

Announced Premises Inspection Report

28 June 2016



Laurelhill House

Type of Service: Residential Home
1a Ballymacash Park, Lisburn, BT28 3EX
Tel No: 028 9260 2116
Inspector: Gavin Doherty

1.0 Summary

An announced premises inspection of Laurelhill House took place on 28 June 2016 from 10:15 to 11:30.

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.

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
Total number of requirements and recommendations made at this inspection	0	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Michele Barton, registered manager, 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

Registered organisation/registered provider: South Eastern HSC Trust – Mr Hugh Henry McCaughey	Registered manager: Michele Barton, Acting
Person in charge of the home at the time of inspection: Michele Barton	Date manager registered: Application not yet submitted
Categories of care: RC-DE	Number of registered places: 30

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.

During the inspection the inspector met with Michele Barton, registered manager.

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 31/05/2016

The most recent inspection of the home was an unannounced care inspection undertaken on 31 May 2016. The completed QIP has not yet been returned to RQIA. This QIP will be validated by the specialist inspector when returned.

4.2 Review of requirements and recommendations from the last premises inspection dated 30/01/2014

Last premises inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 27 (2)(q) 14 (2)(a)(c) Stated: First time	The Gas Safe certification for the kitchen and laundry equipment was unavailable for inspection. Confirmation should be provided that this equipment has been inspected and tested within the last 12 months and was found to be in a 'satisfactory' condition.	Met
	Action taken as confirmed during the inspection: Inspector confirmed this at the time of inspection.	
Requirement 2 Ref: Regulation 27 (2)(q) 14 (2)(a)(c) Stated: First time	Ensure that the existing 'Ambulift' bath chair in the bathroom is included on the Homes' asset register for routine servicing, and is subject to suitable 'thorough examination' in accordance with the 'Lifting operations, lifting equipment regulations (LOLER).	Met
	Action taken as confirmed during the inspection: Inspector confirmed this at the time of inspection.	
Requirement 3 Ref: Regulation 14 (2)(a)(c) 27 (2)(q) Stated: First time	Pull cords were missing from emergency call points in 3 no. toilets within the home. These should be replaced immediately.	Met
	Action taken as confirmed during the inspection: Inspector confirmed this at the time of inspection.	
Requirement 4 Ref: Regulation 27 (4)(a) Stated: First time	A review of the homes' fire risk assessment is scheduled to be undertaken on the 7 February 2014. It is essential that any requirements or recommendations highlighted in this review are implemented by the manager of the home within the stipulated timescales.	Met
	Action taken as confirmed during the inspection: Inspector confirmed this at the time of inspection.	

Last premises inspection recommendations		Validation of compliance
Recommendation 5 Ref: Standard 29.3 Stated: First time	The Northern Ireland Fire and Rescue Service have stated that door closers should be fitted to all bedroom doors in residential care homes. To this end a number of different self-closing arrangements could be applied. These include automatic self-closing devices with 'swing free' arms or other appropriate self-closing devices coupled with suitable hold-open devices activated by the operation of the fire detection and alarm system. The self-closing arrangements to be used should take into account the fire risks and the needs of the residents at all times.	Met
	Action taken as confirmed during the inspection: Swing Free automatic door closers have been fitted to all bedroom doors. This is to be commended.	

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 supports the delivery of safe 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

- It is recommended that the door to the premise's designated smoking room be fitted with a vision panel. This would increase staffs ability to supervise residents who wish to smoke, without unnecessarily entering the room.
(Refer to Recommendation 1 in the attached Quality Improvement Plan).

- The manager expressed concern for staff working in areas where gas powered appliances are used (Kitchen and Laundry) and the risks from carbon monoxide poisoning. The inspector confirmed that all gas powered appliances are currently maintained in accordance with current best practice guidance. However, it is recommended that consideration is given to the installation of a carbon monoxide detector in the premises kitchen and laundry.
(Refer to Recommendation 2 in the attached Quality Improvement Plan).
- 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 3 in the attached Quality Improvement Plan).

Number of requirements	0	Number of recommendations:	3
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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.

Number of requirements	0	Number of recommendations:	0
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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.

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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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.

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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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 Michele Barton, registered manager 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.mailbox@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	
Recommendation 1 Ref: Standard 28.3 Stated: First time To be completed by: 20 September 2016	The registered provider should ensure that the door to the premises' designated smoking room be fitted with a vision panel. This would increase staffs ability to supervise residents who wish to smoke, without unnecessarily entering the room.
	Response by registered provider detailing the actions taken: The door to designated smoking room will be fitted with a vision panel as recommended
Recommendation 2 Ref: Standard 28.3 Stated: First time To be completed by: 20 September 2016	The registered provider should give consideration to the installation of a carbon monoxide detector in the premises kitchen and laundry. This would help address staffs concerns regarding the risk of carbon monoxide poisoning.
	Response by registered provider detailing the actions taken: A carbon monoxide detector to be installed in kitchen and laundry areas.
Recommendation 3 Ref: Standard 29.1 Stated: First time To be completed by: On review of fire risk assessment	The registered provider should 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.
	Response by registered provider detailing the actions taken: The SET Estates dept will ensure the Fire Risk Assessment is completed by a competent person.

Please ensure this document is completed in full and returned to estates.mailbox@rqia.org.uk from the authorised email address



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