



The Regulation and  
Quality Improvement  
Authority

**THE REGULATION AND QUALITY IMPROVEMENT  
AUTHORITY**

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**ANNOUNCED ESTATES INSPECTION**

<b>Inspection No:</b>	17982
<b>Establishment ID No:</b>	10566
<b>Name of Establishment:</b>	Camphill Community Holywood
<b>Date of Inspection:</b>	08 May 2014
<b>Inspector's Name:</b>	Colin Muldoon

## 1.0 GENERAL INFORMATION

<b>Name of Home:</b>	Camphill Community Holywood
<b>Address:</b>	1 Riverside, Holywood, BT18 9DB and 8a Shore Road, Holywood, BT18 9HX
<b>Telephone Number:</b>	028 90 423203
<b>Registered Organisation/Provider:</b>	Camphill Community Holywood Mr James Morton
<b>Registered Manager:</b>	Ms Andrea Diesel
<b>Person in Charge of the Home at the time of Inspection:</b>	Ms Andrea Diesel
<b>Other person(s) consulted during inspection:</b>	Ms Rachel Wiseman (Assistant Manager)
<b>Type of establishment:</b>	Residential Home
<b>Number of Registered Places:</b>	4 (3 in Riverside and 1 in 8a Shore Road)
<b>Date of inspection:</b>	08 May 2014
<b>Name of Inspector:</b>	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 A Diesel and Ms R Wiseman.
- 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 A Diesel and Ms R Wiseman.

## **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:

### **Standards inspected:**

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

## **7.0 PROFILE OF SERVICE**

Riverside is one of four substantial double fronted terrace houses in a private residential setting off the Church Road in Holywood. The rooms are a good size and the home provides comfortable accommodation. There is a private garden and the home is within walking distance of Holywood town centre.

The flat on Shore Road is on the first and second floor above a shop run by Camphill in the centre of Holywood. The flat is currently occupied by a member of staff.

## **8.0 SUMMARY**

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

Following the Estates Inspection of Camphill Community Holywood on 08 May 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
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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 A Diesel and Ms R Wiseman during the inspection process.

## 9.0 INSPECTOR'S FINDINGS

### 9.1 **Standard 27 - Premises and grounds** - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

9.1.1 During the walk round it was observed that some windows accessible to residents were not restricted in accordance with current good practice.  
(Item 1 in Quality Improvement Plan)

9.1.2 With regard to the electrical installation in Riverside the inspector was provided with documentation which indicated that it was last inspected in 2008. The report on that inspection recommended a further inspection be carried out in ten years. This should be reviewed in relation to current good practice.  
(Item 2 in Quality Improvement Plan)

9.1.3 There was no documentation available relating to the test and inspection of gas appliances and installations except for a warning notice issued in February 2013 relating to the ventilation in the shop. The inspector was informed that the necessary remedial work to the shop was arranged and would be complete by the end of May 2014.  
(Item 3 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**'.

### 9.2 **Standard 28 - Safe and healthy working practices** - *The home is maintained in a safe manner*

9.2.1 The premises have current legionella risk assessments. Water samples were tested in March 2014 and found to be satisfactory.  
The actions being taken towards the control of legionella in Riverside should be reviewed as they may not be fully in line with the scheme of control arising from the risk assessment.  
The inspector was informed that some of the thermostatic mixing valves were replaced recently although it could not be confirmed if all valves have been serviced in accordance with the manufacturer's instructions. Servicing of the valves was also recommended in the legionella risk assessment.  
(Item 4 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**'.

**9.3**      **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.*

9.3.1      Both residential premises and the shop have current fire risk assessments and the assessor considered the overall risk in all cases to be trivial. The manager confirmed to the inspector that all the issues identified in the Riverside fire risk assessment have been addressed except the posting of zone plans which has been arranged.

In the flat the necessary smoke seals to the doors were being fitted on the day of inspection. The bedroom door in the flat requires an automatic closer. The inspector was informed that work was underway to remove combustible material from the escape route. The flat is currently occupied by a member of staff.

The fire risk assessor identified some issues in the shop.  
(Item 5 in Quality Improvement Plan)

9.3.2      There was no documentation relating to the function testing or maintenance of the emergency lights in Riverside.  
(Item 6 in Quality Improvement Plan)

9.3.3      The last service of the fire detection and alarm system in the flat was in October 2013 and is now due.  
(Item 7 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 A Diesel and Ms R Wiseman 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**



## Quality Improvement Plan sign off sheet for estates inspectors

<b>Name of Home</b>	Camphill Community Holywood
<b>Date of Inspection</b>	08 May 2014
	C Muldoon

QIP Position Based on Comments from Registered Persons		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	11/07/2014

Estates Inspection – QIP sign off sheet

Informing and Improving Health and Social Care



**NOTES:**

The details of the Quality Improvement Plan were discussed with Ms A Diesel and Ms R Wiseman 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](mailto: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:**

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Andrea Diesel
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Campbell Morton

Announced Estates Inspection to Camphill Community Holywood 08 May 2014

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## 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 14.-(2)(a) and (c)	<p>The safety of the opening windows should be reviewed. The review and subsequent actions should be in line with the safety alert MDEA(NI)2007/100 which says:</p> <ol style="list-style-type: none"> <li>1. All Healthcare organisations should re-visit the guidance on window restrictors contained in HTM 55.</li> <li>2. A review should be carried out on all installed window restrictors to ensure: <ul style="list-style-type: none"> <li>• They meet the restricted opening cited in the HTM;</li> <li>• They are in good working order and have not been damaged or defeated;</li> <li>• Where problems are identified, a programme to repair or replace damaged restrictors is put in place.</li> </ul> </li> <li>3. Where a single restrictor is fitted, consideration should be given to replacing it and / or fitting a second restrictor on the opposite side of the window if. For example: <ul style="list-style-type: none"> <li>• the existing restrictor is assessed as being of inadequate strength for the situation;</li> <li>• the restrictor can be disengaged without the use of a special tool or key;</li> <li>• the maximum opening exceeds 100mm; or</li> <li>• the window is located within a mental health area where it could be subject to physical attack.</li> </ul> </li> <li>4. Assess the need for window restrictors in those patient locations where none currently exist.</li> </ol> <p>Reference should be made to Health Technical Memorandum 55. (Item 9.1.1 in report)</p>	1 Month	Works order issued to contractor. Work will be completed by end of June 2014.

Announced Estates Inspection to Camphill Community Holywood 08 May 2014

**Assurance, Challenge and Improvement in Health and Social Care**

<b>Item</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Timescale</b>	<b>Details Of Action Taken By Registered Person (S)</b>
2	Regulation 27.-(2)(q)	The advice of a competent electrician should be sought and followed regarding the date of the next test and inspection of the electrical installation in Riverside. (Item 9.1.2 in report)	1 Month	A copy of electrical report dated 09/09/11 has been sent with this QIP along with a letter from HSB Engineering Insurance Services Ltd
3	Regulation 27.-(2)(c) and (q)	Valid Gas Safe certificates should be obtained for all the premises. The certificates should verify that all the gas appliances and their associated pipework and installations are in a safe and satisfactory condition. (Item 9.1.3 in report)	1 Month	Work order has been issued to the contractor and will be completed by 30 <sup>th</sup> June 2014.

Announced Estates Inspection to Camphill Community Holywood 08 May 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	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
4	Regulation 14.-(2)(a) and (c)	The issues in the action plan and the scheme of control resulting from the last review of the legionella risk assessment should be fully implemented. The thermostatic mixing valves should be maintained in accordance with the manufacturer's instructions. (Item 9.2.1 in report)	1 Month	A works order has been submitted to a contractor and all TMVs have been serviced and new ones put in where there were none. Completed. Waiting for certificates.

Announced Estates Inspection to Camphill Community Holywood 08 May 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)
5	Regulation 27.-(4)(a)	It should be ensured that issues in the any of the fire risk assessments which remain outstanding are fully addressed. (Item 9.3.1 in report)	1 Month	<b>Smoke seals are fitted. Door closer to bedroom is currently not fitted as room is not occupied by a resident. Should a resident occupy the room a door closer will be fitted. Combustable material is removed from the escape route.</b>
6	Regulation 27.-(4)(d)(iv) and (v)	The emergency lights in Riverside should be function tested and maintained in accordance with current good practice. Reference should be made to BS5266 (Item 9.3.2 in report)	1 Month and ongoing	<b>Emergency lighting Installation has been tested and a contract has been set up to service them twice a year. Completed.</b>
7	Regulation 27.-(4)(d)(iv)	The maintenance of the fire detection and alarm system in the flat should be brought up to date. (Item 9.3.3 in report)	1 Month	<b>Fire Detection and Alarm system have been serviced and a contract has been entered to service them 4 x a year.</b>

Announced Estates Inspection to Camphill Community Holywood 08 May 2014

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