

Announced Estates Inspection Report 30 August 2018



Oriel House

Type of Service: Residential Care Home
Address: 30 Oriel Road, Antrim, BT41 4HP
Tel No: 028 94488161
Inspector: Gavin Doherty

www.rqia.org.uk

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care and accommodation for eight persons in the categories of care cited on the home's certificate of registration and detailed in section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Oriell House Responsible Individual(s): Margaret Teresa Thompson	Registered Manager: Josephine Linton
Person in charge at the time of inspection: Julie Wallace	Date manager registered: No date on I-connect
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia LD – Learning Disability	Number of registered places: 8

4.0 Inspection summary

An announced inspection took place on 30 August 2018 from 10.30 to 12.30.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

The inspection assessed progress with any areas for improvement identified during and since the last premises inspection and to determine if the service was delivering safe, effective and compassionate care and if the service was well led.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	1

Details of the Quality Improvement Plan (QIP) were discussed with Julie Wallace, home manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions required to be taken following the most recent inspection on 26 July 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Recent inspection reports and returned QIPs
- Recent correspondence with the service
- Establishment related incidents reported to RQIA since the last premises inspection.

The following records were examined during the inspection:

- 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.

Areas for improvements identified at the last premises inspection were reviewed and the assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 26 July 2018

The most recent inspection of the service was an unannounced care inspection. This QIP will be validated by the care inspector aligned to the home at the next care inspection.

6.2 Review of areas for improvement from the last premises inspection dated 10 April 2014

Areas for improvement from the last premises inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27(2) Stated: First Time	Ensure that a suitable and sufficient risk assessment in relation to the control of legionella bacteria in the home's water systems is undertaken without further delay. The action plan flowing from this assessment should be fully implemented and maintained. Suitable records should also be maintained and be available for inspection within the home.	Partially met
	Action taken as confirmed during the inspection: Inspector confirmed that a current legionella risk assessment was available and up to date at the time of inspection. The required control measures which should be implemented were discussed with Julie Wallace and are contained in section 6.4 of this report.	
Area for improvement 2 Ref: Regulation 27(2) Stated: First Time	Provide confirmation that the proposed remedial works to the home's 'fixed electrical installation' (10 March 2014) have been completed and that the installation is in a 'satisfactory' condition.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that a current 'satisfactory' certificate for the premises fixed electrical installation was available and up to date at the time of inspection.	
Area for improvement 3 Ref: Regulation 27(2) Stated: First Time	The home's manual bath Hoist should undergo a 'Thorough Examination' every six months in accordance with the 'Lifting operations lifting equipment Regulations' (LOLER).	Met
	Action taken as confirmed during the inspection: Inspector confirmed at the time of inspection.	

<p>Area for improvement 4</p> <p>Ref: Regulation 27(4)</p> <p>Stated: First Time</p>	<p>Ensure that in-house fire safety checks are carried out in accordance with the relevant British Standard with records maintained and available for inspection within the home.</p> <ul style="list-style-type: none"> • Fire Alarm & Detection System (BS5839): Weekly • Emergency Lighting Installation (BS5266): Monthly • Fire Fighting Equipment (BS5306): Monthly <p>Action taken as confirmed during the inspection: Inspector confirmed suitable records were available and up to date at the time of inspection.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 29.1</p> <p>Stated: First Time</p>	<p>Ensure that the fire risk assessment carried out on 19 September 2013, is fully implemented and signed-off within the identified time scales.</p> <p>It is important that when the fire risk assessment is next reviewed, the person carrying out the review holds professional body registration or third party certification for fire risk assessment and is registered accordingly with the relevant body. Reference should be made to correspondence issued by RQIA to all registered homes on 13 January 2013 and the guidance contained therein.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed that a valid fire risk assessment was available and up to date at the time of inspection. However, this did not appear to have been undertaken by an accredited risk assessor as detailed above.</p>	<p>Partially met</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 27(4)</p> <p>Stated: First Time</p>	<p>Ensure that the current locking arrangement for the main entrance door of the home is brought to the attention of the home's fire risk assessor, and that a suitable alternative arrangement is put in place without further delay. A suitable locking mechanism linked to the fire alarm and detection system would provide a more suitable solution.</p> <p>Action taken as confirmed during the inspection: Refer to section 6.4 in this report.</p>	<p>Not met</p>

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

A range of documentation in relation to the maintenance and upkeep of the establishment 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 establishments installations and engineering services was also presented for review during this premises inspection.

A range of fire protection measures are in place for the establishment. This includes a fire detection and alarm system, emergency lighting installation, 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 establishment 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.

Service contracts are in place for the testing and maintenance of the fire detection and alarm system, emergency lighting installation, first aid fire-fighting equipment. There are also current certificates in place for the premises fixed electrical installation and all portable electrical appliances.

These measures support the delivery of safe care.

Areas for improvement

It is important that when the fire risk assessment is next reviewed, the person carrying out the review holds professional body registration or third party certification for fire risk assessment and is registered accordingly with the relevant body. Reference should be made to correspondence issued by RQIA to all registered homes on 13 January 2013 and the guidance contained therein.

http://www.rqia.org.uk/what_we_do/registration_inspection_and_reviews/service_provider_guidance/fire_safety_information.cfm

The main entrance of the home continues to have a manual keypad lock fitted. This arrangement will not allow for the door to be easily opened in an emergency evacuation situation. It is essential that this arrangement is brought to the attention of the home's fire risk assessor and that a suitable alternative arrangement is put in place without further delay. A suitable locking/release mechanism linked to the fire alarm and detection system would provide a satisfactory solution.

A risk assessment for the control of legionella bacteria in the home's water systems was available in the home at the time of the inspection. However, the action plan associated with this risk assessment should be fully implemented and maintained. Suitable records should also be maintained and be available for inspection within the home.

Further information on implementing suitable control measures may be obtained from the following guidance issued by the 'Health and Safety Executive, NI.

HSG274 Part 2: The control of legionella bacteria in hot and cold water systems (2014).

www.hse.gov.uk/pubns/priced/hsg274part2.pdf

	Regulations	Standards
Total number of areas for improvement	2	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

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 establishment.

This supports the delivery of effective care.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The areas of the establishment 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 their private accommodation where appropriate.

This supports the delivery of compassionate care.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

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

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.

Areas for improvement

It is important that arrangements are in place for managing premises related incidents/notifiable events and Medical Device and Equipment Alerts. The latest guidance on this issue was issued to all providers on 11 May 2017 and can be found on the RQIA web-site.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Julie Wallace, home manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 nursing 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered providers should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27(2) Stated: Second time To be completed by: Immediate and ongoing	<p>The registered person shall ensure that the action plan associated with the legionella risk assessment is fully implemented and maintained. Suitable records should also be maintained and be available for inspection within the home. Further information on implementing suitable control measures may be obtained from the following guidance issued by the 'Health and Safety Executive, NI.</p> <p>HSG274 Part 2: The control of legionella bacteria in hot and cold water systems (2014). www.hse.gov.uk/pubns/priced/hsg274part2.pdf</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: BWT (NI) Ltd have confirmed on 26/9/18 that current Risk Assessment & system in place are adequate. The water system in place is a domestic system which meets the needs of Oriel House due to its size.</p>
Area for improvement 2 Ref: Regulation 27(4) Stated: Second time To be completed by: 25 October 2018	<p>The registered person shall ensure that the issue of the manual keypad lock fitted to the main entrance door is addressed without further delay.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: BS Fire Alarm Ltd have said that this is not a dedicated, viable, practical or beneficial fire exit. This simple mechanical combination door lock is acceptable to ensure the security of residents. Dedicated fire exits as per evacuation plan are rear bedroom and front door.</p>
Area for improvement 3 Ref: Regulation 27(2) Stated: First time To be completed by: Immediate and ongoing	<p>The registered person shall ensure that arrangements are in place for managing premises related incidents/notifiable events and Medical Device and Equipment Alerts. The latest guidance on this issue was issued to all providers on 11 May 2017 and can be found on the RQIA web-site.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: Accident/incident folder in place. No notifiable events since this inspection. All quarterly returns to HSC up to date and complete. Medical device and Equipment Alerts are kept within a folder in the main office upstairs. Staff informed through handovers and staff communication book of new alerts issued.</p>

Action required to ensure compliance the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).
Area for improvement 1
Ref: Standard 29.1

Stated: Second time

To be completed by:

On review of fire risk assessment

The registered person shall ensure when the fire risk assessment is next reviewed, the person carrying out the review holds professional body registration or third party certification for fire risk assessment and is registered accordingly with the relevant body. Reference should be made to correspondence issued by RQIA to all registered homes on 13 January 2013 and the guidance contained therein.

Ref: 6.4

Response by registered person detailing the actions taken:

BS Fire Alarms Ltd complete Fire Risk Assessments for Oriel House Residential Home and are registered to do so.



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