



**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

**9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501**

ANNOUNCED ESTATES INSPECTION

Inspection No:	16745
Establishment ID No:	1153
Name of Establishment:	Granard
Date of Inspection:	16 October 2014
Inspector's Name:	Raymond Sayers

1.0 GENERAL INFORMATION

Name of Home:	Granard
Address:	Hospital Rd Omagh BT79 0AN
Telephone Number:	028 8224 1143
Registered Organisation/Provider:	East Eden Ltd/Dr Brendan McDonald
Registered Manager:	Mrs Carmel Rodgers
Person in Charge of the Home at the time of Inspection:	Mrs Carmel Rodgers
Other person(s) consulted during inspection:	
Type of establishment:	Residential Home
Number of Registered Places:	26;RC-Ld, RC-LD(E), RC-DE, RC-MP
Date and time of inspection:	16 October 2014 from 10.00 – 13.00hrs
Date of previous estates inspection:	20 October 2011
Name of Inspector:	Raymond Sayers

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:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003;
- The 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 regulated establishment 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 Mrs Carmel Rodgers.

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 PROFILE OF SERVICE

Granard Residential Care Home is a purpose adapted facility set in its own grounds at 12 Hospital Road, Omagh and is close to community facilities. There is car parking available in the grounds.

There are single bedrooms with shared bathroom and toilet facilities, dining rooms, kitchen and a number of relaxation spaces located throughout the home. The home is owned and administered by Dr McDonald.

The home is registered to provide care under the following categories:

Residential Care MP (E)	Mental disorder excluding learning disability or dementia
Residential Care (DE)	Dementia
Residential Care LD (E)	Learning Disability - over 65 years
Residential Care LD	Learning Disability

8.0 SUMMARY

Following the Estates Inspection of Granard on 16 October 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 three requirements, outlined in the quality improvement plan appended to this report. One requirement relating to Legionella prevention controls is restated from the previous Quality Improvement Plan.

The building fabric and finishes are maintained to a good standard and building services are maintained effectively.

The Estates Inspector would like to acknowledge the assistance of Mrs Carmel Rodgers during the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from previous inspection

It is noted that a number of issues raised in the report of the previous estates inspection on 20 October 2011 have been addressed; One issue requires further attention and is restated in the relevant section of the attached quality improvement plan sub-titled 'restated recommendations/requirements'.

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Validation of Compliance
1	27 (2)(d)	Wash down kitchen wall and equipment surfaces, removing grease/dirt, prior to completion of proposed refurbishment project.	Kitchen refurbishment completed.	Compliant.
2	14 (2)	Commission a competent engineer to complete a Periodic Inspection Report for the electrical installation in accordance with BS7671.	BS7671 inspection & report completed; last inspection 7 February 2014.	Compliant.
3	14 (2)	Complete a health and safety risk assessment for all window opening casements, consider existing control measures and implement improvements to enhance safety for all building users.	Risk assessment completed & control checks implemented.	Compliant.

4	14 (2)	Assess the security measures currently in place for gas cylinder storage, implement control measures to protect cylinder and associated pipework from potential arson/vandalism.	Risk assessment completed and control checks implemented.	Compliant.
5	14 (2)	Complete a legionella risk assessment and implement control measures in compliance with HSE Approved Code of Practice "L8".	Risk assessment document not available for examination although chlorination completed 2 December 2013.	Partial compliance. Reference QIP item 1
6	27 (4) (c)	Remove combustible materials from ground floor level of escape stairway.	Required action implemented.	Compliant.
7	27 (4) (a)	Complete a review of the facility HTM84 fire safety risk assessment, implementing recommended improvement/control measures where deemed necessary.	Review completed and control measures actioned.	Compliant.

No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Validation of Compliance
8	26 (1)	Complete planned refurbishment of food store and laundry accommodation.	Completed.	Compliant.
9	26 (1)	Complete an audit of all interior areas, complete repair works and implement redecoration.	Refurbishment works implemented.	Compliant.

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

9.2.1 There was evidence of maintenance activity and the home appeared clean and well decorated. There are no items noted as requiring corrective works action by the registered person.

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

9.3.1 Safe and healthy working practices are evident in the home in compliance with this standard, although some issues have been identified for attention by the registered person. Items requiring corrective/improvement works action are detailed in report paragraphs 9.3.2 - 9.3.3, and in the attached Quality Improvement Plan section titled '**Standard 35 - Safe and healthy working practices**'.

9.3.2 The hot & cold water storage and distribution system was chlorinated on 2 December 2013; a site specific legionella risk assessment document was not available for examination; Records verifying the chlorination of shower heads and flushing of seldom used water outlets were not available for examination.
(Reference: Quality Improvement Plan Item 1)

9.3.3 The Periodic Inspection Report for the electrical installation IPR2/0141797 dated 7 February 2014 contained two code 1 and two code 2 recommended corrective/improvement works items.
(Reference: Quality Improvement Plan Item 2)

9.4 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.*

9.4.1 Fire Safety procedures are completed in the home and a fire risk assessment review was completed in April 2013; maintenance engineer service records were available for examination. Issues requiring corrective action by the registered person are detailed in report paragraphs 9.4.2- 9.4.3 and the section of the attached quality improvement plan titled '**Standard 36: Fire safety**'.

9.4.2 Monthly user visual inspections of (1) fire-fighting equipment and (2) fire safety procedures were not recorded.
(Reference: Quality Improvement Plan Item 3)

9.4.3 The fire risk assessment was completed on 21 November 2013 by John Gurney, an accredited fire risk assessor, and fire risk was deemed "tolerable".

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Carmel Rodgers 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.

11.0 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

Granard Residential Home: ID Number 1153

16 October 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 Mrs Carmel Rodgers during 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 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	Carmel Rodgers
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Mr Brendan McDonald

Announced Estates Inspection to Granard Residential Home on 16 October 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	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (s)
1	14 (2)(a),(b) & (c)	Complete a legionella risk assessment and implement control measures in compliance with HSE Approved Code of Practice "L8". (Reference: Report paragraphs 9.1.5 & 9.3.2)	12 weeks	Legionella Risk Assessment now completed in compliance with HSE Approved Code of Practice L8.
Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (s)
2	14 (2)(a),(b) & (c)	Verify that the 07/02/14 BS7671 Periodic Inspection report recommended corrective/improvement works have been assessed, prioritised and inserted in a works action plan for implementation. (Reference: Report paragraph 9.3.3)	8 weeks	Periodic work assessed and actioned on the 20.10.14. Copy of work completed and attached to Quality Improvement Plan.

Announced Estates Inspection to Granard Residential Home on 16 October 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	Requirements	Timescale	Details Of Action Taken By Registered Person (s)
3	27.(4)(d)(i),(iv) &(v)	Implement and record visual inspections of (1) fire-fighting equipment and (2) fire safety procedures/controls. (Reference: Report paragraph 9.4.2)	immediate	Weekly checks of all fire fighting equipment to ensure all in proper working order. All staff are aware of checking guages. Six monthly service of fire extinguishers completed. New wet chemical fire extinguisher is now fitted in the kitchen.

Announced Estates Inspection to Granard Residential Home on 16 October 2014

Assurance, Challenge and Improvement in Health and Social Care