrs
<b>Date of previous estates inspection:</b>	3 May 2012
<b>Name of Inspector:</b>	Raymond Sayers

## **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, 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 the Manager, Mrs Bernadette McGilligan
- 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 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 Bernadette McGilligan.

## 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 PROFILE OF SERVICE

Anniscliff House Residential Care Home is situated a few miles outside Maghera. The home is located within the Northern Health and Social Care Trust's geographical area. It is in a rural setting and is surrounded by mature, well maintained gardens.

The home provides accommodation for 17 persons. There are five single bedrooms on the ground floor, two single and five double bedrooms on the first floor. Facilities in the home also include a communal lounge and dining area, sitting rooms (one of which is also used as a visitors' room). There are bathing and sanitary facilities, a kitchen and offices. The home maintains a strong spiritual ethos.

The home is registered to provide care under the following categories:

- RC - I Old age not falling into any other category
- RC - MP Mental disorder excluding learning disability or dementia (For not more than one person)
- RC - MP (E) Mental disorder excluding learning disability or dementia - over 65 years
- RC - (DE) Dementia (For six identified individuals only)
- RC - LD (E) Learning Disability - over 65 years (For one identified individual only)

An activities / leisure room is situated in a separate building on the same site but is not part of the registered home. This is also used for daily Mass.

There are ample car parking facilities to the side and rear of the home.

## 8.0 SUMMARY

Following the Estates Inspection of Anniscliff House on 10 April 2014 improvements are required to comply with the Residential Care Homes Regulations (Northern Ireland) 2005 and the criteria outlined in the following standards:

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

This resulted in three requirements and three recommendations, outlined in the quality improvement plan appended to this report.

The Estates Inspector would like to acknowledge the assistance of Mrs Bernadette McGilligan during the inspection process.

## 9.0 INSPECTOR'S FINDINGS

### 9.1 Recommendations and requirements from previous inspection

The issues listed as requiring corrective/improvement works action in the report of the previous estates inspection on have been addressed.

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

9.2.1 There was evidence of maintenance activities and procedures, there were no issues listed as requiring corrective/improvement works to comply with the listed standard.

9.2.2 A number of corridor & bedroom door architraves/frames had sustained damage to protective finish as a result of impact with hoists/wheelchairs. (Reference: Quality Improvement Plan Item 1 )

9.2.3 Paintwork finish to external cills and copings had become defective and was cracking/losing adhesion to concrete substrate. (Reference: Quality Improvement Plan Item 1 )

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

9.3.1 Safe and healthy working practices are evident in the home in compliance with this standard, although some issues have been identified for attention by the

registered person. Items requiring corrective/improvement action by the registered person are detailed in report items 9.3.2 - 9.3.4, and in the attached Quality Improvement Plan section titled '**Standard 35 - Safe and healthy working practices**'.

- 9.3.2 The BS7671 Periodic Inspection Report (PIR) for the electrical installation (0703272), dated 26 January 2012 recommended a number of corrective/improvement works actions; the PIR is listed as valid for a period of five years from inspection date.  
(Reference: Quality Improvement Plan Item 2 )
- 9.3.3 The Legionella Risk Assessment was completed by a competent person on 17 September 2009; The hot & cold water storage and distribution services were chlorinated 14 August 2013.  
(Reference: Quality Improvement Plan Item 3 )
- 9.3.4 The passenger lift installation is maintained periodically in compliance with good practice , Lifting Operations & Lifting Equipment Regulations (LOLER)inspections are completed at six monthly intervals. Notified by responsible person e-mail on 24 April that Allianz LOLER inspection completed on 17 April and awaiting receipt of report.  
(Reference: Quality Improvement Plan Item 4 )
- 9.4** **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.*
- 9.4.1 Fire Safety procedures are completed in the home and a fire risk assessment review was completed by a British Approvals for Fire Equipment (BAFE) `SP205` registered fire risk assessor on 21 May 2013. Maintenance engineer service records were available for examination. Issues requiring corrective action by the registered person are detailed in the section of the attached quality improvement plan titled '**Standard 36: Fire safety**'.
- 9.4.2 The self-closer device had been removed from the Ground Floor visitor room door.  
(Reference: Quality Improvement Plan Item 5 )
- 9.4.3 Bedroom doors were not fitted with brushes/strips to prevent the passage of "cold smoke"; i.e. doors are not FD30S fire resistant specification as recommended by Northern Ireland Health Technical Memorandum 84.  
(Reference: Quality Improvement Plan Item 6 )

## **10.0 QUALITY IMPROVEMENT PLAN**

The details of the Quality Improvement plan appended to this report were discussed with Mrs Bernadette McGilligan 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.

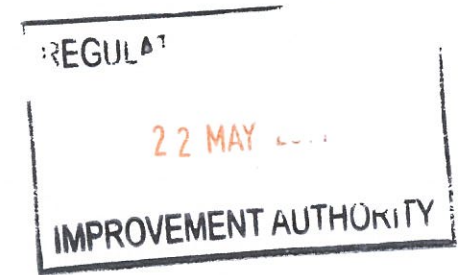
## **11.0 Enquiries**

Enquiries relating to this report should be addressed to:

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



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## Quality Improvement Plan

- for -

## Announced Estates Inspection

- of -

## Anniscliff House Residential Home Reg.1340

- on -

10 April 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.		✓	R. Sayer		27/5/14



**NOTES:**

The details of the quality improvement plan were discussed with Mrs Bernadette McGilligan during the inspection process.

The timescales commence from the date of inspection.


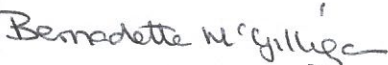
Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Homes Regulations (Northern Ireland) 2005 and must be met.

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 [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>	
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	

Announced Estates Inspection to Anniscliff House Residential Home on 10 April 2014

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### Standard 27 - Premises and grounds

The following requirements and recommendations should be noted for action in relation to Standard 27 - Premises and grounds

Item	Standard Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
1	Standard 27.1	Complete a decoration condition survey, complete repairs to external & internal decoration defects. (Reference: Report section 9.2.2)	26 weeks	Some external decoration defects have been resolved since date of inspection. All other defects will be attempted to as resources become available.

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## 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	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
2	Regulations 14 (2)(a),(b)&(c)	Verify that the electrical installation BS7671 Periodic Inspection Report (reference 0703272) recommendations have been assessed and appropriate control measures implemented, compliant with the Electricity at Work Regulations. (Reference: Report section 9.3.2)	8 weeks	Checks have been carried out and I can verify that all recommendations have been carried out by contractor at time of Periodic Inspection Report, checked regularly by maintenance contractor and also
3	Regulations 14 (2)(a),(b)&(c)	Complete a review of the legionella risk assessment and implement any report recommendations. (Reference: Report section 9.3.3)	12 weeks	verified in Fire Risk Assessment report 2013. legionella Risk Assessment will take place 29/11/14.
Item	Standard Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
4	Standard 28.1	Verify that the passenger lift maintenance engineer considers and implements any corrective/improvement control measures listed in the Lifting Operations and Lifting Equipment Regulations thorough examination reports. (Reference: Report section 9.3.4)	12 weeks	Copy of lift maintenance Engineers report enclosed.

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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

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
5	Regulations 27.(4)(c),(d)(i)&(iii)	Install a self-closer device on Ground Floor visitor's room door. (Reference: Report section 9.4.2)	4 weeks	Self closer device now installed on ground floor visitor's room door.
Item	Standard Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
6	Standard 29.2	Liaise with the fire risk assessor and consider implementing an improvement works programme to upgrade the bedroom and corridor fire doors to FD30S fire resistance specification. (Reference: Report section 9.4.3)	16 Weeks	Liaise discuss the implementation to upgrade bedroom + corridor doors to FD30S fire resistance specification, with Fire Risk Assessor on his next visit and consider improvements

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