

# Unannounced Premises Inspection Report 29 June 2016



## Craigdene

**Type of Service: Residential**  
**Address: 24a Trench Road, Waterside, BT47 3UB**  
**Tel No: 028 7134 2147**  
**Inspector: Phil Cunningham**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

A premises inspection of Craigdene took place on 29 June 2016 from 10:00 to 13:00hrs.

### 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. However some issues were identified for attention by the registered provider.

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 |
|---|--------------|-----------------|
| <b>Total number of requirements and recommendations made at this inspection</b> | 1            | 4               |

Details of the Quality Improvement Plan (QIP) within this report were discussed with Michael Brothers, Home 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 last inspection.

## 2.0 Service Details

|  |  |
|--|--|
| <b>Registered organisation/registered provider:</b><br>Charline Care Homes Ltd     | <b>Registered manager:</b><br>Michael Brothers     |
| <b>Person in charge of the home at the time of inspection:</b><br>Michael Brothers | <b>Date manager registered:</b><br>22 October 2015 |
| <b>Categories of care:</b><br>RC-LD, RC-LD(E)                                      | <b>Number of registered places:</b><br>13          |

## 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 Michael Brothers, Manager.

The following records were examined during the inspection:

- copies of service records relating to the maintenance and upkeep of the building and engineering services
- 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 home was an unannounced care inspection on 14 June 2016. The QIP relating to the report on this inspection will be validated by the specialist inspector at their next inspection.

## 4.2 Review of requirements and recommendations from the last premises inspection dated 04 March 2013

| Last premises inspection statutory requirements              |   | Validation of compliance |
|--|---|--------------------------|
| <b>Requirement 1</b><br><br><b>Ref:</b> Regulation 14 (2)(a) | Window restrictors should be modified or replaced so they cannot be manually overridden, in accordance with Health Services Information Sheet No.5, Falls from Windows or Balconies in Health and Social Care, published by HSE.  | <b>Partially Met</b>     |
|  | <b>Action taken as confirmed during the inspection:</b><br>Window restrictors have been fitted to windows throughout the home although these are relatively easily over-ridden without the use of a special tool or key. Risk assessments relating to this risk are in place for residents. See 4.3 item 1 below.   |                          |
| <b>Requirement 2</b><br><br><b>Ref:</b> Regulation 27 (2)(d) | Repair damaged sealant in bathrooms where required.   | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>Repairs undertaken   |                          |
| <b>Requirement 3</b><br><br><b>Ref:</b> Regulation 14 (2)(c) | Hot and cold water temperatures must be checked and recorded in accordance with the requirements of the HSE Approved Code of Practice and Guidance document L8: The Control of Legionella Bacteria in Water Systems and HTM 04-01 The Control of Legionella etc., Part B Operational Management.  | <b>Partially Met</b>     |
|  | <b>Action taken as confirmed during the inspection:</b><br>A legionella risk assessment dated 15 October 2015 was presented for inspection and the registered responsible person had confirmed to the inspector by e-mail on 9 December 2015 that the measures identified in the risk assessment had been addressed. Records were presented relating to the checking of hot water outlets to control scald risk, checks relating to legionella control were not available i.e. sentinel tap checks etc. See 4.3 item 2 below. |                          |

|   |   |                                 |
|---|---|---------------------------------|
| <b>Requirement 4</b><br><br><b>Ref:</b> Regulation 27 (4)(d)(i) | Where fire doors are required to remain open for operational or other reasons, suitable hold open devices which are linked to the home's automatic fire alarm and detection system should be provided. Otherwise, such doors should be kept closed when not in use. The provider should liaise with their professional fire risk assessor regarding this. | <b>Met</b>                      |
|   | <b>Action taken as confirmed during the inspection:</b><br>Acoustic hold-open devices found to be provided to a number of doors during inspection. Doors without these devices fitted were found to be closed.  |                                 |
| <b>Last premises inspection recommendations</b>                 |   | <b>Validation of compliance</b> |
| <b>Recommendation 1</b><br><br><b>Ref:</b> Standard 27.8        | The provider should consider the installation of additional socket outlets to reduce the need for electrical adaptors and multi-gang sockets.   | <b>Met</b>                      |
|   | <b>Action taken as confirmed during the inspection:</b><br>Use of electrical adaptors not found during inspection.  |                                 |
| <b>Recommendation 2</b><br><br><b>Ref:</b> Standard 29.2        | Fire- fighting equipment should be checked monthly to ensure extinguishers are in place and have not been operated, in accordance with the recommendations of BS 5306 Part 3: Code of Practice for the Inspection and Maintenance of Portable Fire Extinguishers.<br>See 8.4.3 in report  | <b>Met</b>                      |
|   | <b>Action taken as confirmed during the inspection:</b><br>Records of regular checks to extinguishers by staff presented.   |                                 |
| <b>Recommendation 3</b><br><br><b>Ref:</b> Standard 29.2        | Weekly checks of fire doors should be recorded.   | <b>Met</b>                      |
|   | <b>Action taken as confirmed during the inspection:</b><br>Records of regular checks of fire doors by staff presented.  |                                 |

### 4.3 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 professional body 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

1. The risk assessment relating to window restrictors should be kept under review. Consideration should be given to providing devices which cannot be over-ridden without the use of a special tool or key in accordance with HSE guidance. See recommendation 1 in the attached QIP.
2. The measures relating to the control of legionella bacteria in the home's domestic water system should be reviewed and brought into line with the recommendations of the risk assessment. The action plan of the assessment should be signed off to reflect completion of the control measures as appropriate. Consideration should be given to providing specialist training by a person possessing suitable knowledge on this to all staff involved in implementing the legionella control plan. See requirement 1 on the attached QIP.
3. Records presented indicate that safety checks to the electrical equipment were last carried on 30 March 2015. These should be repeated to equipment as assessed appropriate. See recommendation 2 in the attached QIP.
4. Records relating to servicing of the thermostatic mixing valves were not presented. The manager stated that servicing of the valves was carried out circa December 2015. See recommendation 3 in the attached QIP.
5. Records presented indicate that fire safety training for all staff was undertaken on 05 and 12 May 2016. The previous training was recorded in July 2015. See recommendation 4 in the attached QIP.

|                               |          |                                   |          |
|-------------------------------|----------|-----------------------------------|----------|
| <b>Number of requirements</b> | <b>1</b> | <b>Number of recommendations:</b> | <b>4</b> |
|-------------------------------|----------|-----------------------------------|----------|

#### 4.4 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.

|                               |          |                                   |          |
|-------------------------------|----------|-----------------------------------|----------|
| <b>Number of requirements</b> | <b>0</b> | <b>Number of recommendations:</b> | <b>0</b> |
|-------------------------------|----------|-----------------------------------|----------|

#### 4.5 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.

|                               |          |                                   |          |
|-------------------------------|----------|-----------------------------------|----------|
| <b>Number of requirements</b> | <b>0</b> | <b>Number of recommendations:</b> | <b>0</b> |
|-------------------------------|----------|-----------------------------------|----------|

#### 4.6 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.

Notwithstanding the two items mentioned in 4.3 above, 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.

|                               |          |                                   |          |
|-------------------------------|----------|-----------------------------------|----------|
| <b>Number of requirements</b> | <b>0</b> | <b>Number of recommendations:</b> | <b>0</b> |
|-------------------------------|----------|-----------------------------------|----------|

## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Michael Brothers, 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 [Estates.team@rqia.org.uk](mailto:Estates.team@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 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

### Statutory requirements

#### Requirement 1

**Ref:**  
Regulation 14(2)(c)

**Stated:** First time

**To be implemented by:**  
as soon as practically possible and ongoing at appropriate intervals

Undertake appropriate steps to ensure that the control measures outlined in the legionella risk assessment are fully implemented and that records are retained accordingly. The action plan of the assessment should be signed off to reflect completion of the control measures as appropriate.

Consideration should be given to providing specialist training by a person possessing suitable knowledge on this to all staff involved in implementing the legionella control plan.

**Response by registered provider detailing the actions taken:**  
We have further reviewed our Legionella control measures and updated our Policy and Procedure in this respect. A copy of our revised and updated ( 6 September 2016 ) Policy and Procedure is attached.

The action plan of the latest Legionella risk assessment ( 15 October 2015 ) has been signed off in confirmation that all of the control measures have been appropriately dealt with.

Training is to be provided before 23 September 2016 to The Manager and two members of staff who have responsibilities in implementing the legionella control plan. The training will be delivered by me in a format and content that has been approved by our Legionella risk assessor. A copy of the training format and content is attached.

### Recommendations

#### Recommendation 1

**Ref:** Standard 27.8

**Stated:** First time

**To be completed by:**  
as soon as practically possible and ongoing at appropriate intervals

Ensure that the risk assessment relating to window restrictors is kept under review. Consideration should be given to providing devices which cannot be over-ridden without the use of a special tool or key in accordance with HSE guidance.

**Response by registered provider detailing the actions taken:**  
The issue of whether to fit additional restrictors was considered in detail during 2013 and at that time it was concluded that they were not appropriate, given the residents in occupation.

Risk assessments have been carried out in respect of all residents to identify whether additional restrictors are appropriate, bearing in mind the need to balance safety concerns against enabling residents to enjoy independence in regulating the flow of fresh air etc. Those assessments are regularly reviewed on an ongoing basis. All new residents are risk assessed on admission.

A stock of additional restrictors has been obtained and are available to be fitted without delay in the event that they are deemed necessary due to a new admission or change of circumstance for an existing resident.

|   |  |
|---|--|
| <p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 27.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 24 August 2016</p>   | <p>Carry out safety checks to electrical equipment in the home as assessed appropriate. Reference should be made to guidance provided by HSENI relating to.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b><br/>Up until now our policy has been to carry out PAT tests and formal visual inspections ( FVI ) on <u>all</u> portable electrical equipment at 2 yearly intervals. The last such tests and inspections were carried out on 30 March 2015.</p> <p>We have now reviewed the updated ( September 2013 ) guidance from HSENI - Maintaining Portable Equipment in Low Risk Environments. From now on our safety check regime will be as follows :</p> <ol style="list-style-type: none"> <li>1. One yearly FVI's and PAT's for : all double insulated (Class II ) hand held equipment ; earthed equipment ( Class I ), and ; cables.</li> <li>2. Two yearly FVI's for all other equipment.</li> </ol> <p>FVI's and PAT's per Item 1 above have been completed today. They will be repeated on March 2017 to bring them into synch with the checking regime for all other equipment.</p> <p>A Policy and Procedure has now been prepared and disseminated to all staff reminding them of the user checks recommended by HSENI to be carried out prior to the use of electrical equipment.</p> |
| <p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 27.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 24 August 2016</p>   | <p>Records relating to servicing of the home's thermostatic mixing valves should be retained at the home for reference. Copy of the records relating to the most recent servicing should be forwarded to RQIA.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b><br/>The most recent servicing of the TMV's and thermostatic showers took place on 10 December 2015.</p> <p>A copy of the record relating to that servicing is attached – the original has now been placed in the Legionella and Water System file in the home.</p>   |
| <p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 29.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 November 2016</p> | <p>Ensure that all staff receive refresher fire safety training approximately six months from the most recent sessions.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b><br/>Noted. The next refresher fire safety training will be held for all staff in October 2016.</p>  |

*\*Please ensure this document is completed in full and returned to [Estates.Mailbox@rqia.org.uk](mailto:Estates.Mailbox@rqia.org.uk) from the authorised email address\**



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