



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

ANNOUNCED ESTATES INSPECTION

Inspection No:	IN017998
Establishment ID No:	1011
Name of Establishment:	Orchardville House Residential Home
Date of Inspection:	18 August 2014
Inspector's Name:	Colin Muldoon

1.0 GENERAL INFORMATION

Name of Home:	Orchardville House Residential Home
Address:	12 Orchardville Avenue, Belfast. BT10 0JH
Telephone Number:	028 95043150
Registered Organisation/Provider:	Belfast HSC Trust Mr Martin Dillon - Acting Responsible Person
Registered Manager:	Ms Esther Brimage - Acting Manager
Person in Charge of the Home at the time of Inspection:	Ms Esther Brimage
Other person(s) consulted during inspection:	Mr Stephen Larmour (Trust Estates Officer) Mr Mark Gunning (Trust Fire Safety Officer)
Type of establishment:	Residential Care Home
Categories of Care	RC-DE
Number of Registered Places:	32
Date and time of inspection:	18 August 2014
Date of Previous Estates inspection	23 November 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 Esther Brimage, Mr Stephen Larmour and Mr Mark Gunning.
- 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 Esther Brimage, Mr Stephen Larmour and Mr Mark Gunning.

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 23 November 2011:

Standards inspected:

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

7.0 PROFILE OF SERVICE

Orchardville House is a purpose built home for the provision of residential care. It is located within a residential area near to Finaghy village and is operated by the Belfast HSC Trust.

The home is a single storey building and has a central enclosed courtyard type garden. In addition to the bedroom accommodation there are a number of communal lounges and seating areas. A range of bathrooms and separate toilets are situated throughout the home.

The home is registered to provide care for a maximum of 32 persons under the category of DE (dementia). There is some 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 Orchardville House on 18 August 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. These are outlined in the Quality Improvement Plan appended to this report.

The Estates Inspector would like to acknowledge the assistance of Ms Esther Brimage, Mr Stephen Larmour and Mr Mark Gunning during the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Requirements and recommendations from previous inspection

9.1.1

Item 1 in the Quality Improvement Plan of 23 November 2011

It should be confirmed that there is a current test and inspection certificate for the electrical installation which verifies that the system is in satisfactory condition.

On 18 August 2014 the inspector was provided with a current electrical installation condition report dated April 2013 which indicated that the installation was in satisfactory condition. It noted one C2 issue. It was subsequently confirmed to the inspector that the C2 issue had been addressed.

9.1.2

Item 2 in the Quality Improvement Plan of 23 November 2011

It should be confirmed that someone on the Gas Safe register has issued valid certificates which verify that the gas appliances and installations are in satisfactory condition.

On 18 August 2014 there was one Gas Safe certificate for the LPG tank and pipework. Subsequent to the inspection the inspector was emailed satisfactory Gas Safe certificates for the boilers. It is understood that there is also a gas water heater, cooker and tumble dryer.
(Item 1 in Quality Improvement Plan)

9.1.3

Item 3 in the Quality Improvement Plan of 23 November 2011

There was no legionella risk assessment available or records relating to control measures. It should be confirmed that there is a current legionella risk assessment and that a scheme of action has been drawn up and implemented.

The registered persons had confirmed on the Quality Improvement Plan of 23 November 2011 that all actions in the 2011 water risk assessment had been completed. On 18 August 2014 there was a water risk assessment dated 05 November 2013. Disinfection had been carried out on 28 May 2014. The current risk assessment includes a remedial action plan but refers to a separate document for the scheme of control. The scheme of control document was not available on 18 August 2014.
(Item 5 in Quality Improvement Plan)

9.1.4

Item 4 in the Quality Improvement Plan of 23 November 2011

It should be confirmed that the patient hoist is subject to thorough examination (Ref: Lifting Operations and Lifting Equipment Regulations)

On 18 August 2014 the labels on the hoists indicated that they were due for service in July 2014. The status of the thorough examination of the hoists to comply the Lifting Operations and Lifting Equipment Regulations (NI) 1999 could not be confirmed.
(Item 2 in Quality Improvement Plan)

9.1.5

Item 5 in the Quality Improvement Plan of 23 November 2011

The wall and floor surfaces in the sluice room are in poor and unhygienic condition.

There is no hand washing facility in the sluice room.

Arrangements should be made to address these issues.

This work has been completed.

9.1.6

Item 6 in the Quality Improvement Plan of 23 November 2011

The thermostatic mixing valves should be maintained in accordance with the manufacturer's recommendations.

The registered persons had confirmed on the Quality Improvement Plan of 23 November 2011 that all TMVs are tested annually in accordance with the Trust's risk assessment. On 18 August 2014 it could not be confirmed that the servicing of TMVs is up to date.

(Item 3 in Quality Improvement Plan)

9.1.7

Item 7 in the Quality Improvement Plan of 23 November 2011

The surface of both baths has become worn. A program of replacement should be considered.

This work has been completed.

9.1.8	Item 8 in the Quality Improvement Plan of 23 November 2011
	It should be confirmed that the emergency lighting is being function tested and maintained in accordance with BS 5266.
	There were records on site of monthly function tests of the emergency lights and annual servicing.

9.1.9	Item 9 in the Quality Improvement Plan of 23 November 2011
	The main entrance door and the final exit from the dining room are electronically locked. It should be clarified why these doors do not have emergency override arrangements.
	An emergency override has been fitted to the dining room door. An emergency override has not been fitted beside the front door because of concerns relating to resident safety. This was discussed with Ms Esther Brimage, Mr Stephen Larmour and Mr Mark Gunning on 18 August and it was agreed that the matter would be given further consideration. (Item 6 in Quality Improvement Plan)

9.1.10	Item 10 in the Quality Improvement Plan of 23 November 2011
	The final exit doors in two of the corridors have very old emergency door release levers behind break glass panels. Arrangements should be made to test the operation of these mechanisms
	Modern emergency door releases have been fitted to these doors.

9.1.11	Item 11 in the Quality Improvement Plan of 23 November 2011
	The home has a current fire risk assessment. It should be confirmed that there is a plan to action the issues raised in the assessment.
	The fire risk assessment was reviewed in September 2013. The assessor considered the overall risk to be tolerable. The Trust fire safety officer confirmed that the issues in the risk assessment have been addressed.

9.1.12	<p data-bbox="342 170 1463 201">Item 12 in the Quality Improvement Plan of 23 November 2011</p> <p data-bbox="342 201 1463 275">Arrangements should be made to review and update the Personal Emergency Evacuation Plans. The Plans should be discussed with staff.</p> <p data-bbox="342 275 1463 390">The registered persons confirmed on the Quality Improvement Plan of 23 November 2011 that PEEPs are reviewed on a regular basis throughout the year.</p>
9.1.13	<p data-bbox="342 516 1463 548">Item 13 in the Quality Improvement Plan of 23 November 2011</p> <p data-bbox="342 548 1463 663">Arrangements should be made for all staff to participate in evacuation drills. The date, time, participants and observations on each occasion should be recorded. Issues arising should be actioned.</p> <p data-bbox="342 663 1463 737">The records available indicate that a number of drills have been held within the last few months for both day and night staff.</p>
9.1.14	<p data-bbox="342 894 1463 926">Item 14 in the Quality Improvement Plan of 23 November 2011</p> <p data-bbox="342 926 1463 999">The laundry door requires adjustment to ensure it closes tight to form an effective fire seal.</p> <p data-bbox="342 999 1463 1073">The registered persons had confirmed on the Quality Improvement Plan of 23 November 2011 that this work had been completed.</p> <p data-bbox="342 1073 1463 1146">During this inspection the laundry door was sticking open on the floor mounted door stop.</p> <p data-bbox="342 1146 1463 1199">(Item 7 in Quality Improvement Plan)</p>
9.1.15	<p data-bbox="342 1241 1463 1272">Item 15 in the Quality Improvement Plan of 23 November 2011</p> <p data-bbox="342 1272 1463 1388">The fire exit sign in the dining room appears to be giving the wrong information. This should be followed up and the necessary amendments made.</p> <p data-bbox="342 1388 1463 1577">This issue has been rectified.</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 The finish on some surfaces such as doors and door frames throughout has become damaged and would benefit from redecoration. The laundry also is in need of decoration.
(Item 4 in Quality Improvement Plan)

Also refer to items 9.1.2, 9.1.4 and 9.1.6.

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 Refer to Item 9.1.3

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 Refer to items 9.1.9 and 9.1.14

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 Esther Brimage and Mr Stephen Larmour 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 Regulation and
Quality Improvement
Authority

Quality Improvement Plan

- for -

Announced Estates Inspection

- of -

Orchardville House Residential Care Home

-

18 August 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.	√		√	C Muldoon	31/10/2014

NOTES:

The details of the Quality Improvement Plan were discussed with Ms Esther Brimage and Mr Stephen Larmour 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	Esther Brimage
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Martin Dillon Acting Chief Executive

Announced Estates Inspection to Orchardville House Residential Home on 18 August 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) 27.-(2)(q)	It should be confirmed that there are valid Gas Safe certificates which verify that all the gas appliances and installations are in safe and satisfactory condition (Item 9.1.2 in report)	1 Month	The most recent Gas Safe Certificate for the tumble drier in Orchardville House is dated 15/09/14. The Estates Department have requested a certificate for the cooker and have agreed to forward this to the RQIA when it is received.
2	Regulation 27.-(2)(c) 27.-(2)(q)	It should be confirmed that there are current LOLER (Lifting Operations and Lifting Equipment Regulations)(NI) 1999 thorough examination reports which verify that the hoists are without defects. The servicing of the hoists should be brought up to date. (Item 9.1.4 in report)	1 Month	Certificates are in place to confirm that there are current LOLER (Lifting Operations and Lifting Equipment Regulations (NI) 1999 verifying that equipment used in the home is without defect. Inspections on the hoists, chairs and baths used in Orchardville House were carried out on 01/08/14 and 04/08/14.
3	Regulation 27.-(2)(q)	It should be confirmed that the servicing of the thermostatic mixing valves is up to date. (Item 9.1.6 in report)	1 Month	The thermostatic mixing valves were checked and found to be satisfactory on 2nd June 2014.
4	Regulation 27.-(2)(d)	A survey should be carried out of all internal decorated surfaces with particular regard to high wear surfaces such as doors and frames and the laundry. A program of redecoration should be implemented. (Item 9.2.1 in report)	2 Months and ongoing	The Acting Manager is working with senior staff to facilitate a programme of redecoration, with particular regard to high wear surfaces such as doors and frames and the laundry. A system is in place to systematically refurbish all necessary areas within

Announced Estates Inspection to Orchardville House Residential Home on 18 August 2014

				the home.
--	--	--	--	-----------

Announced Estates Inspection to Orchardville House Residential Home on 18 August 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	Requirement	Timescale	Details Of Action Taken By Registered Person (S)
5	Regulation 13.-(7) 14.-(2)(a) and (c)	It should be confirmed that a current scheme for the effective control of legionella is being fully implemented. It should be confirmed that the issues raised in the legionella risk assessment have been addressed. (Item 9.1.3 in report)	1 Month	There is a scheme of control in place for the management of legionella in Orchardville House which is part of the overall Trust scheme of control. The actions arising out of the water risk assessment have been collated and were sent to a contractor for costing recently. Pending costs and overall budget these will be addressed.

Announced Estates Inspection to Orchardville House Residential Home on 18 August 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)
6	Regulation 27.-(4)(c)	The risks relating to the fitting of an emergency override for the electronically locked front door should be assessed by the manager and the fire safety advisor and appropriate action taken. Reference should be made to BS7273 <i>Code of practice for the operation of fire protection measures- Part 4: Actuation of release mechanisms for doors.</i> (Item 9.1.9 in report)	1 Month	An emergency override for the electronically locked front door has now been fitted discreetly and at a level not easily assessible to residents.
7	Regulation 27.-(4)(d)(i)	The laundry door should be adjusted so that it doesn't stick on the floor mounted door stop. The kitchen door should not be wedged open. (Item 9.1.14 in report)	1 Month and ongoing	A request has been made to the Estates Department to request that the laundry door be adjusted so that it doesn't stick on the floor mounted door stop. The practice of wedging open the kitchen door has been discussed with staff who are aware and will desist from this.

Announced Estates Inspection to Orchardville House Residential Home on 18 August 2014

Assurance, Challenge and Improvement in Health and Social Care