



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No:	17993
Establishment ID No:	1010
Name of Establishment:	Northfield House Residential Home
Date of Inspection:	31 July 2014
Inspector's Name:	Colin Muldoon

1.0 GENERAL INFORMATION

Name of Home:	Northfield House Residential Home
Address:	3 Church Lane, Northfield Road, Donaghadee BT21 0AJ
Telephone Number:	028 91 882509
Registered Organisation/Provider:	South Eastern HSC Trust Mr H McCaughey
Registered Manager:	Ms Angela Cartwright
Person in Charge of the Home at the time of Inspection:	Ms June Bovaird
Other person(s) consulted during inspection:	Mr David Currie (Trust Estates Officer)
Type of establishment:	Residential Care Home
Categories of Care	RC-I, RC-MP, RC-MP(E), RC-PH, RC-PH(E), RC-A, RC-SI, RC-TI
Number of Registered Places:	41
Date and time of inspection:	31 July 2014 10.00 – 12.40
Date of Previous Estates inspection	28 September 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 unannounced 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 June Bovaird and Mr David Currie.
- 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 June Bovaird and Mr David Currie.

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 Estates inspection on 28 September 2011:

Standards inspected:

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

7.0 PROFILE OF SERVICE

Northfield House is a purpose built home for the provision of residential care. It is located within a residential area of Donaghadee and is operated by the South Eastern HSC Trust.

Northfield House was originally registered for forty one residents however the function of the home has changed over recent years and in addition to having some permanent residents the home also provides a rehabilitation service for clients who have required hospital care and for whom the aim is to return to their own homes.

Northfield House sits on a generous site a short distance from the centre of Donaghadee. There is good on site car parking space.

8.0 SUMMARY

There was evidence of maintenance activities and the home was comfortable and homely.

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 Northfield House on 31 July 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 ten requirements. These are outlined in the Quality Improvement Plan appended to this report.

The Estates Inspector would like to acknowledge the assistance of Ms June Bovaird and Mr David Currie during the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from previous inspection

It is good to note that action has been taken on issues raised in the report of the previous Estates inspection on 28 September 2011.

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 It is understood that the hoists were serviced in July 2014. It should be confirmed that they are also being thoroughly examined in accordance with the Lifting Operations and Lifting Equipment Regulations (NI) 1999 (LOLER). (Item 1 in Quality Improvement Plan)

9.2.2 Although not available on the day of inspection a LOLER thorough examination certificate for the passenger lift was subsequently emailed to the inspector. The certificate verified that no category A defects were identified but did list some other defects. (Item 2 in Quality Improvement Plan)

9.2.3 The home has a current periodic inspection report for the electrical installation. The report confirms that the installation is in satisfactory condition provided that a number of code 2 and 3 issues are addressed. On the day of inspection it could not be confirmed if this work was complete. On 04 August the Trust Estates department confirmed to RQIA by email that an instruction had been issued to a contractor to check and complete any outstanding issues within 4 weeks. (Item 3 in Quality Improvement Plan)

9.2.4 During the walk round a number of general maintenance issues were observed. (Item 4 in Quality Improvement Plan)

9.2.5 The home has an easily accessible flat roof. A vertical shaft containing the boiler flues rises through the roof. An access hatch in the shaft has come off leaving access to a void around the flues. (Item 5 in Quality Improvement Plan)

The issues identified for attention in relation to this standard 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 The home has a current legionella risk assessment which was carried out by a specialist contractor in April 2013. The risk assessment includes a remedial action plan.
(Item 6 in Quality Improvement Plan)

The issues identified for attention in relation to this standard are 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 The home has a fire risk assessment which was carried out in June 2013. The assessor considered the overall fire risk to be moderate.
In the assessment action plan the assessor raised the need to fit automatic closing devices to all ground floor bedroom doors and to keep all first floor doors closed (the first floor is no longer used for resident care). On the day of inspection all the doors on the first floor were closed and Mr David Currie confirmed that arrangements were in place to have automatic closers fitted to the ground floor bedroom doors within 2 months.
(Item 7 in Quality Improvement Plan)
- 9.4.2 The records indicate that a number of fire drills have been carried out over the last year. They were all carried out during the day shift.
(Item 8 in Quality Improvement Plan)
- 9.4.3 The door to the smoking room requires adjustment to ensure it closes tight to the stops.
(Item 9 in Quality Improvement Plan)
- 9.4.4 In the store opposite the manager's office there is a photocopier and combustible and flammable materials. The fire risk assessor should be asked for advice on this.
(Item 10 in Quality Improvement Plan)

The issues identified for attention in relation to this standard 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 June Bovaird and Mr David Currie 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**



The returned quality improvement plan for this service is not currently available. However, it is anticipated that it will be available soon. If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk



Quality Improvement Plan
Announced Estates Inspection
Northfield House Residential Care Home
31 July 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 June Bovaird and Mr David Currie 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	
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	

Announced Estates Inspection to Northfield House Residential Home on 31 July 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)(c)	It should be confirmed that there are valid LOLER thorough examination certificates which verify that the hoists are without defects. (Item 9.2.1 in report)	1 Month	
2	Regulation 27.-(2)(c) 27.-(2)(q)	The category B defects in the certificate relating to the last LOLER thorough examination of the lift should be reviewed and actioned by a competent person . (Item 9.2.2 in report)	3 Months	
3	Regulation 27.-(2)(q)	It should be ensured that the remedial work required to restore the electrical installation to satisfactory condition is fully addressed. (Item 9.2.3 in report)	1 Month	

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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)
4	Regulation 27.-(2)(b) 27.-(2)(d)	<p>A survey of the premises should be carried out and a plan made to address general maintenance issues such as the following:</p> <ul style="list-style-type: none">• In some of the bathrooms the upper part of the wall has been decorated with wall paper which is in need of upgrade to a more suitable finish• The carpet in the West wing lounge is becoming threadbare and a join in the East wing carpet is parting. The condition of these carpets should be monitored and action taken before they become a tripping hazard.• Some free standing furniture throughout the home is becoming shabby.• The surface of the bath in the North wing bathroom has sustained significant marking from the hoist. <p>(Item 9.2.4 in report)</p>	3 Months	
5	Regulation 27.-(2)(b)	<p>The external access hatch to the boiler flues should be repaired.</p> <p>(Item 9.2.5 in report)</p>	1 Month	

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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	Requirement	Timescale	Details Of Action Taken By Registered Person (S)
6	Regulation 13.-(7) 14.-(2)(a) and (c)	It should be confirmed that the issues in the legionella risk assessment remedial action plan have been, or are being, addressed. (Item 9.3.1 in report)	1 Month	

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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)
7	Regulation 27.-(4)(a)	<p>The fire risk assessment should be reviewed and the resulting action plan addressed.</p> <p>The necessary action should be taken to reduce the overall risk to tolerable or better.</p> <p>The registered persons should ensure that consideration is given to the RQIA recommendations regarding accreditation of Fire Risk assessors. Reference should be made to correspondence issued by RQIA to all registered homes on 13 January 2013 and the guidance contained in:</p> <p>http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf</p> <p>http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf</p> <p>(Item 9.4.1 in report)</p>	1 Month	
8	Regulation 27.-(4)(f)	<p>It should be ensured that all staff, including those on night duty, participate in a practice fire drill at least once a year.</p> <p>The drills should verify the effectiveness of training and the emergency procedure and that effective evacuation can be carried out at any time and when the minimum number of staff are on duty.</p> <p>(Item 9.4.2 in report)</p>	Ongoing	

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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)
9	Regulation 27.-(4)(c) 27.-(4)(d)(i)	The door to the smoking room requires adjustment to ensure it closes tight to the stops. (Item 9.4.3 in report)	2 Weeks	
10	Regulation 27.-(4)(b)	The advice of the fire risk assessor should be sought and followed regarding the contents of the store opposite the manager's office. (Item 9.4.4 in report)	1 Month	

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Assurance, Challenge and Improvement in Health and Social Care