

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: 17913

Establishment ID No: 1328

Name of Establishment: Karingmore

Date of Inspection: 14 August 2014

Inspector's Name: Gavin Doherty

1.0 GENERAL INFORMATION

Name of Home:	Karingmore		
Address:	19 Largy Road Carnlough BT44 0EY		
Telephone Number:	2888 5568		
Registered Organisation/Provider:	Mr Liam Hamill & Mrs Mary Hamill		
Registered Manager:	Mrs Mary Hamill		
Person in Charge of the Home at the time of Inspection:	Mrs Mary Hamill		
Other person(s) consulted during inspection:	Mr Liam Hamill		
Type of establishment:	Residential Care Home		
Number of Registered Places:	16		
Date and time of inspection:	14 August 2014 from 1045-1245		
Date of previous inspection:	6 September 2011		
Name of Inspector:	Gavin Doherty		

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 the 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, 2008)

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. Patients' private bedrooms were only inspected when unoccupied and permission was granted.
- Evaluation and feedback

Any other information received by RQIA about this Registered Provider 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 Mary Hamill and Mr Liam Hamill.

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

Karingmore Private Residential Home is a purpose built detached home which was registered with the Authority in 1992 to accommodate sixteen residents. It shares a site with the proprietor's own home. It is situated about a short walk from Carnlough coastal town. There are twelve single and two double bedrooms, two lounges, dining room, kitchen and several bathrooms and wc's. There is a large mature garden to the front of the home overlooking the Antrim Plateau. There is a smaller garden to the rear with spectacular views overlooking Carnlough bay and the Irish Sea. Both the front and rear gardens are very well maintained. There is adequate parking available for visitors / families / professionals to the front of the home.

8.0 SUMMARY

Following the Estates Inspection of Karingmore on 14 August 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 3 requirements and 1 recommendation. These are outlined in the quality improvement plan appended to this report.

The Estates Inspector would like to acknowledge the hospitality and assistance of Mrs Mary Hamill, Mr Liam Hamill and the home's staff throughout the inspection process.

9.0 INSPECTOR'S FINDINGS

- 9.1 Recommendations and requirements from previous inspection
- 9.1.1 It was good to note that the issues raised in the report of the previous estates inspection on 6 September 2011 had been fully addressed.
- 9.1.2 A risk assessment in relation to the 'Control of legionella bacteria' in the home's hot and cold water systems was undertaken shortly after the previous inspection on the 29 February 2012. The control measures required as a result of this risk assessment have been largely implemented and records were available for inspection within the home.
- 9.1.3 A log book is now maintained for the home's regular weekly visit to the Northern Ireland Adverse Incident web-site to enable them to take suitable action with any relevant Medical Device Alerts. This log book was available for inspection within the home.
- **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 good evidence of maintenance activities within the home and the home appeared very clean and was maintained to a high standard. Since the last inspection the fascia and soffit boards had been replaced throughout the property and the main bathroom had been completely refurbished to a high standard. This ongoing quality improvement to the building fabric is to be commended. Maintenance procedures for the building and engineering services were in place and good records are maintained and were available for inspection within the home. As a result, there were no issues identified during this inspection against this standard.
- **9.3** Standard 28 Safe and healthy working practices The home is maintained in a safe manner
- 9.3.1 By in large, safe and healthy working practices appear evident in the home in accordance with this standard although three issues have been identified for attention by the home manager. These are detailed below and in the section of the attached quality improvement plan titled 'Standard 28 Safe and healthy working practices'.
- 9.3.2 As part of the control measures implemented in relation to the 'control of legionella bacteria in the home's hot water system', it is important that a regular record is maintained of the temperature of the stored hot water within the home. This temperature should be >60°c. A monthly check of the

temperature of the water stored in the home's calorifier should therefore be undertaken and a record of this temperature should be recorded and available for inspection within the home.

(Item 1 in the attached Quality Improvement Plan)

- 9.3.3 All Thermostatic Mixing Valves installed throughout the home should be serviced and maintained in accordance with the manufacturer's recommendations. (Item 2 in the attached Quality Improvement Plan)
- 9.3.4 Ensure that the new stair lift installed on the 25 March 2014 is serviced in accordance with the manufacturer's recommendations. It must also undergo regular (6 monthly) 'thorough examination' in accordance with the 'Lifting Operations, Lifting Equipment Regulations (LOLER) as enforced by the Health and Safety Executive NI. (Item 3 in the attached Quality Improvement Plan)
- **9.4 Standard 29 Fire safety -** Fire safety precautions are in place that reduce the risk of fire and protect patients, staff and visitors in the event of fire.
- 9.4.1 Fire Safety procedures in the home are generally in line with this standard. Records inspected demonstrated good attention to fire safety matters. Fire drills are carried out monthly and records are maintained. The fire alarm and detection system, emergency lighting and fire fighting equipment are suitably serviced and maintained. Many doors throughout the home have recently been fitted with electro-magnetic hold open devices. This removes the risk of doors being wedged open and is to be commended. A fire risk assessment was carried out on the 13 February 2014 and the requirements flowing from this risk assessment have been fully implemented. However, one issue has been identified for consideration by the home manager. This is detailed below and in the section of the attached quality improvement plan titled 'Standard 29 Fire Safety'.
- 9.4.2 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 correspondence issued by RQIA to all registered homes on 13 January 2013 and the guidance contained therein:

http://www.rqia.org.uk/what_we_do/registration_inspection_and_reviews/service_provider_guidance/fire_safety_information.cfm

(Item 4 in the attached Quality Improvement Plan)

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement plan appended to this report were discussed with Mrs Mary Hamill & Mr. Liam Hamill 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 Care 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 care home to improve the quality of life experienced by patients.

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

Gavin Doherty Estates Officer

11 September 2014

Date



Quality Improvement Plan

- for -

Announced Estates Inspection

- of -

Karingmore Residential Care Home

- on -

14 August 2014

QIP Position Based on Comments from Registered Persons		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 Mary Hamill & Mr Liam Hamill 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 Care 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 care home to improve the quality of life experienced by patients.

The registered provider is required to record comments on the quality improvement plan.

The quality improvement plan is to be signed below by the registered provider and registered manager and returned to:

The Regulation and Quality Improvement Authority 9th Floor Riverside Tower 5 Lanyon Place BELFAST BT1 3BT

SIGNED:		SIGNED:	
NAME: (print)	REGISTERED PROVIDER	NAME: (print)	REGISTERED MANAGER
DATE:		DATE:	

Announced Estates Inspection to Karingmore on 14 August 2014

Informing and Improving 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	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
1	Regulation 27 (2)(q) 14 (2)(a)(c)	Ensure that a monthly check of the temperature of the water stored in the home's calorifier is undertaken and a record of this temperature recorded and available for inspection within the home. This temperature should be >60°c. (9.3.2 in the Report)	Immediate & On-going.	
2	Regulation 27 (2)(q) 14 (2)(a)(c)	All Thermostatic Mixing Valves installed throughout the home should be serviced and maintained in accordance with the manufacturer's recommendations. (9.3.3 in the Report)	8 Weeks	
3	Regulation 27 (2)(q) 14 (2)(a)(c)	Ensure that the new stair lift is serviced in accordance with the manufacturer's recommendations. It must also undergo regular (6 monthly) 'thorough examination' in accordance with the 'Lifting Operations, Lifting Equipment Regulations (LOLER) as enforced by the Health and Safety Executive NI. (9.3.4 in the Report)	Immediate & On-going.	

Standard 29 – Fire safety

The following requirements and recommendations should be noted for action in relation to Standard 29 – Fire safety

Item	Regulation Reference	Recommendation	Timescale	Details Of Action Taken By Registered Person (S)
4	Regulation 27 (4)(a)	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 correspondence issued by RQIA to all registered homes on 13 January 2013 and the guidance contained therein: http://www.rqia.org.uk/what we do/registration inspection and reviews/service_provider_guid ance/fire_safety_information.cfm (9.4.2 in the Report)	Upon review of the fire risk assessment	