

# Announced Premises Inspection Report

## 11 JULY 2016



## The Cottages

**Type of Service: Residential**

**Address: Shepherds Way, Dungiven Road, Derry, BT47 5GW**

**Tel No: 028 7134 4484**

**Inspector: P Cunningham**

## 1.0 Summary

An announced premises inspection of The Cottages Residential Care Home took place on 11 July 2016 from 10:00 to 12:00hrs.

### 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.

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>	0	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Alice Boyle, 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.

## 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> Western Health and Social Care Trust	<b>Registered manager:</b> Alice Boyle
<b>Person in charge of the home at the time of inspection:</b> Alice Boyle	<b>Date manager registered:</b> Acting
<b>Categories of care:</b> RC-LD, RC-LD(E)	<b>Number of registered places:</b> 7

## 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 Alice Boyle, Manager and Stephen Kelly, WHSCT Estates Officer.

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, fire risk assessment.

## 4.0 The Inspection

The most recent inspection of the home was an unannounced care inspection on 23 February 2016. The completed QIP was returned and approved by the care inspector on 25 April 2016. This QIP will be validated by the specialist inspector at their next inspection.

## 4.2 Review of requirements and recommendations from the last premises inspection dated 18 December 2012

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 27 (2)(c)	A certificate is required to confirm the completion of portable appliance testing in accordance with HSE document HSG 107.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Certificate presented.	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 27 (2)(q)	The bathroom fan should be repaired to reduce condensation.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Fan replaced.	
<b>Requirement 3</b>  <b>Ref:</b> Regulation 27 (2)(q)	The provider should ensure that water temperatures are maintained within the range recommended by the Approved Code of Practice for The Control of Legionella Bacteria in Water Systems, L8, and by HTM 04-01.  Staff should be made aware of the correct procedures for testing temperatures.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records presented indicating that temperatures are in line with recommended ranges.	
<b>Requirement 4</b>  <b>Ref:</b> Regulation 27 (2)(q)	The provider should ensure that any potential dead legs are cut back as short as possible in accordance with L8 and HTM 04-01.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Legionellae risk assessment signed off indicating that dead legs were removed from system.	

<b>Requirement 5</b>  <b>Ref:</b> Regulation 27.(4)(iv)	The provider should carry out appropriate repairs to the fire door in the main corridor which is slightly warped. Checks should be carried out to ensure that all fire doors close securely to their frames.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Door repaired.	

### 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. This supports the delivery of safe care.

Procedures around in-house water safety checks are in place and these were discussed with the manager. It was agreed that these would be reviewed and the recording methods amended to capture the activities better.

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 home's fire risk assessment was reviewed on 29 April 2016 and a number of items were listed for action by the manager. The manager stated that the items had been addressed and that discussion had taken place with the fire risk assessor accordingly. The action plan should be signed off by the fire risk assessor and the risk rating modified to reflect this. See recommendation 1 on the attached QIP
2. Records presented indicate that all staff may not have participated in a practice fire evacuation drill within the past year. See recommendation 2 on the attached QIP.

3. The registered provider should ensure 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 the latest correspondence issued by RQIA to all registered homes on 2 April 2015 and the guidance contained therein. See recommendation 3 on the attached QIP.

4. The service records relating to the gas boilers indicate that some remedial works remains outstanding. See recommendation 4 on the attached QIP.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>4</b>
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#### 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>
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#### 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>
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#### 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.

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>
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Alice Boyle, home 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 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.Mailbox@rqia.org.uk](mailto: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 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	
<b>Recommendations</b>	
<b>Recommendation 1</b> <b>Ref:</b> Standard 29.1 <b>Stated:</b> First time <b>To be completed by:</b> 2 September 2016	<p>The registered provider should liaise with the fire safety advisor and ensure that the fire risk assessment is signed off accordingly. The overall risk rating should be reviewed to reflect the actions which were addressed.</p> <p><b>Response by registered provider detailing the actions taken:</b>            In liaising with the Fire Safety Advisor the Fire Risk Assessment has been reviewed and has been signed off to reflect the actions that were addressed. Overall rating is now tolerable.</p>
<b>Recommendation 2</b> <b>Ref:</b> Standard 29.6 <b>Stated:</b> First time <b>To be completed by:</b> 2 September 2016	<p>Undertake measures to ensure that all staff have participated in a practice fire evacuation drill within the past 12 months.</p> <p><b>Response by registered provider detailing the actions taken:</b>            All staff will have participated in a fire evacuation drill by 2<sup>nd</sup> September 2016.            A record of staff practice fire evacuation drill is recorded and kept in the fire safety log book.</p>
<b>Recommendation 3</b> <b>Ref:</b> Standard 29.1 <b>Stated:</b> First time <b>To be completed by:</b> At time of next assessment review	<p>The registered provider should ensure 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 the latest correspondence issued by RQIA to all registered homes on 2 April 2015 and the guidance contained therein.</p> <p><b>Response by registered provider detailing the actions taken:</b>            Fire Safety Advisors are currently addressing this.</p>
<b>Recommendation 4</b> <b>Ref:</b> Standard 27.8 <b>Stated:</b> First time <b>To be completed by:</b> 2 September 2016	<p>Undertake remedial works to address the remaining item listed on the service report for the gas equipment.</p> <p><b>Response by registered provider detailing the actions taken:</b>            Work has been carried out on the gas boiler and was completed on 18<sup>th</sup> July 2016 by Estate Services.</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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