

# Announced Premises Inspection Report

## 07 June 2016



## Killynure House

**Type of Service: Residential**

**Address: 26 Church Road, Carryduff, BT8 8DT**

**Tel No: 028 90 5042 9960**

**Inspector: Gavin Doherty**

## 1.0 Summary

An announced premises inspection of Killynure House took place on 07 June 2016 from 10:30 to 13:00.

### Is care safe?

On the day of the inspection the premises supported the delivery of safe care. However two issues were identified for attention by the registered provider. (Refer to section 4.3).

### Is care effective?

On the day of the inspection the premises supported the delivery of effective care.

### Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care. However two issues were identified for attention by the registered provider. (Refer to section 4.5).

### Is the service well led?

On the day of the inspection the management of the premises was considered to be well led.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes Minimum Standards 2011.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mairaid McCarton, Acting Registered Manager, Frank Glennon, and Mark Gunning estates department of Belfast Health and Social Care Trust, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

## 1.2 Actions/enforcement taken following the most recent premises inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

## 2.0 Service Details

<b>Registered organisation/registered provider:</b> Belfast Health and Social Care Trust	<b>Registered manager:</b> Esther Brimage
<b>Person in charge of the home at the time of inspection:</b> Mairaid McCarton	<b>Date manager registered:</b> Acting
<b>Categories of care:</b> RC-DE	<b>Number of registered places:</b> 40

## 3.0 Methods/processes

Prior to inspection the following records were analysed: Previous premises inspection report, statutory notifications over the past 12 months, duty call log.

Discussions were held with Mairaid McCarton, Acting Registered Manager, Frank Glennon, and Mark Gunning estates department of Belfast Health and Social Care Trust.

The following records were examined during the inspection: Copies of service records and in-house log books relating to the maintenance and upkeep of the building and engineering services, legionellae risk assessment, and fire risk assessment.

## 4.0 The Inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 02/03/2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector on 15 June 2016. This QIP will be validated by the care inspector at their next inspection.

## 4.2 Review of requirements and recommendations from the last premises inspection dated 24 February 2014

Last premises inspection statutory requirements		Validation of compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 14 (2)  <b>Stated:</b> First time	Ensure that the shower heads within the home are deep cleaned or replaced every three months.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed that satisfactory control measures regarding the cleaning of the shower heads are in place and maintained at the time of inspection.	

## 4.3 Is care safe?

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this premises inspection.

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape.

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment and this supports the delivery of safe care.

Two issues were however identified for attention during this premises inspection. These are detailed in the 'areas for improvement' section below.

### Areas for improvement

1. 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. Reference should be made to the latest correspondence issued by RQIA to all registered homes on 2 April 2015 and the guidance contained therein. (Refer to Recommendation 1 in the attached Quality Improvement Plan).
2. Ensure that a suitable and sufficient risk assessment is undertaken in relation to the existing first floor landing balcony, and the risk of a resident falling from the same. It was noted that in other similar trust premises, this balcony had been enclosed to prevent falls from occurring. (Refer to Recommendation 2 in the attached Quality Improvement Plan).

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>2</b>
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#### 4.4 Is care effective?

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the premises. This supports the delivery of effective care.

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.5 Is care compassionate?

The areas of the premises reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit.

Service users are consulted about decisions around décor and the private accommodation where appropriate. This supports the delivery of compassionate care.

A number of issues were however identified for attention during this premises inspection. These are detailed in the 'areas for improvement' section below.

#### Areas for improvement

1. The level of decoration throughout the premises was tired with the poor appearance and condition of the existing suspended ceiling tiles being specifically noted. A suitable time bound program for the redecoration of the premises and the replacement of the ceiling tiles should be prepared and implemented in a timely manner. This program should be forwarded to RQIA for information. (Refer to Recommendation 3 in the attached Quality Improvement Plan).
2. The external secure garden area was poorly maintained at the time of the inspection. Bedding and planting was overgrown and surface finishes/paving was in poor condition. A suitable time bound program for the making good of this area should be prepared and implemented in a timely manner to ensure residents can safely access this external area. This program should be forwarded to RQIA for information. (Refer to Recommendation 4 in the attached Quality Improvement Plan).

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>2</b>
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#### 4.6 Is the service well led?

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

Arrangements are in place for managing premises related incidents/notifiable events and Medical Device and Equipment Alerts.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the Registered Responsible Person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate. This supports a well led service.

A number of issues were however identified for attention during this premises inspection. These are detailed in the 'areas for improvement' section below.

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mairaid McCarton, Acting Registered Manager, Frank Glennon, and Mark Gunning estates department of Belfast Health and Social Care Trust as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises, RQIA would apply standards current at the time of that application.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/manager meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Residential Care Homes Minimum Standards 2011. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to [estates.team@rqia.org.uk](mailto:estates.team@rqia.org.uk) by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.



## Quality Improvement Plan

Recommendations	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 29.5  <b>Stated:</b> First time  <b>To be completed by:</b> On review of the Fire Risk Assessment	<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. Reference should be made to the latest correspondence issued by RQIA to all registered homes on 2 April 2015 and the guidance contained therein.</p> <p><b>Response by registered person detailing the actions taken:</b>  Discussion has taken place with Trusts Fire Officer who has advised that there is no statutory requirement for 3<sup>rd</sup> party accreditation. Fire officer has been made aware of information detailed in recommendation 1. and will have further discussion with his line manager.</p>
<b>Recommendation 2</b>  <b>Ref:</b> Standard 27.9  <b>Stated:</b> First time  <b>To be completed by:</b> 2 August 2016	<p>Ensure that a suitable and sufficient risk assessment is undertaken in relation to the existing first floor landing balcony and the risk of a resident falling from the same. It was noted that in other similar trust premises, this balcony had been enclosed to prevent falls from occurring.</p> <p><b>Response by registered provider detailing the actions taken:</b>  A suitable and sufficient risk assessment has been undertaken in relation to the first floor landing balcony and the risk of a resident falling from same.</p>
<b>Recommendation 3</b>  <b>Ref:</b> Standard 27.1  <b>Stated:</b> First time  <b>To be completed by:</b> 2 August 2016	<p>The registered provider should prepare a suitable time bound program for the redecoration of the premises and the replacement of the existing suspended ceiling tiles. This should be forwarded to RQIA for information.</p> <p><b>Response by registered provider detailing the actions taken:</b>  Estate services have advised that they are undertaking a major mechanical service replacement and will not be undertaking any redecoration of Killynure House until these works are complete. Projects colleagues have made recommendations as to the extent of decoration required. Estate services will put a programme together for total or partial redecoration following mechanical works to avoid any abortive works.</p>
<b>Recommendation 4</b>  <b>Ref:</b> Standard 27.5  <b>Stated:</b> First time  <b>To be completed by:</b> 2 August 2016	<p>The registered provider should prepare a suitable time bound program for the making good of the existing secure external garden area of the premises. This should be forwarded to RQIA for information.</p> <p><b>Response by registered provider detailing the actions taken:</b>  Estate service have advised that they plan to have all external works completed within an eight months period, once costs have been obtained.</p>

*\*Please ensure this document is completed in full and returned to [estates.team@rqia.org.uk](mailto:estates.team@rqia.org.uk) from the authorised email address\**





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