

Announced Premises Inspection Report 26 July 2016



Redford

Type of service: Residential Care Home
Address: 15 Redford Road, Cullybackey, BT43 5PR
Tel No: 028 2588 0671
Inspector: K Monaghan

1.0 Summary

An announced inspection of Redford took place on 26 July 2016 from 10:30 to 13:15hrs.

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 persons. Reference should be made 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. However two issues were identified for attention by the registered persons. Reference should be made to section 4.5.

Is the service well led?

On the day of the inspection the management of the premises was considered to be well led. However one issue was identified for attention by the registered persons. Reference should be made to section 4.6.

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

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Trevor Gillen, Registered 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 QIP there were no further actions required to be taken following the most recent premises inspection on 16 January 2014.

2.0 Service details

Registered organisation/responsible person: Redford Residential Home/Mr William James Wallace	Registered manager: Mr Trevor Gillen
Person in charge of the home at the time of inspection: Mr Trevor Gillen, Registered Manager	Date manager registered: 21 November 2013
Categories of care: RC-DE, RC-I, RC-PH(E)	Number of registered places: 18

3.0 Methods/processes

Prior to this premises inspection, the following records were reviewed:

- The previous premises inspection report
- The statutory notifications over the past 12 months
- The duty call log

During this premises inspection discussions took place with the following people:

- Mr. Trevor Gillen, Registered Manager
- Ms. Denise Moore, Senior Care (premises support documentation only)
- The plumber for the home. (water system and legionella issues only)

During this premises inspection, the following records were reviewed:

- A range of service records and in-house records relating to the maintenance and upkeep of the premises
- The fire risk assessment report

4.0 The inspection

4.1 Review of requirements and recommendations from the last care inspection on 31 May 2016

The most recent inspection of this home was an unannounced care inspection IN024301 on 31 May 2016. The completed QIP for this inspection was returned to RQIA on 13 July 2016 and approved by the care inspector on 20 July 2016. This QIP will be validated by the care inspector at their next inspection.

4.2 Review of requirements and recommendations from the last premises inspection on 16 May 2013

Last premises inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulations 27(2)(b) Stated: Second time	The base plates to the bath hoists in both bathrooms should be repainted.	Met
	Action taken as confirmed during the inspection: These base plates had been repainted.	
Requirement 2 Ref: Regulation 27(2)(b) Stated: First time	The small hole in the carpet in bedroom 2 should be made good. Further temporary repairs should be completed to the bitmac surface of the driveway and this issue should be kept under review until the more permanent repairs are completed.	Met
	Action taken as confirmed during the inspection: This carpet had been repaired. Remedial works had been carried out to the bitmac surfaces and further works will also be carried out as part of the new extension works that are currently ongoing to the premises.	
Requirement 3 Ref: Regulations 13(7) Stated: First time	The existing colour coding system for cleaning equipment should be reviewed and amended to comply with the NHS system. The cleaning equipment should be changed as required.	Met
	Action taken as confirmed during the inspection: The NHS colour coding system for cleaning equipment had been implemented.	
Requirement 4 Ref: Regulations 14(2)(a) 14(2)(c) Stated: Second time	A procedure should be put in place for dealing with the Safety Alert Broadcast System in Relation to medical equipment. The Northern Ireland Adverse Incident Centre's website should be accessed at least once each week. A log should also be established to record the weekly access and action details.	Met
	Action taken as confirmed during the inspection: The Safety Alert Broadcast System is accessed on Fridays and a record of this activity is kept in the home's diary.	

Last premises inspection statutory requirements		Validation of compliance
Requirement 5 Ref: Regulation 14(2)(a) 14(2)(c) Stated: First time	The risks associated with hot surfaces should be reviewed to ensure that these are up to date. The outcomes for the updated risk assessments should be used to inform the programme of work to fit guarding to the radiators. RQIA should be kept up to date in relation to progress for this issue.	Met
	Action taken as confirmed during the inspection: It is good to report that the risks associated with hot surfaces had been considered and covers had been fitted to the radiators in the bedrooms. The risks associated with the radiators in the communal areas such as the toilets should be kept under review.	
Requirement 6 Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(c) 27(2)(q) Stated: First time	The reports for the thorough examinations of the lifting equipment should contain all of the information set out in Schedule 1 of the Lifting Operations and Lifting Equipment Regulations (Northern Ireland) 1999. The reports for the inspection and testing of the fixed wiring installation and the electrical equipment should also be followed up.	Met
	Action taken as confirmed during the inspection: These issues had been addressed.	

Last premises inspection statutory requirements		Validation of compliance
<p>Requirement 7</p> <p>Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)</p>	<p>Completion of the remaining issues from the legionella risk assessment action plan should be confirmed to RQIA. The record for the ongoing water temperature checks should also include the temperatures for the unblended hot water at the sentinel outlets.</p>	<p style="text-align: center;">Partially Met</p>
<p>Stated: First time</p>	<p>Action taken as confirmed during the inspection:</p> <p>The legionella risk assessment report, the water system and the legionella control issues were discussed with the plumber during this premises inspection. Six monthly inspections of the water system in the premises are carried out by the plumber. This includes draining and cleaning the cold water storage tanks every six months. The 'dead legs' in the water systems had also been removed. The water system in the premises includes two cold water storage tanks and two hot water storage tanks. The fill and outlet pipework to one of the cold water storage tanks is not at opposite ends of the tank. The vent pipes from the hot water cylinders also discharge into the cold water tanks. These issues should be addressed in accordance with the recommendations in the legionella risk assessment report. The next service of the thermostatic mixing valves should be carried out. In addition the legionella risk assessment should be reviewed and updated. A schematic drawing for the water system should also be provided. This should identify the hot and cold water sentinel outlets. The records for the ongoing water temperature checks indicated that some of the temperatures were not in line with current standards. The procedure for carrying out the checks to the unblended hot water, the blended hot water and the cold water should be reviewed and amended to reflect current guidance. The water temperatures should also be adjusted to ensure that the following standards are maintained:</p> <ul style="list-style-type: none"> • Unblended hot water 55°C Minimum • Blended hot water at baths 44°C Maximum • Blended hot water at showers 41°C Maximum • Blended hot water at basins 41°C Maximum • Cold water 20°C Maximum <p>Reference should be made to recommendation 1 in the attached Quality Improvement Plan.</p>	

Last premises inspection statutory requirements		Validation of compliance
Requirement 8 Ref: Regulations 27(4)(b) 27(4)(c) 27(4)(d)(iv) Stated: Second time	Confirmation in relation to the purchase of the chair that would meet the ignition sources 0 and 5 fire retardant standard and a fire blanket for the lounge that would be used for smoking should be provided to RQIA. The need to provide further furniture in this room to the ignition sources 0 and 5 fire retardant standard should also be kept under close review. Advice should be sought from the Fire Risk Assessor as required. The latch on the door to the lounge opposite bedroom 10 should be adjusted.	Met
	Action taken as confirmed during the inspection: Mr Gillen confirmed that there are no residents in the home who smoke. A new chair had however been provided in the lounge. This chair was fire retardant to ignition source 0 but not to ignition source 5. In the future if any residents express a desire to smoke a replacement chair which complies with ignition source 0 & 5 should be provided. Reference should also be made to section 4.6.1 in this report. The latch on the door to the lounge opposite bedroom 10 had been adjusted.	
Requirement 9 Ref: Regulations 27(4)(b) 27(4)(f) Stated: Second time	The evacuation time for the fire drills should be noted in the reports for same.	Met
	Action taken as confirmed during the inspection: The evacuation times were being noted in the reports for the fire drills.	
Requirement 10 Ref: Regulations 27(4)(a) 27(4)(b) Stated: First time	Completion of the remaining issues identified for attention in the report for the fire risk assessment that was completed in June 2013 and the sign off for the action plan should be confirmed to RQIA.	Met
	Action taken as confirmed during the inspection: The most recent fire risk assessment was carried out on 21 January 2016 in accordance with the guidance from RQIA in relation to the competency of fire risk assessors. The report for this fire risk assessment identified four issues for attention and these had been addressed. The action plan in this fire risk assessment report should be signed off to reflect this.	

Last premises inspection statutory requirements		Validation of compliance
Requirement 11 Ref: Regulations 27(4)(b) 27(4)(d)(iv) Stated: First time	This inspection and test frequency for the fire detection and alarm system should be reviewed with the engineer to ensure that this is adequate. Reference should be made to the guidance contained in British Standard (BS) 5389 in relation to the ongoing maintenance of fire detection and alarm systems. In addition a report in accordance with BS 5839 should be obtained for the ongoing inspections and tests to this system.	Met
	Action taken as confirmed during the inspection: This issue had been addressed. The most recent maintenance visit for the fire detection and alarm system was carried out on 29 June 2016.	

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 in line with the guidance issued by RQIA in relation to 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. Work on a new extension to the premises was ongoing at the time of this premises inspection. The fire retardant standards for the furniture and fabrics, etc to be provided in the new extension were discussed with Mr Gillen in the context of compliance with the ignition sources 0 & 5 standards. Reference should be made to the guidance contained in *Northern Ireland Firecode Health Technical Memorandum 84 Fire risk assessment in residential care premises* and *Health Technical Memorandum 87 Textiles and Furniture* in relation to this issue.

Areas for improvement Continued

2. Fire detectors are provided in the linen stores. The fire detector the linen store that is located opposite bedroom 1 appeared however to be a heat detector. A smoke detector may be more appropriate in this location. Advice should be sought from the fire risk assessor for the premises in relation to the need to change this fire detector to a smoke detector in line with the provision in the other linen store in the home.
3. It is good to report that all of the doors to the bedrooms are fitted with self-closing devices with hold open devices linked to the fire detection and alarm system in line with the guidance from the Northern Ireland Fire and Rescue Service. During the review of the premises one door (corridor door leading to the laundry) was identified as requiring minor adjustment to fully latch. Mr Gillen however made arrangements for the home’s joiner to be contacted to adjust this door.
4. The most recent thorough examination of the bath hoists was carried out on 12 April 2016. One hoist was considered to be satisfactory but the other hoist was unsatisfactory. This unsatisfactory hoist had been taken out of service and a new hoist was being followed up.
5. The window openings are controlled. The method of controlling the window openings however permitted a very limited opening width for some of the windows. The restrictors are not fitted with tamper proof screws and some of the restrictors could be disconnected relatively easily. The method of controlling the window openings should be reviewed and improved as required. This issue should also be given consideration in relation to the type of controls to be fitted to the window openings for the rooms in the new extension to the premises. Reference should be made to recommendation 2 in the attached Quality Improvement Plan.

Number of requirements	0	Number of recommendations:	1
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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.

Number of requirements	0	Number of recommendations:	0
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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. It is good to report that new cupboards and a new sink unit had recently been provided in the veg prep room.
This supports the delivery of compassionate care.

Two 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 seals to some of the double glazed units in the bedroom windows were no longer fully effective giving rise to condensation between the double glazed panes. The windows should be checked and replacement double glazed units should be provided as required. Reference should be made to recommendation 2 in the attached Quality Improvement Plan.
2. At the time of this premises inspection work was ongoing in relation to a new extension to one side of the home. The window to one of the bedrooms opens into the new extension area. In due course this bedroom will be done away with to provide the access from the existing part of the premises to the new extension. The proposals for relocating the resident in this bedroom should be confirmed to RQIA. Reference should be made to recommendation 3 in the attached Quality Improvement Plan.

Number of requirements	0	Number of recommendations:	2
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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 manager has generally 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. Reference should however be made to section 4.6.1 in the areas for improvement noted below.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate. This supports a well led service.

One issue was however identified for attention during this premises inspection. This is detailed in the 'areas for improvement' section below.

Areas for improvement

1. One issue from the Quality Improvement Plan for the last premises inspection on 16 May 2013 had not been fully addressed. The arrangements for ensuring that all of the issues included in Quality Improvement Plans for RQIA reports are fully addressed within the timescales should be reviewed and improved as required. Reference should be made to recommendation 4 in the attached Quality Improvement Plan.

Number of requirements	0	Number of recommendations:	1
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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 Mr Trevor Gillen, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered persons 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 persons 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 in respect of this home. 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 persons meet the legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and 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 persons may enhance service, quality and delivery.

5.3 Actions taken by the registered provider

The QIP should be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered responsible individual should confirm that these actions have been completed and return completed QIP to Estates.Mailbox@rqia.org.uk for assessment 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 persons 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 persons with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

Recommendation 1

Ref: Standard 28

Stated: Second time

To be completed by:
23 September 2016
and Ongoing

The remaining recommendations in the legionella risk assessment report should be addressed. The next service of the thermostatic mixing valves should be carried out. In addition the legionella risk assessment should be reviewed and updated. A schematic drawing for the water system should also be provided. This should identify the hot and cold water sentinel outlets. The procedure for carrying out the checks to the unblended hot water, the blended hot water and the cold water should be reviewed and amended to reflect current guidance. The water temperatures should also be adjusted to ensure that the following standards are maintained:

- Unblended hot water 55°C Minimum
- Blended hot water at baths 44°C Maximum
- Blended hot water at showers 41°C Maximum
- Blended hot water at basins 41°C Maximum
- Cold water 20°C Maximum

Response by registered provider detailing the actions taken:

All outstanding recommendations in the legionella risk assessment have been addressed.
Checks of the blended hot and cold water now reflect current guidance.
Schematic of drawing of the water system now in place.
Water temperatures adjusted to met standards listed above.
Company commisioned to carryout further legionella risk assessment.
Service of the thermostatic mixing valves completed 19/09/2016

Recommendation 2

Ref: Standard 28

Stated: First time

To be completed by:
21 October 2016

The method of controlling the window openings should be reviewed and improved as required. This issue should also be given consideration in relation to the type of controls to be fitted to the window openings for the rooms in the new extension to the premises. The windows should also be checked and replacement double glazed units should be provided as required.

Response by registered provider detailing the actions taken:

Joiner commisioned to review window opening controls and to identify double glazing that require replacement.

<p>Recommendation 3</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: Ongoing</p>	<p>The proposals for relocating the resident in the bedroom that is to be done away with to provide access from the existing section to the premises to the new extension should be confirmed to RQIA.</p> <p>Response by registered provider detailing the actions taken: Resident will be moved to alternative bedroom.</p>
<p>Recommendation 4</p> <p>Ref: Standard 20</p> <p>Stated: First time</p> <p>To be completed by: 21 October 2016</p>	<p>The arrangements for ensuring that all of the issues included in Quality Improvement Plans for RQIA reports are fully addressed within the timescales should be reviewed and improved as required. Improvement Plan.</p> <p>Response by registered provider detailing the actions taken: All issues included in the QIP will be kept under review by the manager.</p>

Please ensure this document is completed in full and returned to Estates.Mailbox@rqia.org.uk from the authorised email address



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