



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No:	17903
Establishment ID No:	11119
Name of Establishment:	Oriel House
Date of Inspection:	10 April 2014
Inspector's Name:	Gavin Doherty

1.0 GENERAL INFORMATION

Name of Home:	Oriel House
Address:	30 Oriel Road Antrim BT41 4HP
Telephone Number:	028 9448 8161
Registered Organisation/Provider:	Mrs Margaret Teresa Thompson Mr Gary Thompson
Registered Manager:	Ms Morag Wylie
Person in Charge of the Home at the time of Inspection:	Ms Morag Wylie
Other person(s) consulted during inspection:	Mr Gary Thompson
Type of establishment:	Residential Care Home
Number of Registered Places:	8 RC-I, RC-DE, RC-PH, RC-MP
Date and time of inspection:	10 April 2014 from 10:30-12:30
Date of previous inspection:	First Announced Estates Inspection
Name of Inspector:	Gavin Doherty

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:

- HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- 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 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 Morag Wylie, registered manager and Mr Gary Thompson, the proprietor.

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 SUMMARY

Following the Estates Inspection of Oriel House on 10 April 2014 improvements are required to comply with the Residential Care Homes Regulations (Northern Ireland) 2005 and the criterion outlined in the following standards:

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

This resulted in six requirements and one recommendation. This is outlined in the quality improvement plan appended to this report.

The Estates Inspector would like to acknowledge his gratitude to Ms Morag Wylie, Mr Gary Thompson and the staff of the home for their hospitality and assistance throughout the inspection process.

8.0 INSPECTOR'S FINDINGS

8.1 Recommendations and requirements from previous inspection

- 8.1.1 This was the first Announced Estates Inspection at this home since its initial registration. All initial requirements were fully addressed before this registration was completed.

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

- 8.2.1 There was good evidence of maintenance activities throughout the home and the home continues to be kept very clean and is maintained to a high standard. This is to be commended. Maintenance procedures for the building and engineering services were inspected and all appeared to be in order.
- 8.2.2 No requirements or recommendations were therefore required against this standard as a result of this inspection.

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

- 8.3.1 By in large, safe and healthy working practices appear evident throughout the home in accordance with this standard. The electrical systems are well maintained and portable appliance testing was undertaken on 7 February 2014 and no failures were noted. The nurse call system is suitably maintained in conjunction with the fire alarm and detection system. The home was inspected by the local council's environmental health officer on 5 April 2013 and was awarded the maximum score of 5 at this time.
- 8.3.2 A risk assessment for the control of legionella bacteria in the home's water systems was unavailable in the home at the time of the inspection. A suitable and sufficient risk assessment should be undertaken without further delay and 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. Further information on implementing this requirement may be obtained at the following address:

<http://www.hse.gov.uk/legionnaires/index.htm>

(Item 1 in the attached Quality Improvement Plan)

8.3.3 The fixed electrical installation was inspected on 6 November 2013 and a list of remedial works highlighted. A further letter was on file dated 10 March 2014 highlighting that approval had been given for these remedial works to be completed. Confirmation should be provided to RQIA on completion of these works confirming that the fixed electrical installation is in a 'satisfactory' condition. (Item 2 in the attached Quality Improvement Plan)

8.3.4 The home's manual bath Hoist should undergo a 'Thorough Examination' every six months in accordance with the 'Lifting operations lifting equipment Regulations' (LOLER). Further information on implementing this requirement may be obtained at the following address:

<http://www.hse.gov.uk/work-equipment-machinery/thorough-examinations-lifting-equipment.htm>

(Item 3 in the attached Quality Improvement Plan)

8.4 **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.*

8.4.1 Fire Safety procedures in the home are, in the main, generally in line with this standard. The fire alarm and detection system, emergency lighting installation and portable fire-fighting equipment are suitably serviced, inspected and maintained in line with current best practice. A fire drill was carried out within the home on 19 September 2013, and fire safety training was provided to staff on 14 January 2014. A review of the homes' fire risk assessment was undertaken on the 19 September 2013. Several issues have been identified for attention by the registered manager as a result of this inspection. These are detailed below and in the section of the attached quality improvement plan titled '**Standard 29 – Fire Safety**'.

8.4.2 It is essential that the 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. The following fire safety checks with the required frequency apply to this facility:

- Fire Alarm & Detection System (BS5839): Weekly
- Emergency Lighting Installation (BS5266): Monthly
- Fire Fighting Equipment (BS5306): Monthly

(Item 4 in the attached Quality Improvement Plan)

- 8.4.3 Ensure that the fire risk assessment carried out on 19 September 2013, is fully implemented and signed-off within the identified time scales.

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

(Item 5 in the attached Quality Improvement Plan)

- 8.4.4 The main entrance of the home currently has a manual keypad lock fitted. This arrangement will not allow for the door to be easily opened in an emergency 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 mechanism linked to the fire alarm and detection system would provide a more suitable solution.
(Item 6 in the attached Quality Improvement Plan)

9.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Ms Morag Wylie and Mr Gary Thompson 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.

10.0 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

Oriel House

10 April 2014

QIP Position Based on Comments from Registered Persons (for RQIA use only)			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.					

NOTES:

The details of the quality improvement plan were discussed with Ms Morag Wylie and Mr Gary Thompson 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 Care 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.

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	

Announced Estates Inspection to Oriel House Residential Care Home on 10 April 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	Requirement	Timescale	Details Of Action Taken By Registered Person (s)
1	Regulation 27 (2)(q) 14 (2)(a)(c)	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. (Refer to 8.3.2 in the report)	12 Weeks	
2	Regulation 27 (2)(q) 14 (2)(a)(c)	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. (Refer to 8.3.3 in the report)	12 Weeks	
3	Regulation 27 (2)(q) 14 (2)(a)(c)	The home's manual bath Hoist should undergo a 'Thorough Examination' every six months in accordance with the 'Lifting operations lifting equipment Regulations' (LOLER). (Refer to 8.3.4 in the report)	12 Weeks	

Announced Estates Inspection to Oriel House Residential Care Home on 10 April 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	Requirement	Timescale	Details Of Action Taken By Registered Person (s)
4	Regulation 27 (4)(a)	<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 (Refer to 8.4.2 in the report)	Immediate & On-going	
5	Regulation 27 (4)(b)	<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>http://www.rqia.org.uk/what_we_do/registration_inspection_and_reviews/service_provider_guidance/fire_safety_information.cfm</p> <p>(Refer to 8.4.3 in the report)</p>	As stipulated in fire risk assessment	

Announced Estates Inspection to Oriel House Residential Care Home on 10 April 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	Requirement	Timescale	Details Of Action Taken By Registered Person (s)
6	Regulation 27 (4)(c)	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. (Refer to 8.4.4 in the report)	8 Weeks	

Announced Estates Inspection to Oriel House Residential Care Home on 10 April 2014

Assurance, Challenge and Improvement in Health and Social Care