

# **Announced Premises Inspection Report 7 February 2017**











### **Ard Cluan**

Type of Service: Residential Care Home Address: 5 Limavady Road, Londonderry, BT47 6JU

Tel No: 028 7134 3297 Inspector: Phil Cunningham

### 1.0 Summary

An announced premises inspection of Ard Cluan took place on 7 February 2017 from 10:00 to 12:00.

The inspection sought to assess progress with any issues raised during and since the last premises inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

On the day of the inspection the premises supported the delivery of safe care. However some issues were identified for attention by the registered provider. Refer to section 4.3.

### Is care effective?

On the day of the inspection the premises supported the delivery of effective care.

### Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care.

### Is the service well led?

On the day of the inspection the management of the premises was considered to be well led.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes Minimum Standards 2011:

### 1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and	0	2
recommendations made at this inspection	U	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Sandra Boyd, Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

### 1.2 Actions/enforcement taken following the most recent premises inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the most recent premises inspection dated 28/1/14 (RQIA ref IN014640).

### 2.0 Service Details

Registered organisation/registered provider: Linda May Wray	Registered manager: Sandra Boyd
Person in charge of the home at the time of inspection: Sandra Boyd	Date manager registered: 1 April 2005
Categories of care: RC-DE, RC-I, RC-PH, RC-PH(E)	Number of registered places: 15

### 3.0 Methods/processes

Prior to inspection the following records were analysed: Previous premises inspection report, statutory notifications over the past 12 months, duty call log.

During the inspection the inspector met with Sandra Boyd, Registered Manager.

The following records were examined during the inspection:

- Copies of service records
- In-house log books relating to the maintenance and upkeep of the building and engineering services
- Legionellae risk assessment
- Fire risk assessment.

### 4.0 The Inspection

The most recent inspection of the residential care home was an unannounced care inspection on 29/9/16 (RQIA ref IN024258). The completed QIP was returned and approved by the care inspector on 23/11/17. This QIP will be validated by the specialist inspector at their next inspection.

## 4.1 Review of requirements and recommendations from the last premises inspection dated 28 January 2014 (RQIA ref IN014640)

Last care inspection statutory requirements		Validation of compliance
Requirement 1	Carry out alterations to the fire alarm and detection system zone configuration as outlined in the report	Met
Ref: Regulation 27 (4)(a)	of the fire risk assessment of 8 August 2013. It is important that this includes updating of the fire alarm zone plan to reflect the changes in zone	wet

### 4.2 Is care safe?

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this premises inspection.

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.

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 service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment which was carried out by a risk assessor holding recognised third party registration for fire risk assessors.

This supports the delivery of safe care.

A number of issues were however identified for attention during this premises inspection. These are detailed in the 'areas for improvement' section below.

### Areas for improvement

- Records were presented indicating that the thermostatic mixing valves were serviced by a specialist contractor. Records did not indicate whether the strainers/filters were cleaned as part of this servicing. See recommendation 1 in the attached QIP.
- Records were presented indicating that the emergency standby generator was serviced by a specialist contractor. Records were not available to confirm that the generator was run regularly. Mrs Boyd undertook to see that this task would be undertaken by the in-house maintenance man and that this would be carried out on a monthly basis.
- 3. A legionella risk assessment was presented for inspection and records indicated that there are a range of control measures in place for the control of legionella bacteria in the homes domestic water system. Records indicated that there are some issues relating to the temperature of the domestic hot water in the return at the calorifier. See recommendation 2 in the attached QIP.
- 4. The manager stated that fire safety training for staff is delivered by a training officer within the organisation. It is understood that the officer is not a specialist in fire safety. The RQIA inspector stated that this issue was raised during an inspection of the home's sister home in September 2016 (York House I.D. 1693 Inspection ref IN025930). The Provider intimated in the response to the QIP of that inspection that the training officer was to

undertake fire safety training with The Institution of Fire Engineers (IFE) on 14 and 15 November 2016. See recommendation 3 in the attached QIP.

Number of requirements	0	Number of recommendations:	3
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### 4.3 Is care effective?

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the premises.

This supports the delivery of effective care.

Number of requirements	0	Number of recommendations:	0

### 4.4 Is care compassionate?

The areas of the premises reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit.

Service users are consulted about decisions around décor and the private accommodation where appropriate.

This supports the delivery of compassionate care.

Number of requirements	0	Number of recommendations:	0	
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### 4.5 Is the service well led?

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

Arrangements are in place for managing premises related incidents/notifiable events and Medical Device and Equipment Alerts.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service.

Number of requirements	0	Number of recommendations:	0
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### 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Sandra Boyd, Registered Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises, RQIA would apply standards current at the time of that application.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/manager meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005.

### 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Residential Care Homes Minimum Standards 2011. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to web portal for review by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan		
Recommendations		
Recommendation 1	The registered provider should confirm that the strainers/filters in the thermostatic mixing valves have been cleaned as part of the servicing.	
Ref: Standard 27.8		
Stated: First time	Response by registered provider detailing the actions taken: Awaiting plumber company to confirm this has been done.	
<b>To be completed by:</b> 4 April 2017		
Recommendation 2	The registered provider should undertake measures to ensure the temperature of water in the domestic hot water system is maintained in	
Ref: Standard 27.8	line with current guidelines. Advice and guidance from a person with specialist knowledge in legionella control should be afforded to the	
Stated: First time	maintenance person around the routine checks to the water system.	
To be completed by: 4 April 2017	Response by registered provider detailing the actions taken: Our plumber is currently pursuing this.	
Recommendation 3	The registered provider should confirm that the training officer responsible for the delivery of staff fire safety training has successfully	
Ref: Standard 29.4	completed relevant training and is suitably competent to do so.	
Stated: First time	Response by registered provider detailing the actions taken:  Training officer is pursuing updating her training and seeking	
<b>To be completed by:</b> 4 April 2017	clarification re relevant qualification.	





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