



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No:	18039
Establishment ID No:	1366
Name of Establishment:	Lisgarel Residential Care Home, Larne
Date of Inspection:	15 May 2014
Inspector's Name:	K. Monaghan

1.0 GENERAL INFORMATION

Name of Home:	Lisgarel Residential Care Home
Address:	Gloucester Park Larne BT40 1PD
Telephone Number:	028 28 274 833
Registered Responsible Person:	Mr. Paul Ian Cummings, Northern Health and Social Care (HSC) Trust
Registered Manager:	Mrs. Debbie Gillespie
Person in Charge of the Home at the time of Inspection:	Mrs. Debbie Gillespie, Registered Manager
Other person(s) present during inspection:	Ms. Lorraine Gibson, Area Manager Northern HSC Trust Ms. Margaret Montgomery, Assistant Manager, Lisgarel Mr. Joseph Caffolla, Estates Officer, Northern HSC Trust
Type of establishment:	Residential Care Home
Categories of Care:	RC-I
Conditions of Registration:	N/A
Number of Residents:	41
Date and time of inspection:	15 May 2014 (10:30am – 12:45pm.)
Date of previous Estates inspection:	17 May 2011
Name of Inspector:	K. Monaghan

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, 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:

- Discussions with Mrs. Debbie Gillespie, Registered Manager, Ms. Lorraine Gibson, Area Manager Northern HSC Trust, Ms. Margaret Montgomery, Assistant Manager, Lisgarel and Mr. Joseph Caffolla, Estates Officer, Northern HSC Trust
- 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 this inspection report.

5.0 CONSULTATION PROCESS

During the course of the inspection the Inspector spoke to Mrs. Debbie Gillespie, Registered Manager, Ms. Lorraine Gibson, Area Manager Northern HSC Trust, Ms. Margaret Montgomery, Assistant Manager, Lisgarel and Mr. Joseph Caffolla, Estates Officer, Northern HSC Trust.

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 Estates inspection:

Standards inspected:

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

7.0 PROFILE OF SERVICE

The Home is registered for forty one places but since the beginning of 2008 a step down/step up service has been established providing nine places. Two places are also available for respite care and two day care places are provided.

All bedrooms are single and some, formerly double rooms, are now used as single. There are five sitting rooms, one used as a smoking room, a pleasant dining room and facilities for sitting outside in good weather, accessible from one of the sitting rooms. There is a large well equipped kitchen which also provides for the day centre and meals on wheels. The home is on an elevated site convenient to the centre of Larne

8.0 SUMMARY

Following this Estates Inspection of Lisgarel Residential Care Home in Larne on 15 May 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 ten requirements and one recommendation. These are outlined in the quality improvement plan appended to this report.

The Estates Inspector would acknowledge the assistance of Mrs. Debbie Gillespie, Registered Manager, Ms. Lorraine Gibson, Area Manager Northern HSC Trust, Ms. Margaret Montgomery, Assistant Manager, Lisgarel and Mr. Joseph Caffolla, Estates Officer, Northern HSC Trust, throughout the inspection.

9.0 INSPECTION FINDINGS

9.1 Recommendations and requirements for the previous Estates inspection on 17 May 2011:

- 9.1.1 The previous Estates inspection to this home was carried out on 17 May 2011. It is good to report that many of the issues included in the Quality Improvement Plan for the previous Estates inspection had been addressed. Further action was however required in relation to a number of issues. The following should be noted in relation to the issues included in the Quality Improvement Plan for the previous Estates inspection on 17 May 2011:
- 9.1.2 It is good to report that remedial works had been carried out in relation to the pipes that were rusting at some of the radiators. This is an issue that presents from time to time, for example the radiator pipework in bedroom 162 required attention in this regard. This issue had however already been reported by the home for remedial works which were in hand.
- 9.1.3 It is the intention to replace the resident's call system in the future. At this stage however, Mrs. Gillespie confirmed that the existing system was operating satisfactorily and it was meeting the needs for the residents. The system was serviced on 21 May 2013. The report for this work which indicated that the system was operating satisfactorily was presented for review during this Estates inspection.
- 9.1.4 The most recent thorough examination of the passenger lift in accordance with the Lifting Operations and Lifting Equipment Regulations (Northern Ireland) 1999 was completed on 28 February 2014. The report for this thorough examination which was presented for review during this Estates inspection identified a small number of issues for attention. It was not clear if these issues had been addressed. These issues should be reviewed with the lift service company and any action required in relation to these issues should be addressed. Reference should be made to item 2 in the Quality Improvement Plan.
- 9.1.5 Mr. Caffolla confirmed that the showers were being descaled and disinfected on a quarterly basis by an outside company specialising in this area of work. The documentation to support this activity was not however presented for review during this Estates inspection. This documentation should be followed up and retained on the premises available for review during future inspections. Reference should be made to item 3 in the Quality Improvement Plan.

9.0 INSPECTION FINDINGS CONTINUED

9.1 Recommendations and requirements for the previous Estates inspection on 17 May 2011 Continued:

- 9.1.6 It is good to report that the lifting equipment was serviced and thoroughly examined recently. The reports for this work which were presented for review during this Estates inspection did not however contain all of the information set out in Schedule 2 of the Lifting Operations and Lifting Equipment Regulations (Northern Ireland) 1999. The reports for the thorough examinations of the lifting equipment should be set out in accordance with Schedule 2 of the Lifting Operations and Lifting Equipment Regulations (Northern Ireland) 1999. Reference should be made to item 2 in the Quality Improvement Plan.
- 9.1.7 It is good to report that the water temperatures at the unblended hot and cold water outlets were being checked each month and the water temperatures at the controlled hot water outlets were being checked each week. Mr. Caffolla confirmed that the thermostatic mixing valves had been serviced recently. As part of this service, any remedial works required had been completed and each valve had been labeled for inclusion in an asset register. Mr. Caffolla also confirmed that the Trust had recently appointed a new Water Safety Manager who would be reviewing all of the issues (including the legionella risk assessments) in relation to the safety of the water systems throughout the Trust's premises including Lisgarel Residential Care Home. As part of this review the procedure for checking the uncontrolled hot water at the sentinel outlets should be reviewed and revised as required as this was being taken at some outlets that were fitted with thermostatic mixing devices. The outcome of this review and the proposed action in relation to these premises should be confirmed to RQIA. Reference should be made to item 4 in the Quality Improvement Plan.
- 9.1.8 The 'dead leg' at the back of the washing machines in the laundry should be removed. Reference should be made to item 4 in the Quality Improvement Plan.
- 9.1.9 The 'Clean Dressings' cupboard in the Doctor's Room had not been replaced. The surfaces of this cupboard were not in good condition. This would make it difficult to maintain this cupboard in a hygienic condition in line with good infection control practice. It is recommended that this cupboard should therefore be replaced. Reference should be made to item 7 in the Quality Improvement Plan.

9.0 INSPECTION FINDINGS CONTINUED

9.1 Recommendations and requirements for the previous Estates inspection on 17 May 2011 Continued:

- 9.1.10 Mrs. Gillespie confirmed that there were no issues presenting in relation to the tension of the self-closing mechanisms fitted to the corridor doors. A new drawing had been provided at the fire alarm control panel. In addition it is understood that the fire alarm drawings in all of the Trust's premises are being further updated in line with a new uniform format that has been discussed with the Northern Ireland Fire and Rescue Service.
- 9.1.11 The fire hose reels had been removed since the previous Estates Inspection to the home. The laundry door was not reviewed during this Estates inspection. Sample checks to other doors indicated that the corridor door at sluice 150 required attention due to a section of the smoke seal at the meeting edges being torn. This smoke seal should be replaced. Further remedial works should also be carried out to the smoke sealing at the top of the double swing corridor doors on the lower ground floor at the lift. Fire doors should be closely monitored to ensure ongoing satisfactory performance. Reference should be made to item 8 in the Quality Improvement Plan.
- 9.1.12 Mrs. Gillespie confirmed that the arrangements for the safe movement of residents from each of the final exit doors to the home's assembly point had been reviewed following the previous Estates inspection to the home. As part of this review, two external assembly points had been established with arrangements for communicating between same.
- 9.1.13 It is good to report that the escape route from the corridor at bedroom 80 and 81 had been signed. There were however, no emergency lights in this corridor. This issue should be reviewed and emergency lighting should be provided as required. Reference should be made to item 9 in the Quality Improvement Plan.
- 9.1.14 The above issues have been restated as appropriate in the relevant sections of the attached Quality Improvement Plan.

9.0 INSPECTION FINDINGS CONTINUED

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 It is good to report that the premises were clean and odour free. The home was well presented and offered comfortable accommodation for the residents. This is to be commended. One issue was identified for attention in relation to this standard during this Estates inspection as follows:

9.2.2 The seal to the double glazing unit in bedroom 191 was defective. This double glazed unit should be replaced. Reference should be made to item 1 in the Quality Improvement Plan.

9.2.3 The above issue is detailed in the section of the Quality Improvement entitled 'Standard 27 – Premises and Grounds.

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

9.3.1 It is good to report that new controls had been fitted to all of the opening windows since the previous Estates inspection. Two items were identified for attention in relation to this standard during this Estates inspection as follows:

9.3.2 An earth cable at the back of the washing machines in the laundry was disconnected. The wall at the side of the washing machines was in need of attention due to water damage. The report for the service of the laundry equipment also made reference to the need to upgrade the drain in the laundry. In addition there was a water leak in the boiler room although Mr. Caffolla confirmed that this water leak in the boiler room had already been identified and remedial works were in hand. The remedial works to address these issues should be completed as soon as possible. Reference should be made to item 5 in the Quality Improvement Plan.

9.3.3 The electrical equipment was inspected and tested on 03 September 2013. Arrangements had also been made to inspect and test the fixed wiring installation within the next two months. The outcome of the inspection and test to the fixed wiring installation should be confirmed to RQIA. Reference should be made to item 6 in the Quality Improvement Plan.

9.3.4 The above issues are detailed in the section of the attached quality improvement plan entitled 'Standard 28 - Safe and healthy working practices'.

9.0 INSPECTION FINDINGS CONTINUED

9.4 **Standard 29: 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 A number of issues were identified for attention during this Estates inspection in relation to this standard as follows:
- 9.4.2 Records were presented for review in relation to the ongoing checks and inspections/tests for the fire detection and alarm system and the emergency lights. The report for the quarterly inspection and test of the fire detection and alarm system included a reference to three issues. It was not clear if these issues had been followed up. The current position in relation to these issues should be confirmed to RQIA. Reference should be made to item 9 in the Quality Improvement Plan Quality Improvement Plan.
- 9.4.3 The bedroom doors were not self-closing in line with the recent guidance issued by the Northern Ireland Fire and Rescue Service. This issue needs to be considered in conjunction with a needs assessment, to identify the extent of hold open and/or free swing self-closing devices linked to the fire detection and alarm system required. This issue should be reviewed and a proposal to complete the necessary works should be forwarded to RQIA. Reference should be made to item 10 in the Quality Improvement Plan Quality Improvement Plan.
- 9.4.4 The doors to the corridor in the kitchen and the kitchen office should not be wedged open. Reference should be made to item 11 in the Quality Improvement Plan Quality Improvement Plan.
- 9.4.5 Fire safety training is provided four times each year with the most recent session being provided on 12 February 2014. A fire drill was also carried out on 10 May 2013. Further fire drills should be carried out (day and night) to ensure that all staff attend at least one fire drill each year. Reference should be made to item 11 in the Quality Improvement Plan.
- 9.4.6 It is good to report that a smoking room is provided in the home. Sample checks to the chairs in this room indicated that they were in compliance with the ignition sources 0 and 5 fire retardant standard. In addition to the internal smoking room some residents prefer to use the front porch to smoke. The need to provide a fire blanket in an easily accessible location in close proximity to the front porch should be reviewed with the Fire Officer for the home. Reference should be made to item 10 in the Quality Improvement Plan.
- 9.4.7 The above issues are detailed in the section of the attached quality improvement plan entitled 'Standard 29 – Fire Safety'.

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement plan appended to this report were discussed with Mrs. Debbie Gillespie, Registered Manager, Ms. Lorraine Gibson, Area Manager Northern HSC Trust, Ms. Margaret Montgomery, Assistant Manager, Lisgarel and Mr. Joseph Caffolla, Estates Officer, Northern HSC Trust, 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 nursing 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**



Quality Improvement Plan Sign Off Sheet for Estates Inspectors

Name of Home	Lisgarel Residential Care Home, Larne RQIA ID 1366
Date of Inspection	15 May 2014
Estates Inspector	Kieran Monaghan

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.	√	–	√	K. Monaghan	17 October 2014

Estates Inspection – QIP sign off sheet

Informing and Improving Health and Social Care

NOTES:

The details of the quality improvement plan were discussed with Mrs. Debbie Gillespie, Registered Manager, Ms. Lorraine Gibson, Area Manager Northern HSC Trust, Ms. Margaret Montgomery, Assistant Manager, Lisgarel and Mr. Joseph Caffolla, Estates Officer, Northern HSC Trust, 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 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:

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:

NAME OF REGISTERED MANAGER COMPLETING QIP	ID.Gillespie
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Una Cunning Dr A Stevens

Standard 27 – Premises and grounds

The following requirements should be noted for action in relation to Standard 27 – Premises and Grounds

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
1.	Regulations 27(2)(b)	The double glazed unit with the defective seal in bedroom 191 should be replaced. Reference should be made to paragraph 9.2.2 in the Report.	2 Months	Allocated to Glazing Contractor - job ref 326210

Standard 28 - Safe and healthy working practices

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

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
2.	Regulations 14(2)(a) 14(2)(c) 27(2)(c)	The issues identified for attention in the report for recent thorough examination of the passenger lift in accordance with the Lifting Operations and Lifting Equipment Regulations (Northern Ireland) 1999 that was completed on 28 February 2014 should be reviewed with the lift service company and any action required should be addressed. The reports for the thorough examinations of the lifting equipment should be set out in accordance with Schedule 2 of the Lifting Operations and Lifting Equipment Regulations (Northern Ireland) 1999. Reference should be made to paragraphs 9.1.4 and 9.1.6 in the Report.	1 Month & Ongoing	Items will be addressed by maintenance contractor at next service visit.
3.	Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(c)	The documentation to support the quarterly descaling and disinfection of the showers should be followed up and retained on the premises available for review during future inspections. Reference should be made to paragraph 9.1.5 in the Report.	1 Month	Confirm that hard copy reports will be left with unit manager by contractor. Information is also to be uploaded to ELRM software package.

Standard 28 - Safe and healthy working practices

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

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
4.	Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)	The procedure for checking the uncontrolled hot water at the sentinel outlets should be reviewed and revised as required. The outcome of the review (including the legionella risk assessment) by the new Water Safety Manager and the proposed action in relation to Lisgarel should be confirmed to RQIA. The 'dead leg' at the back of the washing machines in the laundry should be removed. Reference should be made to paragraphs 9.1.7 and 9.1.8 in the Report.	1 Month	Water Safety Manager has informed monitoring contractor that uncontrolled temperatures must be taken at sentinel outlets. Deadleg removed

Standard 28 - Safe and healthy working practices

The following requirements 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)
5.	Regulations 14(2)(a) 14(2)(c) 27(2)(b) 27(2)(q)	The earth cable at the back of the washing machines in the laundry should be reconnected. The wall at the side of the washing machines should be made good. The drain in the laundry should be upgraded. In addition the water leak in the boiler room should be repaired. Reference should be made to paragraph 9.3.2 in the Report.	1 Month	Earth cable reconnected Estates Services to repair wall finish and upgrade drainage from washing machines - job requests 339844 & 339846 Building team to repair wall and drain issues Water leak stopped
6.	Regulations 14(2)(a) 14(2)(c) 27(2)(q)	The outcome of the inspection and test to the fixed wiring installation should be confirmed to RQIA. Reference should be made to paragraph 9.3.3 in the Report.	2 Months	Completed and awaiting results. Remedials will be prioritised on receipt

Standard 28 - Safe and healthy working practices

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

Item	Standard Reference	Restated Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
7.	Standard 28.1	It is recommended that 'Clean Dressings' cupboard in the Doctor's Room should be replaced. Reference should be made to paragraph 9.1.9 in the Report.	Ongoing	Unit manager to procure new cupboard and log Estates maintenance job request for fitting of same.

Standard 29 – Fire safety

The following requirements should be noted for action in relation to Standard 28 – Fire Safety:

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
8.	Regulations 27(4)(b) 27(4)(c) 27(4)(d)(i) 27(4)(d)(iv)	The smoke seal between the meeting edges of the corridor doors at sluice 150 should be replaced. Further remedial works should also be carried out to the smoke sealing at the top of the double swing corridor doors on the lower ground floor at the lift. Fire doors should be closely monitored to ensure ongoing satisfactory performance. Reference should be made to paragraph 9.1.11 in the Report. .	1 Month & Ongoing	These items were reported to action desk and all have now been rectified by estates.
Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
9.	Regulations 27(4)(b) 27(4)(c) 27(4)(d)(i) 27(4)(d)(iv)	The escape route from the corridor at bedroom 80 and 81 should be reviewed and emergency lighting should be provided as required. The current position in relation to the issues included in the report for the inspection and test to the fire detection and alarm system should be confirmed to RQIA. Reference should be made to paragraphs 9.1.13 and 9.4.2 in the Report. .	1 Month	Minor works request for emergency light currently being processed. On approval of funding target completion will be 2 weeks.

Standard 29 – Fire safety

The following requirements should be noted for action in relation to Standard 28 – Fire Safety:

Item	Regulation Reference	Requirements	Timescale	
10.	Regulations 27(4)(b) 27(4)(c) 27(4)(d)(i)	The issue in relation to making the bedroom doors self-closing and installing hold open and/or free swing self-closing devices linked to the fire detection and alarm system should be reviewed and a proposal to complete the necessary works should be forwarded to RQIA. The need to provide a fire blanket in an easily accessible location in close proximity to the front porch should be reviewed with the Fire Officer for the home. Reference should be made to paragraphs 9.4.3 and 9.4.6 in the Report.	1 Month	Estates have made a bid for monies to fit Swing free devices awaiting approval to go forward. fire blanket has been provided.
11.	Regulations 27(4)(b) 27(4)(c) 27(4)(d)(i) 27(4)(f)	The doors to the corridor in the kitchen and the kitchen office should not be wedged open. Further fire drills should be carried out (day and night) to ensure that all staff attend at least one fire drill each year. Reference should be made to paragraphs 9.4.4 and 9.4.5 in the Report.	Ongoing	Staff reminded that fire doors must not be wedged open at any time. Management to ensure all staff take part in fire drills.