

### 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: IN016746
- Establishment ID No: 10736
- Name of Establishment: Guardian
- Date of Inspection:6 November 2014
- Inspector's Name: Raymond Sayers

#### 1.0 GENERAL INFORMATION

Name of Home:	Guardian
Address:	28 Moor Rd Coalisland BT71 4QB
Telephone Number:	028 87746361
Registered Organisation/Provider:	Guardian Day-Care and Residential Care/Ms Kathleen Ryan
Registered Manager:	Ms Jacqueline Ryan
Person in Charge of the Home at the time of Inspection:	Ms Jacqueline Ryan
Type of establishment:	Residential Home
Number of Registered Places:	5
Date and time of inspection:	6 November 2014 from 09.30 – 11.40hrs
Date of previous estates inspection:	20 June 2011
Name of Inspector:	Raymond Sayers

#### 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 the person in charge;
- 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 regulated establishment 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 Jacqueline Ryan.

#### 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 inspection:

#### Standards inspected:

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

#### 7.0 PROFILE OF SERVICE

Guardian Residential Care home is situated in a country area outside the town of Coalisland. The residential home is owned and managed by Jackie Ryan since 2007. Accommodation for residents is provided single bed rooms in a single floor bungalow. Communal lounge with dining area space is provided. The home provides catering, laundry services and a number of communal sanitary facilities and hair dressing salon is available.

The home is registered to provide care for a maximum of five residents under the following categories of care:

Residential care: RC-I, RC-PH/PH(E), RC-DE Day care

As outlined in the condition of registration this residential care home is registered to provide day care services up to and including a maximum of 3 service users.

#### 8.0 SUMMARY

Following the Estates Inspection of Guardian Residential Care Home on 6 November 2014 improvements are required to comply with the Residential Care Homes Regulations (Northern Ireland) 2005 and the criteria outlined in the following standards:

- Standard 28 Safe and healthy working practices;
- Standard 29 Fire Safety.

This resulted in three requirements and two recommendations listed in the quality improvement plan appended to this report.

The building fabric and services are maintained effectively in compliance with good practice. A number of recommended control inspection records are to be verified as compliant with the respective British Standards.

The Estates Inspector would like to acknowledge the assistance of Ms Jacqueline Ryan during the inspection process.

#### 9.0 INSPECTOR'S FINDINGS

#### 9.1 Recommendations and requirements from previous inspection

It is noted a number of issues raised in the report of the previous estates inspection on 22 June 2011 have been addressed. Several issues require further attention and are restated in the relevant sections of the attached quality improvement plan sub-titled 'restated recommendations/requirements'.

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Validation of Compliance
1	Reg. 27. (4)(a)	Verify that a legionella risk assessment and an associated legionella prevention/ user control plan for the hot/cold water distribution system is implemented and recorded.	Control checks implemented; legionella risk assessment not available for examination.	Partial compliance; Reference QIP item 1

No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Validation of Compliance
2	Standard 28.1	Submit verification that the electrical installation has been inspected in accordance with BS7671 and that any subsequent recommendations are inserted in a works action plan for implementation.	BS7671Periodic Inspection report IPN3/0032971 dated 17/7/2013 examined.	Compliant

3	Standard 28.1	Verify that the mobile hoisting equipment is maintained in compliance with the Lifting Operations and Lifting Equipment Regulations (LOLER).	LOLER thorough examination certificate not available for examination.	Not compliant; Reference QIP item 3
4	Standard 29.1	Confirm that the facility HTM84 fire safety risk assessment has been assessed and that any recommendations listed are prioritized and inserted in a works action plan for subsequent implementation.	Fire Risk assessment report dated 30 July 2014 examined.	Compliant
5	Standard 29.2	Verify that competent person inspection/tests are completed on the fire detection & alarm system plus emergency lighting system in compliance with BS5839 and BS5266 respectively.	BS5266 annual inspection certificate dated 23 July 2014 examined; validated as annual inspection regime. BS5839 inspection certificate dated 23 July 2014 examined; six monthly inspections not verified.	Partial compliance; Reference QIP item 4
6	Standard 29.2	Implement and record a user inspection regime for fire fighting equipment and fire safety precautions.	Valid records examined.	Compliant

- **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 There was evidence of maintenance activity and the home appeared clean and well decorated. Maintenance procedures for the building and engineering services are implemented effectively; there are no items listed as requiring corrective/improvement works in order to comply with this standard.
- **9.3** Standard 28 Safe and healthy working practices The home is maintained in a safe manner
- 9.3.1 Safe and healthy working practices are evident in the home compliant with this standard, although some issues have been identified for attention. Items requiring corrective/improvement action are detailed in report paragraphs 9.3.2 9.3.4, and in the attached Quality Improvement Plan section titled 'Standard 35 Safe and healthy working practices'.
- 9.3.2 Legionella prevention control measures implemented:
  - Monthly temperature control checks;
  - Weekly shower head & hose sterilization;
  - Weekly running of infrequently used water outlets.

A legionella risk assessment was not presented for examination & Ms Ryan indicated that a central thermostatic mixing valve controls the hot water distribution in the facility.

(Reference: Quality Improvement Plan Item 1)

- 9.3.3 A mobile hoist is present on the premises; Ms Ryan indicated that the appliance is not currently used; it is on site for emergency use only. Ms Ryan was informed of the Lifting Operations and Lifting Equipment Regulations (LOLER) and that six monthly competent person "thorough examinations" were required for appliances used to hoist/lift persons. (Reference: Quality Improvement Plan Item 3)
- 9.3.4 The Gas Safe Register inspection report dated 4 June 2014 listed recommended improvement works items for consideration by the registered person. (Reference: Quality Improvement Plan Item 2)

- **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 Fire Safety procedures are completed in the home and a fire risk assessment review was completed in July 2014; maintenance engineer service records were available for examination. Issues requiring corrective action by the registered person are detailed in report paragraphs 9.4.2- 9.4.3 and the section of the attached quality improvement plan titled '**Standard 36: Fire safety'.**
- 9.4.2 The fire safety risk assessment was completed on 30 July 2014 by Mr Mark Larkin trading as "Safe T Ways"; it was not ascertained that Mr Larkin was an "accredited" fire risk assessor. <u>http://www.rqia.org.uk/cms\_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf</u>

(Reference: Quality Improvement Plan Item 5)

9.4.3 BS5839 fire detection and alarm service engineer inspection certificates dated 23 July 2014 and 17 July 2013 were presented for examination.
Six monthly service inspections of the fire alarm system were not implemented; this is contrary to BS5839 recommendations.
(Reference: Quality Improvement Plan Item 4)

#### 10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Ms Jacqueline Ryan 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**

# **Announced Estates Inspection**

## **Guardian Residential Home: ID Number 10736**

## 6 November 2014

QIP Position Based on Comments from Registered Persons (for RQIA use only)		QIP C	Closed	Estates Officer	Date
		Yes	No		
Α.	All items confirmed as addressed.				
В.	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 Jacqueline Ryan during 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 <u>estates@rqia.org.uk</u>.

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	

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### 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

ltem	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (s)
1	Regulations 14 (2)(a),(b) & (c)	Verify that a legionella risk assessment and an associated legionella prevention/ user control plan for the hot/cold water distribution system is implemented and recorded. (Reference: Report paragraphs 9.1.1 & 9.3.2)	12 weeks	Legionella risk assessment and associated legionella prevention/user control plan for the hot / cold water distribution system has been implemented and recorded.
ltem	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (s)
2	Regulations 14 (2)(a),(b) & (c)	Review the Gas safe Register inspection report recommended improvement/remedial actions, implement management/technical enhancements to health & safety standards. (Reference: Report paragraph 9.3.4)	immediate	Gas safe register has been reviewed and all actions have been implemented.
ltem	Standard Reference	Restated Recommendations	Timescale	Details Of Action Taken By Registered Person (s)
3	Standard 28.1	Verify that the mobile hoisting equipment is maintained in compliance with the Lifting Operations and Lifting Equipment Regulations (LOLER). (Reference: Report paragraph 9.1.3 & 9.3.3)	12 weeks	Mobile hoisting equipment is maintained in compliance with the lifting operations and lifting equipment regulations.

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ltem	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (s)
4	Regulations 27.(4)(d)(i),(ii),(iv) &(v)	Verify that competent person inspection/tests are completed on the fire detection & alarm system in compliance with BS5839. (Reference: Report paragraphs 9.1.5 & 9.4.3)	8 Weeks	Competent person inspection and tests have been completed on the dectection of fire and alarm system and recorded.
ltem	Standard Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (s)
5	Standard 29.	It is recommended that the annual review of the fire risk assessment should be carried out by a person or a company certified by a third party UKAS accredited certification body or a person who is registered with one of the fire safety professional bodies. Reference should be made to correspondence issued by RQIA to all Registered Persons on 13 January 2013 and the following guidance contained therein: http://www.rqia.org.uk/cms_resources/Compete nce%20of%20persons%20carrying%20out%20F ire%20Risk%20Assessment.pdf (Reference: Report paragraph 9.4.2)	30 Weeks	confirmation sought to confrim that the annual review of the fire risk assessment has been carried out by a person/company certified by a third party UKAS accredited certification body or registered with one of the fire safety professional bodies.

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