



The Regulation and
Quality Improvement
Authority

611 Ormeau Road
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Belfast
BT7 3JD

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Announced Estates Inspection
of
611 Ormeau Road Residential Care Home, Belfast
on
08 December 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 08 December 2015 from 10:30am. to 12:45pm.. 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	3	0

The details of the QIP within this report were discussed with the Ms Catherine Major, Registered Manager, Mr Steven Knox, Estates Officer with Belfast HSCT and Mr Mark Gunning, Fire Safety Officer with Belfast HSCT, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Belfast Health and Social Care Trust (HSCT) / Mr. Martin Joseph Dillon	Registered Manager: Ms. Catherine Major
Person in Charge of the Home at the Time of Inspection: Ms. Catherine Major, Registered Manager	Date Manager Registered: 01 April 2005
Categories of Care: RC-LD, RC-LD(E)	Number of Registered Places: 13
Number of Residents Accommodated on Day of Inspection: 11	Weekly Tariff at Time of Inspection: £11.50 per night (approx.)

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 included the following:

Prior to inspection the following records were analysed: The previous estates inspection report and the statutory notifications over the past 12 months.

Discussions with Ms Catherine Major, Registered Manager, Mr Steven Knox, Estates Officer with Belfast HSCT and Mr Mark Gunning, Fire Safety Officer with Belfast HSCT.

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 etc.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of this home was an unannounced primary care inspection on 02 September 2015. The completed QIP for this inspection was returned to RQIA on 02 October 2015 and approved by the care inspector on 06 October 2015.

5.2 Review of Requirements and Recommendations from the last Estates Inspection on 16 October 2012

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27(2)(b)	The chimneys should be checked and remedial works should be carried out as required. This work should include the removal of the weed growth	Met
	Action taken as confirmed during the inspection: Ms. Major confirmed that the chimneys had been checked following the last estates inspection and the weed growth removed. Some further weed growth had however developed. This will be removed in the near future when the elevation equipment is brought back to the home to facilitate the repairs to a section of fascia board and guttering above the front door.	
Requirement 2 Ref: Regulations 13(7) 27(2)(b) 27(2)(d)	The floor gully in the ground floor shower adjacent to the bathroom should be replaced	Met
	Action taken as confirmed during the inspection: A new floor covering had been fitted in this shower room and the adjacent bathroom. Ms. Major also confirmed that a new floor gully had been fitted as part of this work.	
Requirement 3 Ref: Regulations 27(2)(c) 27(2)(n)	The outcome of the current review in relation to the passenger lift should be confirmed to RQIA	Met
	Action taken as confirmed during the inspection: Ms. Major confirmed that following the last estates inspection a review in relation to the lift had been completed and the necessary works had been carried out. The lift was now in service and used daily.	
Requirement 4 Ref: Regulation 27(2)(J)	The wash hand basin in one of the first floor bedrooms should be replaced with a robust built in vanity unit.	Met
	Action taken as confirmed during the inspection: A new vanity unit had been installed following the last estates inspection.	

<p>Requirement 5</p> <p>Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(q)</p>	<p>The thermostatic mixer at the bath in the bathroom on the intermediate stair landing should be replaced with a DO8 Type 3 fail-safe thermostatic mixer. This should be set to deliver blended hot water at a maximum temperature of 44°C.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection: A new DO 8 thermostatic mixing valve had been fitted at this bath. The thermostatic mixing valves were also serviced on 02 June 2015.</p>		
<p>Requirement 6</p> <p>Ref: Regulation 27(2)(c)</p>	<p>The flue to the dryer in the laundry should be checked and adjusted as required. The area at the back of the dryer should also be cleaned to remove the lint deposits.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection: A new electric dryer and a new washing machine had recently been installed in the laundry.</p>		
<p>Requirement 7</p> <p>Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)</p>	<p>The issues identified for attention in the report for the most recent legionella risk assessment should be addressed.</p> <p>A procedure for checking the unblended hot water, the blended hot water and the cold water temperatures on a monthly basis should be implemented for the home.</p>	<p>Not Met</p>
<p>Action taken as confirmed during the inspection: It was not clear from the documentation presented for review during this estates inspection if these legionella issues had been addressed. This should be clarified. The water temperatures were not being checked on a monthly basis. Reference should be made to requirement 1 in the attached Quality Improvement Plan.</p>		

<p>Requirement 8</p> <p>Ref: Regulations 14(2)(a) 14(2)(c)</p>	<p>The risk assessments in relation to hot surfaces should be reviewed and updated. The outcome of these risk assessments should be used to inform a programme of work to install hot surface guarding as required. Hot surface risk assessments should also be added to the routine assessment procedure for new residents to the home.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection: Ms. Major confirmed that the risks associated with hot surfaces were considered as part of the ongoing care planning for each resident and at present no residents were considered to be at significant risk in relation to this issue.</p>		
<p>Requirement 9</p> <p>Ref: Regulation 27(2)(q)</p>	<p>The fixed wiring installation should be inspected and tested (in hand).</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection: The fixed wiring installation was inspected and tested on 21 December 2012. The report for this work which indicated that the installation was in a satisfactory condition was available in the home. This report also included a number of code C3 issues, one of which related to the condition of some of the light fittings. A programme of work to address this issue was however ongoing in the home with completion in the dining room already achieved.</p>		
<p>Requirement 10</p> <p>Ref: Regulations 27(4)(b) 27(4)(d)(iv)</p>	<p>A floor plan drawing indicating the addresses for fire detectors and call points should be provided adjacent to the fire control panel. The electrical connection to the electro-magnetic hold open device on the door to one of the bedrooms on the first floor should also be made good.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection: New laminated zone plans and fire plan drawings had been provided adjacent to the fire detection and alarm control panel. Ms. Major also confirmed that the electrical connection to the electro-magnetic hold open device on the door to one of the bedrooms on the first floor was repaired following the last estates inspection.</p>		

Requirement 11 Ref: Regulations 27(4)(b) 27(4)(d)(iv)	Multi way electrical adaptors should not be used in the home. The gap between the meeting edges of the opening screen in the wall to the small lounge should be fully smoke sealed.	Met
Action taken as confirmed during the inspection: No multi way electrical adaptors were observed in the home during this estates inspection. A new sealed glazed panel had been provided in the small lounge.		
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard Standard 29.2	The most recent version of Health Technical Memorandum 84 should be available in the home. The guidance is available by registering on the “space for health” website at; http://spaceforhealth.nhs.uk and can be found on the Northern Ireland section of the site.	Met
Action taken as confirmed during the inspection: A copy of Health Technical Memorandum 84 and Health Technical Memorandum 87 were available in the home as a fire safety reference source.		

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.

No issues were identified for attention during this Estates inspection.

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.

No issues were identified for attention during this Estates inspection.

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.

No issues were identified for attention during this Estates inspection.

Areas for Improvement

1. It is good to report that a new surface had been provided for the car park and repairs had been carried out to the entrance to the grounds. This is to be commended. There was some moss growth on the external paving. Ms. Major however confirmed that arrangements had been made to have these areas cleaned.

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.

A small 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 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.

No issues were identified for attention during this Estates inspection.

Is Care Compassionate? (Quality of Care)

There are health & safety procedures and control measures in place which support the delivery of compassionate care.

No issues were identified for attention during this Estates inspection.

Areas for Improvement

1. It is good to report that the gas heating boilers were serviced on 07 December 2015 and a gas safety check was also carried out as part of this work. The documentation to support this work was presented for review during this estates inspection. The gas cooker was also serviced on 16 January 2015. The documentation to support the gas safety check carried out during this service should be followed up.

Areas for Improvement Continued

2. Water risk assessments were carried out on 26 June 2014 and in April 2015. The water storage tanks were cleaned and disinfected on 08 May 2015 and the shower head units were replaced on 02 June 2015. There was also a procedure in place for flushing any water outlets that are not in frequent use. A check should be carried out to ensure that the remaining issues identified for attention in the report for the water risk assessment that was completed in April 2015 have been addressed. A schematic drawing should also be provided for the water systems in the premises. Reference should be made to requirement 1 in the attached Quality Improvement Plan.
3. A thorough examination of the passenger lift was carried out on 22 October 2015. The issues identified for attention in the report for this thorough examination should be addressed in accordance with the guidance from the examining engineer and the lift service company. Reference should be made to requirement 2 in the attached Quality Improvement Plan.

Number of Requirements	2	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.

One issue was however identified for attention during this Estates inspection. This is 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.

No issues were identified for attention during this Estates inspection.

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.

No issues were identified for attention during this Estates inspection.

Areas for Improvement

1. The next routine duration inspection and test to the emergency lights should be completed. Reference should be made to requirement 3 in the attached Quality Improvement Plan.

Number of Requirements	1	Number Recommendations:	0
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5.6 Additional Areas Examined

No additional areas were examined during this estates inspection.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms. Catherine Major, Registered Manager, Mr. Steven Knox, Estates Officer with Belfast HSCT and Mr. Mark Gunning, Fire Safety Officer with Belfast HSCT 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 / RQIA's office at 'Hilltop' Tyrone and Fermanagh Hospital, Omagh, County Tyrone BT79 0ns 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 persons 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 persons 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: Regulations
13(7)
14(2)(a)
14(2)(c)
27(2)(q)

Stated: First time

To be Completed by:
05 February 2016
&Ongoing

Clarification should be provided to RQIA in relation to the action taken to address the issues that were identified for attention in the report for the previous legionella risk assessment. The water temperatures should be checked on a monthly basis. A check should also be carried out to ensure that the remaining issues identified for attention in the report for the water risk assessment that was completed in April 2015 have been addressed. A schematic drawing should be provided for the water systems in the premises.

Response by Registered Manager Detailing the Actions Taken:

In response to this requirement the registered manager will provide clarification to RQIA as detailed:

The issues identified for attention in the report for legionella risk assessment carried out on 26th June 2014 and actions stemming from it are :

A). Flexi hose still remains under wash hand basin in disabled toilet;

This has been removed.

b). Two dead ends were identified in the plant room.

This has been completed.

C). The cold water pipe in the plant room had a slightly high temperature - 21.5C and the hot water outlet in the ground floor WC was too high - 45.4C

This has been completed. All temperatures of hot and cold outlets have been retested and are within required limits

D). The ground floor disabled toilet looks unused, no flushing regime in place for it.

The ground floor disabled toilet is in use throughout the day therefore a flushing regime is not required.

Water Temperature Checks have been completed monthly by the care home staff since December 2015. Records are available.

The temperature of water at hot and cold outlets has been retested and are within normal limits

Water Risk assessment identified that the water tanks in the attic should undergo a process of cleaning and disinfection. This was completed and certified on 8th May 2015

	<p>Water Schematics</p> <p>A survey of the water systems in the home was carried out on 11th January 2016 and a schematic drawing of the systems has been completed and received</p>		
<p>Requirement 2</p> <p>Ref: Regulation 27(2)(c)</p> <p>Stated: First time</p> <p>To be Completed by: Ongoing</p>	<p>The issues identified for attention in the report for the thorough examination of the passenger lift that was carried out on 22 October 2015 should be addressed in accordance with the guidance from the examining engineer and the lift service company.</p>		
	<p>Response by Registered Manager Detailing the Actions Taken:</p> <p>In response to this requirement, the issues identified in the Thorough Examination of the Passenger lift which was carried out on 22/10/15 have been addressed by the estates team. The lift is in good working order and is used on a daily basis.</p>		
<p>Requirement 3</p> <p>Ref: Regulations 27(4)(b) 27(4)(c) 27(4)(d)(iv)</p> <p>Stated: First time</p> <p>To be Completed by: 05 February 2016</p>	<p>The next routine duration inspection and test to the emergency lights should be completed.</p>		
	<p>Response by Registered Manager Detailing the Actions Taken:</p> <p>In response to this requirement a routine duration inspection was carried out to inspect and test the emergency lights on the 9/12/15. It was satisfactory. Estates hold the certificate.</p>		
Registered Manager Completing QIP	Catherine Major	Date Completed	16/01/2016
Registered Person Approving QIP	Martin Dillon	Date Approved	27/04/2016
RQIA Inspector Assessing Response	K. Monaghan	Date Approved	04/05/2016

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