



The **Regulation** and
Quality Improvement
Authority

Newcroft Lodge
RQIA ID: 1009
126 Church Road
Holywood
BT18 9BY

Inspector: Colin Muldoon
Inspection ID: IN021451

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**Announced Estates Inspection
of
Newcroft Lodge**

19 November 2015

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 19 November 2015 from 10.00 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	6	0

The details of the QIP within this report were discussed with Ms Debbie Roberts (Senior Care Assistant) and Mr David Currie (Trust Estates Officer) as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: South Eastern HSC Trust Mr H McCaughey (Responsible Person)	Registered Manager: Mr Sam McMahon
Person in Charge of the Home at the Time of Inspection: Ms Debbie Roberts	Date Manager Registered: 01 April 2005
Categories of Care: RC-DE	Number of Registered Places: 32
Number of Residents Accommodated on Day of Inspection: 25	Weekly Tariff at Time of Inspection: Trust Rates

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 and the report on the last care inspection.

During the inspection the inspector met with Ms Debbie Roberts (Senior Care Assistant) and Mr David Currie (Trust Estates Officer)

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, 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 25 September 2015. The completed QIP was returned and the responses were considered acceptable by the care inspector.

5.2 Review of Requirements and Recommendations from the last Estates Inspection on 18 February 2013.

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27.-(2)(c)	It must be confirmed that there are current LOLER thorough examination reports which verify that all the patient hoisting equipment is free from defects.	Met
	Action taken as confirmed during the inspection: The officer in charge confirmed that currently there are no hoists on site.	
Requirement 2 Ref: Regulation 27.-(2)(q)	It must be confirmed that there is a current certificate which verifies that the electrical installation is in a safe and satisfactory condition.	Met
	Action taken as confirmed during the inspection: There is documentation relating to recent test and inspection of the electrical installation which verifies that the installation is in satisfactory condition.	
Requirement 5 Ref: Regulation 14.-(2)(c)	The responsible person must ensure that any issues identified in the latest legionella risk assessment are fully addressed.	Met
	Action taken as confirmed during the inspection: In the response to the last Estates quality improvement plan the manager confirmed that arrangements had been made to address the issues in the legionella risk assessment. There are arrangements in place for monitoring the measures being taken for the control of legionella. The legionella risk assessment was reviewed by a specialist contractor in July 2015. This review identified some issues requiring attention the status of which could not be confirmed on the day of inspection. Refer also to section 5.4 item 1 and requirement 1 in the quality improvement plan.	

Requirement 6 Ref: Regulation 27.-(4)(d)(i)	Fire doors must not be wedged open.	Met
	Action taken as confirmed during the inspection: There was no evidence of doors being wedged open on the day of inspection.	
Requirement 7 Ref: Regulation 27.-(4)(b)	The responsible person must review the arrangements for segregating and disposing of combustible and smoking material in the smoking room. The advice of the fire safety advisor should be sought regarding procedures, type of receptacles etc.	Met
	Action taken as confirmed during the inspection: A new smoking room has been created and fitted out with new furniture and equipment.	
Requirement 8 Ref: Regulation 27.-(4)(a)	The responsible person must ensure that all the issues identified in the fire risk assessment are fully addressed. The fire risk assessment should be marked up accordingly.	Met
	Action taken as confirmed during the inspection: In the response to the last Estates quality improvement plan the manager confirmed that arrangements had been made to address the issues in the fire risk assessment that was current at the time. The fire risk assessment has subsequently been reviewed. Refer also to section 5.6 item 1 and requirement 2 in the quality improvement plan.	

Requirement 9 Ref: Regulation 27.-(4)(d)(iv)	<p>The responsible person must confirm that the fire detection and alarm system is in satisfactory condition and is being maintained in accordance with current good practice.</p> <p>Ref: BS5839</p> <hr/> <p>Action taken as confirmed during the inspection: In the response to the last Estates quality improvement plan the manager confirmed that arrangements had been made to upgrade the fire alarm installation as part of a refurbishment programme.</p> <p>Documentation relating to the last service of the alarm system in November 2015 includes issues identified by the service contractor.</p> <p>Refer also to section 5.6 item 2 and requirement 3 in the quality improvement plan.</p>	Partially Met
Requirement 10 Ref: Regulation 27.-(4)(d)(i)	<p>The following fire doors require repair and adjustment:</p> <p>Corridor doors outside room 6 – smoke seal partly missing.</p> <p>Smoking room door – not closing tight to stops under force of closer.</p> <p>Corridor doors outside dining room – excessive gap between meeting edges.</p> <hr/> <p>Action taken as confirmed during the inspection: Confirmed addressed on the day of inspection.</p>	Met
Previous Inspection Recommendations		Validation of Compliance
Recommendation 3 Ref: Standard 27	<p>Plans should be made to redecorate the lounge beside the dining room.</p> <hr/> <p>Action taken as confirmed during the inspection: Addressed.</p>	Met

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.

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

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. This supports the delivery of compassionate care.

Areas for Improvement

1. It should be confirmed that there are arrangements to address the issues in the latest legionella risk assessment.
Refer to requirement 1 in quality improvement plan.
2. On the day of inspection there was no Gas Safe certificate available for the catering installations.
Refer to requirement 4 in quality improvement plan.
3. Documents relating to water safety checks indicate that the shower in bathroom G39 is not fitted with a thermostatic mixing valve. This should be followed up to ensure that the water is delivered at a safe temperature.
Refer to requirement 5 in quality improvement plan.

Number of Requirements	3	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 and safety procedures and control measures in place which support the delivery of compassionate care.

Areas for Improvement

No additional areas were examined during this inspection

Number of Requirements	0	Number Recommendations:	0
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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.

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

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

1. The fire risk assessment available on the day of inspection was dated October 2014 and identified a number of issues requiring attention. On the day of inspection it could be seen that some of these had been addressed although the status of all the issues could not be confirmed. The fire risk assessment is due for a further review.
It could not be confirmed that the fire risk assessor has the accreditation recommended by RQIA.
Refer to requirement 2 in the quality improvement plan.
2. The issues identified by the fire alarm service contractor should be followed up and addressed within timescales acceptable to the fire risk assessor.
Refer to requirement 3 in the quality improvement plan.
3. On the day of inspection there were no records relating to staff fire safety training and the records of practice fire drills indicate that the last one was in August 2014.
Refer to requirement 6 in the quality improvement plan.

Number of Requirements	3	Number Recommendations:	0
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5.6 Additional Areas Examined

Not applicable.

6 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Debbie Roberts (Senior Care Assistant) and Mr David Currie (Trust Estates Officer) 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	
Statutory Requirements	
Requirement 1 Ref: Regulation 13.-(7) Stated: First time To be Completed by: Within timescales acceptable to the legionella risk assessor	<p>It should be confirmed that there are arrangements to address the issues in the latest legionella risk assessment within timescales acceptable to the legionella risk assessor.</p> <p>Response by Registered Manager Detailing the Actions Taken: the registered manager can confirm that a legionella risk assessment for Newcroft lodge has been completed and arrangements are in place to address any issues in the latest legionella risk assessments within timescales acceptable to the risk assessor.</p>
Requirement 2 Ref: Regulation 27.-(4)(a) Stated: First time To be Completed by: Review of risk assessment to be completed by 19 December 2015 and issues identified in assessment to be addressed within timescales acceptable to the risk assessor	<p>The fire risk assessment should be reviewed by a competent person and arrangements made to address any issues identified.</p> <p>(RQIA recommend that the person carrying out the next review of the fire risk assessment should hold professional body registration or third party certification for fire risk assessment and be registered accordingly with the relevant body. Reference should be made to correspondence issued by RQIA to all registered homes on 02 April 2015 and the guidance contained in: http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf)</p> <p>Response by Registered Manager Detailing the Actions Taken: The registered manager can confirm that the up to date fire risk assessment has been completed and is in place.</p>
Requirement 3 Ref: Regulations 27.-(4)(b)	<p>The issues identified by the fire alarm service contractor should be followed up and addressed within timescales acceptable to the fire risk assessor.</p>

27.-(4)(d)(i) and (ii) Stated: First time To be Completed by: Within timescales acceptable to the fire risk assessor	Response by Registered Manager Detailing the Actions Taken: The registered manager can confirm that the issues raised by the fire alarm service contractor and a schedule outlined to address any issues it raised.
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Requirement 4 Ref: Regulations 27.-(2)(c) 27.-(2)(q) Stated: First time To be Completed by: 19 December 2015	It should be confirmed that there is a valid Gas Safe certificate which verifies that the gas catering installations and appliances are in satisfactory condition. Response by Registered Manager Detailing the Actions Taken: The registered manager can confirm that there is a gas safe certificate in place which verifies that the gas catering installations and appliances are in satisfactory condition.
Requirement 5 Ref: Regulation 14.-(2)(a) and (c) Stated: First time To be Completed by: 19 December 2015	The arrangements for ensuring that the water from the shower in bathroom G39 is delivered at a safe temperature should be clarified and any necessary remedial action taken. Response by Registered Manager Detailing the Actions Taken: the registered manager can confirm that the arrangements for ensuring the water from the shower in bathroom G39 is delivered at a safe temperature has been clarified and any necessary action taken
Requirement 6 Ref: Regulation 27.-(4)(e) and (f) Stated: First time To be Completed by: 19 December 2015	It should be confirmed that there are arrangements in place which ensures that all staff participate in fire training and practice drills in accordance with Fire code document NIHTM84. Response by Registered Manager Detailing the Actions Taken: The registered manager can confirm that all staff participate in fire training and practice drills in accordance with the fire code documentation NIHTM84; and a schedule is in place for face to face fire training and nominated officer fire training; and practice drills for 2016.

Registered Manager Completing QIP	S McMahon	Date Completed	23:12:15
Registered Person Approving QIP	Hugh McCaughey	Date Approved	24.12.15
RQIA Inspector Assessing Response	C Muldoon	Date Approved	08/01/2016

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