



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No: 18000
Establishment ID No: 10054
Name of Establishment: Aaron House
Date of Inspection: 02 September 2014
Inspector's Name: Colin Muldoon

1.0 GENERAL INFORMATION

Name of Home:	Aaron House
Address:	40 Rosneath Gardens, Dundonald BT16 1UN
Telephone Number:	028 90 410045
Registered Organisation/Provider:	Presbyterian Board of Social Witness Ms Linda Wray - Responsible Person
Registered Manager:	Ms Denise Keegan
Person in Charge of the Home at the time of Inspection:	Ms Denise Keegan
Other person(s) consulted during inspection:	N/A
Type of establishment:	Residential Care Home
Categories of Care	RC-LD, RC-LD(E)
Number of Registered Places:	16
Date and time of inspection:	02 September 2014 10.05 – 15.15
Date of previous inspection:	25 August 2011
Name of Inspector:	Colin Muldoon

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:

- Discussion with Ms Denise Keegan
- 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 Registered Provider 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 Ms Denise Keegan.

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 on 25 August 2011.

Standards inspected:

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

7.0 PROFILE OF SERVICE

Aaron House is a purpose built single storey residential care home. It is set within the Ballybeen housing development on the outskirts of Dundonald. Aaron House provides residential accommodation for residents with a learning disability.

The home has sixteen single bedrooms, two living rooms with adjoining dining rooms, bath, showering and toilet facilities and both paved and grass outdoor space. There is also a staff room, offices, a main kitchen and laundry.

8.0 SUMMARY

There was evidence of maintenance activities and the home was comfortable and well presented.

In general the building appeared to be in satisfactory condition although some matters relating to the environment were identified. Therefore, following the Estates Inspection of Aaron House on 02 September 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 seven requirements and one recommendation. These are outlined in the Quality Improvement Plan appended to this report.

The Estates Inspector would like to acknowledge the assistance of Ms Denise Keegan during the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from previous inspection

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
1	Regulation 27.-(2)(c)	It is understood that a legionella risk assessment has been carried out quite recently. The manager should ensure that the assessment and its associated scheme for the control and prevention of legionella are obtained and implemented.	The home has a legionella risk assessment which was carried out by a specialist contractor in August 2011. A system has been established for carrying out and recording legionella control and monitoring measures such as checks of unblended water temperatures and cleaning of shower heads.	The legionella risk assessment should be reviewed. Item 4 in Quality Improvement Plan

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
2	Regulation 27.-(4)(d)(i)	Two of the corridor fire doors require repair and adjustment.	The manager confirmed that these repairs had been carried out in September 2011.	<p>During this inspection it was observed that the two corridor doors leading into the reception area required some adjustment so that they close tight.</p> <p>In the last fire risk assessment the fire risk assessor recommends that all the corridor fire doors are serviced to ensure that leaf to frame gaps do not exceed 4mm and to ensure that intumescent strips and cold smoke seals are fitted.</p> <p>The other recommendations in the fire risk assessment relating to the fitting of door closers and the repositioning of door stops have been addressed.</p> <p>The latch and lock of the door to the switch cupboard off the kitchen require repair.</p> <p>The door into the day care unit was wedged open.</p> <p>Item 5 in Quality Improvement Plan</p>

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 On the day of inspection there were no current records relating to the maintenance of the thermostatic mixing valves.
(Item 1 in Quality Improvement Plan)

9.2.2 There were current contractor's maintenance records for the hoisting equipment. Whilst the records refer to servicing and LOLER (Lifting Operations and Lifting Equipment Regulations (NI) 1999) they don't verify that a LOLER thorough examination has been carried out.
(Item 2 in Quality Improvement Plan)

9.2.3 The shell around the bath in Scrabo is damaged.
(Item 3 in Quality Improvement Plan)

These issues are detailed in the section of the attached Quality Improvement Plan titled '**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 Refer to 9.1.1 above

This is detailed in the section of the attached Quality Improvement Plan titled '**Standard 28 - Safe and healthy working practices**'.

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 A number of fire drills have been carried out since the start of 2014. However, they have all taken place during the day shift. The need to ensure that all staff participate, including those on night duty, was discussed with the manager.
(Item 6 in Quality Improvement Plan)

9.4.2 Arrangements are in place for a specialist contractor to maintain the fire alarm system. It is understood that the plan is for quarterly visits. However, the records indicate that the last service was in March 2014.
(Item 7 in Quality Improvement Plan)

9.4.3 Arrangements are in place for a specialist contractor to maintain the emergency lighting system. The last service sheet refers to a function test being carried out by the contractor on 20 September 2013. It should be confirmed that the contractor is maintaining the installation in accordance with good practice including duration tests.
(Item 8 in Quality Improvement Plan)

These issues are detailed in the section of the attached Quality Improvement Plan titled '**Standard 29: Fire safety**'.

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Ms Denise Keegan 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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REGULATION AND QUALITY
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Quality Improvement Plan

Announced Estates Inspection

Aaron House Residential Care Home

02 September 2014

QIP Position Based on Comments from Registered Persons (for RQIA use only)		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.				

NOTES:

The details of the Quality Improvement Plan were discussed with Ms Denise Keegan 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 completed by the registered provider and registered manager and returned to 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:

NAME OF REGISTERED MANAGER COMPLETING QIP	<i>Denise Keegan</i>
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	<i>Linda Wray</i>

Announced Estates Inspection to Aaron House Residential Care Home on 02 September 2014

Assurance, Challenge and Improvement in Health and Social Care

Standard 27 - Premises and grounds

The following requirements and recommendations 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	Regulation 27.-(2)(q)	It should be confirmed that the thermostatic mixing valves are being serviced, set and fail safe tested in accordance with the manufacturer's instructions. (Item 9.2.1 in report)	1 Month	<i>A works order has been issued by Michael Ferguson (Housing Officer for Cable Trinity) to Contract Services on 4/11/14 to complete servicing of thermostatic mixing valves.</i>
2	Regulation 27.-(2)(c)	It should be confirmed that all the hoisting equipment is being thoroughly examined in accordance with LOLER (Lifting Operations and Lifting Equipment Regulations (NI) 1999) and that the resulting certificates verify that all the equipment is without defects. (Item 9.2.2 in report)	1 Month	<i>All LOLER test certificates have been received from Abbey Medical following testing carried out on 9/6/14.</i>
Item	Standard Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (s)
3	Standard 27.	Plans should be made to replace the shell around the bath in Scrabo wing. (Item 9.2.3 in report)	3 Months	<i>Refurbishment of bathroom and replacement of bath in progress.</i>

Announced Estates Inspection to Aaron House Residential Care Home on 02 September 2014

Assurance, Challenge and Improvement in Health and Social Care

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)
4	Regulation 14.-(2)(a) and (c)	<p>The legionella risk assessment should be reviewed. The scheme of control arising from the reviewed risk assessment should be fully implemented.</p> <p>Reference should be made to: Health and Safety Executive document L8 Legionnaires' disease - <i>The control of legionella bacteria in water systems</i> with particular attention to HSG274 Part 2 (2014) and the Department of Health document Health Technical Memorandum 04-01: <i>The control of Legionella, hygiene, "safe" hot water, cold water and drinking water systems.</i> (Item 9.1.1 in report)</p>	2 Months	<p><i>Michael Ferguson (Housing Officer - Oaklee Trinity) has raised a works order for Chemical Treatment Service - risk assessment to be carried out on 10/11/14 a copy of report will be forwarded to unit inspector.</i></p>

Announced Estates Inspection to Aaron House Residential Care Home on 02 September 2014

Assurance, Challenge and Improvement in Health and Social Care

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	Regulation 27.-(4)(c) 27.-(4)(d)(i)	<p>A survey should be carried out of all corridor fire doors. The necessary adjustments and repairs should be made which will ensure that gaps between doors and frames do not exceed 4mm, that all doors have intact and correctly fitted intumescent strips and smoke seals and that all doors close correctly.</p> <p>The latch and lock on the door to the switch cupboard in the kitchen corridor should be repaired.</p> <p>It should be ensured that fire doors are not wedged open. If fire doors are required to stand open for operational reasons they should be fitted with hold open devices linked to the fire detection and alarm system. (Item 9.1.2 in report)</p>	1 Month	<p><i>Corridor fire doors adjusted by Oaklee Trinity joiner on 5/9/14.</i></p> <p><i>Works order raised by Michael Ferguson to Contract Services on 4/11/14 to complete survey of doors.</i></p> <ul style="list-style-type: none"> <i>- Latch and lock on the door to switch cupboard repaired by maintenance man on 3/9/14</i> <i>- Door hold open device to be fitted by Sean Alamo. All staff made aware that door wedges must not be used at anytime.</i>
6	Regulation 27.-(4)(f)	<p>It should be ensured that all staff participate in recorded practice fire drills. (Item 9.4.1 in report)</p>	Ongoing	<p><i>Fire drills planned to allow for all staff to participate in drill.</i></p>

Announced Estates Inspection to Aaron House Residential Care Home on 02 September 2014

Assurance, Challenge and Improvement in Health and Social Care

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (s)
7	Regulation 27.-(4)(d)(iv)	It should be ensured that the servicing of the fire detection and alarm system is carried out regularly in accordance with the maintenance plan. (Item 9.4.2 in report)	1 Month	<i>A new contract has been issued to BPS to carry out servicing of the fire detection and alarm system as per Michael Ferguson on 4/11/14.</i>
8	Regulation 27.-(4)(d)(iv)	It should be confirmed that the contractor is maintaining the emergency lights in accordance with BS5266. (Item 9.4.3 in report)	1 Month	<i>BPS will maintain the emergency lights in accordance with BS5266 within new contract mentioned above.</i>

Announced Estates Inspection to Aaron House Residential Care Home on 02 September 2014

Assurance, Challenge and Improvement in Health and Social Care



Quality Improvement Plan sign off sheet for estates inspectors

Name of Home	Aaron House
Date of Inspection	02 September 2014
	C Muldoon

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.	√	√	C Muldoon	24/12/2014

Estates Inspection – QIP sign off sheet

Informing and Improving Health and Social Care