



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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

UNANNOUNCED ESTATES INSPECTION

Inspection No:	IN018029
Establishment ID No:	1332
Name of Establishment:	Clanrye
Date of Inspection:	05 February 2015
Inspector's Name:	Colin Muldoon

1.0 GENERAL INFORMATION

Name of Home:	Clanrye
Address:	128 Glenarm Road, Larne. BT40 1DZ
Telephone Number:	028 2827 5701
Registered Organisation/Provider:	Clanrye Ms Heather Leo - Responsible Person
Registered Manager:	Ms Heather Leo
Person in Charge of the Home at the time of Inspection:	Ms Jennifer Moore – Deputy Manager
Other person(s) consulted during inspection:	N/A
Type of establishment:	Residential Care Home
Categories of Care	RC-I, RC-LD(E), RC-MP(E), RC-DE
Number of Registered Places:	17
Date and time of inspection:	05 February 2015 10.30am – 1.20pm
Date of previous inspection:	30 September 2014
Name of Inspector:	Colin Muldoon

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 Ms Jennifer Moore
- 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 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 Ms Jennifer Moore.

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 on 30 September 2014.

Standards inspected:

- Standard 27 - Premises and grounds
- Standard 28 - Safe and healthy working practices
- Standard 29 - Fire Safety

7.0 PROFILE OF SERVICE

Clanrye was a substantial detached dwelling which has been adapted and extended for use as a care home.

The home is on the outskirts of Larne and due to its elevated site many of the rooms benefit from uninterrupted sea views.

The home has both double and single bedrooms.

The dining room and main living room are on the ground floor at the front of the building and there is a smaller sitting area towards the rear. There are communal toilets and a choice of bath and shower rooms. The home has several flights of stairs and three stair lifts have been installed.

There is a sheltered and private outside sitting area

There is space for a small number of cars to park at the front of the home.

8.0 SUMMARY

In general the building appeared to be in fair condition although some matters relating to the environment were identified. Therefore, following the Estates Inspection of Clanrye on 05 February 2015, improvements are required to comply with the Residential Care Homes Regulations (Northern Ireland) 2005 and the criteria outlined in the following standards:

- Standard 27 - Premises and grounds
- Standard 28 - Safe and healthy working practices
- Standard 29 - Fire Safety

This resulted in seven requirements. These are outlined in the Quality Improvement Plan appended to this report.

The Estates Inspector would like to acknowledge the assistance of Ms Jennifer Moore during the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from the previous Estates inspection on 30 September 2014.

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
9.1.1	Regulation 14.-(2)(a) and (c)	<p>The review on the safety of opening windows should be extended to include communal areas and bedrooms not previously included. The review and subsequent actions should be in line with the safety alert MDEA(NI)2007/100 which says:</p> <p><i>1. All Healthcare organisations should re-visit the guidance on window restrictors contained in HTM 55.</i></p> <p><i>2. A review should be carried out on all installed window restrictors to ensure:</i></p> <ul style="list-style-type: none"> <i>• They meet the restricted opening cited in the HTM;</i> <i>• They are in good working order and have not been damaged or defeated;</i> <i>• Where problems are</i> 	<p>There has been a program to fit restrictors to windows on the upper floors.</p>	<p>Bedrooms on the ground floor have not been fitted with restrictors.</p> <p>The restrictor on the window in room 7 can be disengaged.</p> <p>The review on the safety of opening windows should be extended to include all windows accessible to residents. (Item 1 in Quality Improvement Plan)</p>

		<p><i>identified, a programme to repair or replace damaged restrictors is put in place.</i></p> <p><i>3. Where a single restrictor is fitted, consideration should be given to replacing it and / or fitting a second restrictor on the opposite side of the window if. For example:</i></p> <ul style="list-style-type: none"> <i>• the existing restrictor is assessed as being of inadequate strength for the situation;</i> <i>• the restrictor can be disengaged without the use of a special tool or key;</i> <i>• the maximum opening exceeds 100mm; or</i> <i>• the window is located within a mental health area where it could be subject to physical attack.</i> <p><i>4. Assess the need for window restrictors in those patient locations where none currently exist.</i></p> <p>Reference should be made to Health Technical Memorandum 55. (Item 1 in previous Quality Improvement Plan)</p>		
9.1.2	Regulation 27.-(2)(b) and (d)	The necessary remedial and upgrade works to surfaces, fixtures, fittings, décor and lighting	Good progress has been in implementing the program of work submitted to RQIA.	Work should continue to complete the program of work to surfaces, fixtures, fittings, décor and lighting.

		identified during the inspection should be carried out in accordance with the program provided to RQIA on 02 October 2014. (Item 2 in previous Quality Improvement Plan)		
9.1.3	Regulation 27.-(2)(q) 14.-(2)(a) and (c)	The thermostatic mixing valves should be serviced, set and fail safe tested in accordance with the manufacturer's instructions. It is understood that some hot water outlets accessible to residents do not have thermostatic mixing valves. RQIA are to be informed of the plans to comply with Minimum Standard 27.4. (Item 3 in previous Quality Improvement Plan)	Although there was no documentation the Inspector was informed by Ms Moore that the thermostatic mixing valve was serviced in October 2014.	From information available the hot water appears to be controlled by a central thermostatic mixing valve. The approved code of practice document from the Health and Safety Executive (<i>Legionnaires' disease. The control of legionella bacteria in hot and cold water systems L8 HSG274 Part 2</i>) says that thermostatic mixing valves should be as close to the point of use as possible to minimize the storage of blended water. The advice of the legionella risk assessor should be sought and followed. (Item 2 in Quality Improvement Plan)
9.1.4	Regulation 27.-(2)(c)	The resident hoisting equipment should be thoroughly examined	There were valid LOLER thorough examination reports for the hoisting equipment. The reports did not identify any defects.	N/A

		every six months. Reference should be made to the Health and Safety Executive guidance on the Lifting Operations and Lifting Equipment Regulations (NI) 1999 (Item 4 in previous Quality Improvement Plan)		
9.1.5	Regulation 14.-(2)(a) and (c)	The hot surface risk assessment should be reviewed and actioned as necessary. (Item 5 in previous Quality Improvement Plan)	The inspector was informed that the risk assessment was reviewed in October 2014 following the last inspection. An additional radiator cover has been fitted in room 12.	N/A
9.1.6	Regulation 14.-(2)(a) and (c)	It must be ensured that window restrictors are maintained in the safe position. (Item 7 in previous Quality Improvement Plan)	Random restrictors were reviewed on the day of inspection and were found to be in the safe position.	Cable and socket type of window restrictors have been fitted in the home. The inspector provided Ms Moore with a copy of a recently issued safety alert relating to this style of restrictor. (Item 3 in Quality Improvement Plan)
9.1.7	Regulation 13.-(7)	There must be robust arrangements which will	There were records of actions being taken towards the control of legionella. These include the	The monthly check of water temperatures was last carried

		<p>ensure that a scheme for the effective control of legionella is fully implemented and reliably maintained.</p> <p>Reference should be made to the legionella risk assessment and Health and Safety Executive document L8. <i>Legionnaires' disease - The control of legionella bacteria in water systems</i> with particular attention to HSG274 Part 2 (2014) and the Department of Health document Health Technical Memorandum 04-01: <i>The control of Legionella, hygiene, "safe" hot water, cold water and drinking water systems</i>. (Item 8 in previous Quality Improvement Plan)</p>	<p>cleaning and disinfection of the cold water storage tank, the sterilization of shower heads and the checking of water temperatures.</p>	<p>out in October 2014. (Item 4 in Quality Improvement Plan)</p>
9.1.8	Regulation 27.-(4)(d)(iv)	<p>It should be confirmed that there are arrangements in place for the fire detection and alarm system to be</p>	<p>The alarm system was maintained in May and November 2014.</p>	<p>N/A</p>

		serviced not less frequently than every six months. (Item 9 in previous Quality Improvement Plan)		
9.1.9	Regulation 27.-(4)(f)	It should be ensured that all staff participate in fire safety training and practice drills and that records are maintained. Reference should be made to Firecode document NIHTM84. (Item 10 in previous Quality Improvement Plan)	Fire safety training was carried out in March/April and October 2014. Seven staff plus management did not attend the October session.	All staff should receive fire safety information, instruction and training at least twice every year. (Item 5 in Quality Improvement Plan)
9.1.10	Regulation 27.-(4)(a)	It should be ensured that the issues in the fire risk assessment action plan which remain outstanding are addressed, including the use of wedges in fire doors. (Item 11 in previous Quality Improvement Plan)	The inspector was informed that the issues in the fire risk assessment action plan have been addressed. On the day of inspection no doors were observed to be wedged open.	The closer on the door of room 7 was disconnected. The door to the rear corridor was dragging on the floor when fully open. (Item 6 in Quality Improvement Plan)
9.1.11	Regulation 27.-(4)(d)(iv) and (v)	Robust arrangements must be made which will ensure that all fire safety checks, function tests	There are systems in place for the testing and maintenance of fire safety installations.	The records for the emergency lighting indicate that the last monthly function test was carried out in August 2014.

		and maintenance of fire safety installations is kept up to date and carried out at the frequencies specified in the relevant codes of practice. (Item 12 in previous Quality Improvement Plan)		(Item 7 in Quality Improvement Plan)
Item	Standard	Recommendation		
9.1.12	Standard 27.	The recommendations in the thorough examination report on the three stair lifts should be followed up. (Item 6 in previous Quality Improvement Plan)	The inspector was informed that this item was addressed and that the main stair lift had been replaced since the last inspection.	N/A

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 This inspection focused on the issues raised during the previous inspection on 30 September 2014.

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

9.3.1 This inspection focused on the issues raised during the previous inspection on 30 September 2014.

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 This inspection focused on the issues raised during the previous inspection on 30 September 2014.

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Ms Jennifer Moore 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 sign off sheet for estates inspectors

Name of Home	Clanrye RH
Date of Inspection	05 February 2015
	C Muldoon

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.	√		√	C Muldoon	29/04/2015

Estates Inspection – QIP sign off sheet

Informing and Improving Health and Social Care

NOTES:

The details of the Quality Improvement Plan were discussed with Ms Jennifer Moore 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 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	Heather Leo
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Heather Leo.

Unannounced Estates Inspection to Clanrye on 05 February 2015

Assurance, Challenge and Improvement in Health and Social Care

Standard 27 - Premises and grounds

The following requirements and recommendations should be noted for action in relation to Standard 27 - Premises and grounds

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (s)
1	Regulation 14.-(2)(a) and (c)	The review on the safety of opening windows should be extended to include all windows accessible to residents. The review and subsequent actions should be in line with all the relevant safety alerts available from the Northern Ireland Adverse Incident Centre including: MDEA(NI)2007/100, EFA/2013/002 and EFA/2014/003. (Item 9.1.1 in report)	One month	Completed for all upstairs R/A & carried out for ground floor windows in the short term.
2	Regulation 13.-(7)	The advice of the legionella risk assessor should be sought and followed regarding the control of legionella in relation to the current arrangements for providing safe hot water. (Item 9.1.3 in report)	One month	We have put together a list schedule of priority for TRUVIS.

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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	Requirements	Timescale	Details Of Action Taken By Registered Person (s)
3	Regulation 14.-(2)(a) and (c)	The safety alert EFA/2014/003 relating to window restrictors should be followed up and actioned as necessary. (Item 9.1.6 in report)	One month	Completed.
4	Regulation 13.-(7)	It should be ensured that the actions being taken for the control of legionella are carried out at the frequency set in the scheme of control arising from the risk assessment and the Health and Safety Executive document <i>Legionnaires' disease. The control of legionella bacteria in hot and cold water systems L8 HSG274 Part 2.</i> (Item 9.1.7 in report)	Ongoing	Actioned.

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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)
5	Regulation 27.-(4)(e)	The fire safety training for all staff should be brought up to date. It should be ensured that all staff receive fire safety information, instruction and training from a competent person at least twice a year. Reference should be made to Firecode document NIHTM84. (Item 9.1.9 in report)	One month and ongoing	Fire Safety training scheduled Rev 24/03/15
6	Regulation 27.-(4)(c) and (d)(i)	The closer on the door of room 7 should be reconnected. If this door is required to stand open for operational reasons, it should also be fitted with a hold open device which releases upon activation of the fire alarm. The door to the rear corridor should be adjusted so that it always closes under force of the closer to form an effective fire seal. (Item 9.1.10 in report)	One week	Completed.
7	Regulation 27.-(4)(d)(v)	The emergency lights should be function tested monthly. Each test should be recorded. (Item 9.1.11 in report)	Ongoing	Advanced

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Assurance, Challenge and Improvement in Health and Social Care