



The **Regulation** and
Quality Improvement
Authority

Seven Oaks Housing with Care
RQIA ID: 1124
Crescent Link
Londonderry
BT47 6DN

Inspector: P Cunningham
Inspection ID: IN021458

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Announced Estates Inspection
of
Seven Oaks Housing with Care
15 September 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced estates inspection took place on 15 September 2015 from 10.00 to 14.00. Overall on the day of the inspection the premises supported the delivery of safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Residential Care Homes Minimum Standards 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	4	0

The details of the QIP within this report were discussed with the Registered Manager, Toni Strawbridge as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Fold Housing Association	Registered Manager: Toni Strawbridge
Person in Charge of the Home at the Time of Inspection: Toni Strawbridge	Date Manager Registered: 1 April 2005
Categories of Care: RC-DE	Number of Registered Places: 16
Number of Residents Accommodated on Day of Inspection: 15	Weekly Tariff at Time of Inspection: £470.00 + £15.00 top up

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 27: Premises and Grounds

Standard 28: Safe and Healthy working Practices

Standard 29: Fire safety

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed: Previous estates inspection report, statutory notifications over the past 12 months.

During the inspection the inspector met with the Registered Manager, Toni Strawbridge and Fold Housing Association Estates Officer, Damien Bradley.

The following records were examined during the inspection: Copies of service records and in-house log books relating to the maintenance and upkeep of the building and engineering services, legionellae risk assessment, and fire risk assessment.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 24 February 2015. The completed QIP which contained two requirements was returned by the registered provider and assessed as satisfactory by the care inspector on 27 July 2015.

5.2 Review of Requirements and Recommendations from the last Estates Inspection on 25 July 2012

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 14.(2)(c)	Forward confirmation that the issues listed in the legionellae risk assessment report have been addressed.	Met
	Action taken as confirmed during the inspection: Documentation was presented by the manager confirming that works were completed in relation to the previous legionellae risk assessment action plan. Note: see section 5.3, item 1 below and requirement 1 in the attached Quality Improvement Plan.	
Requirement 2 Ref: Regulation 14.(2)(c)	Ensure that appropriate control of contractors working in the home is enforced in respect of health and safety with particular reference to risks posed to residents.	Met
	Action taken as confirmed during the inspection: The manager confirmed that this had been appropriately dealt with and contractors have been complying with agreed safety procedures and protocols.	
Requirement 3 Ref: Regulation 14.(2)(c)	Carry out servicing to the home's thermostatic mixing valves in accordance with manufacturer instructions.	Met
	Action taken as confirmed during the inspection: Documentation presented confirming that thermostatic mixing valves have been serviced. Last service date 26 February 2015.	

<p>Requirement 4</p> <p>Ref: Regulation 14.(2)(c)</p>	<p>Carry out adjustments to the self-closing devices on fire resisting doors to reduce the risk of injury to residents.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The manager confirmed that adjustments were made to the self-closing devices according. The inspector did not find any devices during random checks at this inspection which would obviously pose a risk to residents due to excessive closing force.</p>		
<p>Requirement 5</p> <p>Ref: Regulation 27.(4)(a)</p>	<p>Forward copy of the fire risk assessment review report of 20 June 2012 to RQIA.</p> <p>Note: The manager should ensure that all items requiring attention as a result of the assessment review are appropriately dealt with.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The fire risk assessment report was forwarded to RQIA.</p> <p>Note: The recent fire risk assessment review is dated 8 August 2015. See 5.3, item 1 below and requirement 3 in the attached Quality Improvement Plan.</p>		
<p>Previous Inspection Recommendations</p>		<p>Validation of Compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 27.8</p>	<p>Modify the window restrictors in the home so that they cannot be easily disabled without the use of a special tool or key.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The manager stated that risk assessment had been carried out in respect of the window openings and the inspector noted that additional restrictor mechanisms have been installed to windows to reduce the risk of inadvertent opening by residents.</p>		

5.3 Standard 27: Premises and Grounds

Is Care Safe? (Quality of Life)

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this Estates inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. This supports the delivery of safe care.

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

Is Care Effective? (Quality of Management)

A range of accommodation, facilities and support services is provided in the premises. This supports the delivery of effective care.

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

Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. This supports the delivery of compassionate care.

Areas for Improvement

1. Records presented indicated that the legionellae risk assessment was reviewed on 21 June 2013. Records of ongoing routine monitoring and checks to the water system emanating from the legionellae risk assessment were incomplete. Records relating to checks to 'sentinel' taps were not available and there appeared to be some lack of clarity around the scope of the control measures which should be in place. It is noted that records of legionellae sampling carried out on the water system in February 2015 indicated that no legionellae bacteria was detected.
See requirement 1 in the attached Quality Improvement Plan.
2. Certificates presented indicated that the inspection and testing of the fixed wiring installation was carried out on 4 August 2014. The report of the inspection listed a number of defects requiring attention although the manager and the Fold Housing Association Estates Officer stated that they believed these to be addressed.
See requirement 2 in the attached Quality Improvement Plan.

Number of Requirements	2	Number Recommendations:	0
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5.4 Standard 28: Safe and Healthy Working Practices

Is Care Safe? (Quality of Life)

A range of documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this Estates inspection. This supports the delivery of safe care.

Is Care Effective? (Quality of Management)

The nature and needs of the residents are considered as part of the risk assessment processes and this is reflected in the management of the home. This supports the delivery of effective care.

Is Care Compassionate? (Quality of Care)

There are health and safety procedures and control measures in place which support the delivery of compassionate care.

Areas for Improvement

Not applicable.

Number of Requirements	0	Number Recommendations:	0
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5.5 Standard 29: Fire Safety

Is Care Safe? (Quality of Life)

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. This supports the delivery of safe care. A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Is Care Effective? (Quality of Management)

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 residents, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment which was undertaken by a fire risk assessor holding a relevant third party accreditation for fire risk assessment. This supports the delivery of effective care.

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

Is Care Compassionate? (Quality of Care)

The standard used by the registered persons to determine the extent of fire safety protection measures that are appropriate for the premises recognises the need to maintain a homely, non-institutionalised environment. This supports the delivery of compassionate care.

Areas for Improvement

1. Records presented indicated that the fire risk assessment was reviewed on 8 August 2015. The report of the assessment lists a number of items on the action plan which when addressed will reduce the risk in the premises to 'tolerable'. The assessor currently rates the risk as 'moderate'. On discussion with the manager, it appears that a number of the issues listed in the fire risk assessment report under the 'comments, control measures required, etc.' section are already in place.
See requirement 3 in the attached Quality Improvement Plan.
2. Records presented indicate that the fire alarm and detection system is serviced on a quarterly basis although the last certificate available was dated 5 January 2015.
See requirement 4 in the attached Quality Improvement Plan.

Number of Requirements	2	Number Recommendations:	0
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5.6 Additional Areas Examined

Not applicable.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the Registered Manager, Toni Strawbridge as part of the inspection process. The timescales commence from the date of inspection.

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

6.1 Statutory Requirements

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

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to estates.mailbox@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 14 (2)(c)</p> <p>Stated: First time</p> <p>To be Completed by: 21 October 2015</p>	<p>Ensure that the range of control measures associated with the control of legionellae bacteria in the home's domestic water system (as identified in the legionellae risk assessment) is in place and that records are retained to reflect this. The manager should liaise with the legionellae risk assessor in this regard to ensure that the control measures are in line with the assessment findings. Suitable training and instruction by a competent person should be provided for all relevant staff to ensure that there is clarity around roles and responsibilities and to ensure that the control scheme is effective.</p> <p>Response by Registered Manager Detailing the Actions Taken: Coral Environmental carry out our Water Hygiene contract. Services include Monthly temperature checks of outlets, calorifiers, flow and return pipework, Annual Sampling, CWST inspection, quarterly C&D of showerheads and 6 Monthly TMV servicing. Certificates relating to Sampling, C&D CWST and TMV Servicing are provided via web portal between Coral and Fold HQ. Copies of the certificates are uploaded on Fold's Intranet for schemes information once received. Staff engaged in this activity are provided with training and instruction and are aware of their roles and responsibilities.</p>
<p>Requirement 2</p> <p>Ref: Regulation 27 (2)(q)</p> <p>Stated: First time</p> <p>To be Completed by: 11 November 2015</p>	<p>Forward confirmation to RQIA that the defects listed on the report on the periodic testing and inspection of the fixed wiring installation have been addressed.</p> <p>Response by Registered Manager Detailing the Actions Taken: Allianz carry out the five year fixed wiring. Works orders are raised to carry out repair items when identified. Latest Certificate was uploaded on Aug 14. Works orders were issued 12.11.2014 (A0343577) following approval of quotations received.</p>
<p>Requirement 3</p> <p>Ref: Regulation 27 (4)(a)</p> <p>Stated: First time</p> <p>To be Completed by: 21 October 2015</p>	<p>Liaise with the fire risk assessor regarding the fire risk assessment to review the action plan of the associated report. The items listed on the action plan should be addressed as appropriate to ensure that the overall assessment of the risk by the fire risk assessor is 'tolerable'.</p> <p>Response by Registered Manager Detailing the Actions Taken: The latest FRA was carried out on 08 Aug 15. The scheme has been labelled as tolerable. We are liaising with the assessor regarding items raised in the FRA for the inclusion in planned maintenance works. There are other items that have been addressed and discussed already at scheme.</p>
<p>Requirement 4</p> <p>Ref: Regulation 27 (4)(d)(iv)</p>	<p>Forward to RQIA confirmation of fire alarm and detection system servicing dates post January 2015 by the specialist fire alarm contractor.</p> <p>Response by Registered Manager Detailing the Actions Taken:</p>

Stated: First time	The last two services were carried out on 09.07.2015 and 5.10.2015. July's certificate has been uploaded onto the Intranet. October's will be uploaded once received.
To be Completed by: 21 October 2015	

Registered Manager Completing QIP	Toni Strawbridge	Date Completed	14/10/15
Registered Person Approving QIP	Fiona McAnespie	Date Approved	14/10/15
RQIA Inspector Assessing Response	P Cunningham	Date Approved	16/10/15

Please ensure the QIP is completed in full and returned to estates.mailbox@rqia.org.uk from the authorised email address