



The **Regulation** and
Quality Improvement
Authority

Adelaide House
RQIA ID: 10055
24-26 Adelaide Park
Belfast
BT9 6FX

Inspector: Gavin Doherty
Inspection ID: IN021594

Tel: 028 9066 9362
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**Announced Estates Inspection
of
Adelaide House**

16 February 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced estates inspection took place on 16 February 2016 from 10.30 to 13.00. Overall on the day of the inspection the premises supported the delivery of safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Residential Care Homes Minimum Standards 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

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

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

| | Requirements | Recommendations |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 0 | 2 |

The details of the QIP within this report were discussed with Mrs Norma Picking, registered manager and Ms Lauren Magill as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

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|--|---|
| Registered Organisation/Registered Person: Presbyterian Board of Social Witness/Mrs Linda May Wray | Registered Manager: Mrs Norma Picking |
| Person in Charge of the Home at the Time of Inspection: Mrs Norma Picking | Date Manager Registered: 22 October 2014 |
| Categories of Care: RC-MP(E), RC-DE, RC-I | Number of Registered Places: 45 |
| Number of Residents Accommodated on Day of Inspection: 39 | Weekly Tariff at Time of Inspection: £470 |

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 27: Premises and Grounds**Standard 28: Safe and Healthy Working Practices****Standard 29: Fire Safety****4. Methods/Process**

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed: Previous estates inspection report, statutory notifications over the past 12 months.

Discussions with Mrs Norma Picking, Ms Laureen Magill and Mr Philip Hamilton, maintenance person for the home.

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.

5. The Inspection**5.1 Review of Requirements and Recommendations from Previous Inspection**

The previous inspection of the home was an unannounced care inspection dated 17 September 2015. The completed QIP was returned and approved by the care inspector on 11 November 2015.

5.2 Review of Requirements and Recommendations from *the last* Estates Inspection

| Previous Inspection Statutory Requirements | | Validation of Compliance |
|---|--|--------------------------|
| Requirement 1 Ref: Regulation 27 (2) (b) | The following works must be completed in relation to the premises: <ul style="list-style-type: none"> Remove the cabin bolt on the ground floor fire escape door at the assisted w.c. Identify the source of the damp penetration at the top of the main staircase and make good before redecorating accordingly. Make good the damaged carpet joint at the second floor corridor adjacent to the bathroom. | Met |
| | Action taken as confirmed during the inspection: These works have been satisfactorily completed. | |

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| Requirement 2 Ref: Regulation 14 (2) (a),(c) | Ensure that any seldom used outlets are flushed through twice weekly in accordance with current best practice (HTM 04-01; Control of Legionella) | Met |
| | Action taken as confirmed during the inspection: Records confirmed a suitable flushing regime had been implemented. | |
| Requirement 3 Ref: Regulation 14 (2) (a),(c) | Ensure that the bath hoists currently in operation in the home receive suitable 'thorough examination' every 6 months (LOLER, 1999). | Met |
| | Action taken as confirmed during the inspection: All hoists were thoroughly examined on 11 December 2015. | |
| Requirement 4 Ref: Regulation 14 (2) (a),(c) 27 (2) (q) | Ensure that the existing generator continues to be inspected, tested and serviced in accordance with the current generator policy. Suitable records should be maintained and be available for inspection within the home. | Partially Met |
| | Action taken as confirmed during the inspection: The home's maintenance man confirmed that the generator is inspected and tested on a regular basis. However, servicing records were not available at the time of the inspection. Refer to section 5.4 in the main body of the report. | |
| Requirement 5 Ref: Regulation 14 (2) (a),(c) | Ensure that the correct procedures are in place for dealing with MDEAs, in accordance with the guidance issued by RQIA in December 2009. | Met |
| | Action taken as confirmed during the inspection: A suitable procedure has been implemented. | |

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|---|--|---------------------------------|
| Requirement 6 Ref: Regulation 27 (4) (a) | Ensure that the significant findings identified in the most recent fire risk assessment are fully implemented and signed-off within the stipulated timescales. | Met |
| | Action taken as confirmed during the inspection: A review of the fire risk assessment was undertaken on 2 October 2015. The significant findings have been implemented and signed-off accordingly. | |
| Requirement 7 Ref: Regulation 27 (4) (d) | Ensure that fire drills continue to be held at regular intervals, to ensure that all staff participate in a fire drill at least once in any 12 month period. | Met |
| | Action taken as confirmed during the inspection: Fire drills are undertaken quarterly within the home at various times to ensure that all staff participate in at least 1 fire drill annually. The most recent fire drill took place on 11 January 2016. | |
| Previous Inspection Recommendations | | Validation of Compliance |
| Recommendation 1 Ref: Standard 27.8 | Replace the light fittings highlighted in the most recent fixed electrical inspection report. Determine the lighting level in each resident's bedroom and increase if necessary to provide a satisfactory level of illumination. | Met |
| | Action taken as confirmed during the inspection: Lighting had been upgraded in accordance with the fixed electrical inspection. | |

5.3 Standard 27: Premises and Grounds

Is Care Safe? (Quality of Life)

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this estates inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. This supports the delivery of safe care.

Is Care Effective? (Quality of Management)

A range of accommodation, facilities and support services is provided in the premises. This supports the delivery of effective care.

Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this estates inspection were well presented, clean and free from malodours. The ground floor entrance and corridors had been re-carpeted since the previous estates inspection and there is a program in place for further floor finishes to be replaced imminently. Painting and decorating of the home was on-going at the time of the inspection. This supports the delivery of compassionate care.

Areas for Improvement

No areas for improvement were identified as a result of this inspection.

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| Number of Requirements | 0 | Number Recommendations: | 0 |
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5.4 Standard 28: Safe and Healthy Working Practices

Is Care Safe? (Quality of Life)

A range of documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this estates inspection. This supports the delivery of safe care.

Is Care Effective? (Quality of Management)

The nature and needs of the residents are considered as part of the risk assessment processes and this is reflected in the management of the home. This supports the delivery of effective care.

Is Care Compassionate? (Quality of Care)

There are health & safety procedures and control measures in place which support the delivery of compassionate care. A number of issues were however identified for attention during this estates inspection. These are detailed in the 'areas for improvement' section below.

Areas for Improvement

As a control measure in relation to the control of legionella bacteria in the home's hot and cold water system, it is important that all installed thermostatic mixing valves are serviced and cleaned in accordance with the manufacturer's recommendations or at least annually. (Recommendation 1 in the attached Quality Improvement Plan)

The premise's electrical emergency generator is regularly tested by the home's maintenance person. It is important that this piece of equipment is also regularly serviced and maintained to ensure its continued operation, if and when required. (Recommendation 2 in the attached Quality Improvement Plan)

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| Number of Requirements | 0 | Number Recommendations: | 2 |
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5.5 Standard 29: Fire Safety

Is Care Safe? (Quality of Life)

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. This supports the delivery of safe care.

Is Care Effective? (Quality of Management)

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 residents, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment. This supports the delivery of effective care.

Is Care Compassionate? (Quality of Care)

The standard used by the registered persons to determine the extent of fire safety protection measures that are appropriate for the premises recognises the need to maintain a homely, non-institutionalised environment. This supports the delivery of compassionate care.

Areas for Improvement

No areas for improvement were identified as a result of this inspection.

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| Number of Requirements | 0 | Number Recommendations: | 0 |
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5.6 Additional Areas Examined

No additional areas were examined during this inspection.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Norma Picking, registered manager and Ms Laureen Magill as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

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

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to estates.mailbox@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

| Quality Improvement Plan | | | |
|---|--|-----------------------|-----------|
| Recommendations | | | |
| Recommendation 1 Standard: 27.8 Stated: First time To be Completed by: 26 April 2016 | As a control measure in relation to the control of legionella bacteria in the home's hot and cold water system, it is important that all installed thermostatic mixing valves are serviced and cleaned in accordance with the manufacturer's recommendations or at least annually. Response by Registered Manager Detailing the Actions Taken: 13/04/16 S McKenzie Builders actioning the servicing of thermostatic mixing valves I will forward date of completion to you. | | |
| Recommendation 2 Standard: 27.8 Stated: Second time To be Completed by: 26 April 2016 | It is important that the emergency standby electrical generator is regularly serviced and maintained to ensure its continued operation, if and when required. Response by Registered Manager Detailing the Actions Taken: Awaiting feedback from Church House regards a servicing contract to be put in place I will forward date when this is actioned. | | |
| Registered Manager Completing QIP | Norma Picking | Date Completed | 13/04/16 |
| Registered Person Approving QIP | Linda Wray | Date Approved | 14.4.2016 |
| RQIA Inspector Assessing Response | Gavin Doherty | Date Approved | 15/4/2016 |

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