



The **Regulation** and
Quality Improvement
Authority

Clanrye
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Unannounced Estates Inspection of Clanrye

22 May 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced estates inspection took place on 22 May 2015 from 10.45 to 15.30. Overall on the day of the inspection the premises supported the delivery of safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Residential Care Homes Minimum Standards 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	9	2

The details of the QIP within this report were discussed with Ms Naomi Forsythe (Senior in charge) as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Clanrye	Registered Manager: Ms Heather Leo
Person in Charge of the Home at the Time of Inspection: Ms Alison Morton and Ms Naomi Forsythe	Date Manager Registered: —
Categories of Care: RC-I, RC-DE, RC-LD(E), RC-MP(E)	Number of Registered Places: 17
Number of Residents Accommodated on Day of Inspection: 16	Weekly Tariff at Time of Inspection: £470.00

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 27: Premises and Grounds

Standard 28: Safe and Healthy working Practices

Standard 29: Fire safety

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- The last returned Estates Quality Improvement Plan
- The last care inspection report and Quality Improvement Plan.

The following records were examined during the inspection:

- Fire risk assessment.
- Fire safety installation test and maintenance records.
- Water safety records.
- Engineering services records eg gas, electric, lifts, etc.
- Fire training records

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 29 April 2015. Two recommendations were made following this inspection.

5.2 Review of Requirements and Recommendations from the last Estates Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 14.-(2)(a) and (c)	<p>The review on the safety of opening windows should be extended to include all windows accessible to residents.</p> <p>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.</p>	Partially Met
	<p>Action taken as confirmed during the inspection:</p> <p>In the quality improvement plan returned after the last Estates inspection the manager confirmed that this requirement had been “completed for all upstairs” and a “risk assessment carried out for ground floor windows in the short term”.</p> <p>During this inspection it was observed that a physically able resident with a bedroom on the ground floor was confused and anxious to get home. The opening window in this bedroom was not restricted in line with the safety alerts. This was brought to the attention of staff.</p>	
Requirement 2 Ref: Regulation 13.-(7)	<p>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.</p>	Not Met
	<p>Action taken as confirmed during the inspection:</p> <p>In the quality improvement plan returned after the last Estates inspection the manager confirmed that “we have put together a schedule of priority for TMV’s”</p> <p>There was documentation relating to the recent installation of additional TMV’s.</p> <p>Any additional measures taken to avoid risk of scalding are to be commended. However, the scald risk needs to be considered in conjunction with the need to control the risk from legionella.</p> <p>The latest guidance on legionella control 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>)</p>	

	says that thermostatic mixing valves should be as close to the point of use as possible to minimize the storage of blended water. Therefore, the installation of TMV's, and the use of a central TMV in particular, should be discussed with a competent legionella risk assessor.	
Requirement 3 Ref: Regulation 14.-(2)(a) and (c)	The safety alert EFA/2014/003 relating to window restrictors should be followed up and actioned as necessary.	Met
	Action taken as confirmed during the inspection: In the quality improvement plan returned after the last Estates inspection the manager confirmed that this was completed.	
Requirement 4 Ref: 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>	Partially Met
	Action taken as confirmed during the inspection: In the quality improvement plan returned after the last Estates inspection the manager confirmed that this had been actioned. On the day of inspection the last records available relating to the monthly monitoring of hot water temperatures were dated 07 March 2015.	
Requirement 5 Ref: 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.	Met
	Action taken as confirmed during the inspection: Records available showed that the fire risk assessor carried out fire safety and evacuation training for all staff including management in March 2015.	

Requirement 6 Ref: Regulation 27.-(4)(c) and (d)(i)	<p>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.</p> <p>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.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>On the day of inspection the closer on the door of room 7 was connected and the door to the rear corridor was operating correctly.</p>	
Requirement 7 Ref: Regulation 27.-(4)(d)(v)	<p>The emergency lights should be function tested monthly. Each test should be recorded.</p>	Partially Met
	<p>Action taken as confirmed during the inspection:</p> <p>In the quality improvement plan returned after the last Estates inspection the manager confirmed that this had been actioned.</p> <p>On the day of inspection the last record relating to the monthly function test of the emergency lights was dated February 2015.</p>	

5.3 Standard 27: Premises and Grounds

Is Care Safe? (Quality of Life)

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this Estates inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. This supports the delivery of safe care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Is Care Effective? (Quality of Management)

A range of accommodation, facilities and support services is provided in the premises. This supports the delivery of effective care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. This supports the delivery of compassionate care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Areas for Improvement

The safety of ground floor opening windows requires to be reviewed.

The arrangements for controlling legionella as well as providing safe hot water requires further attention.

The robustness of the arrangements for maintaining ongoing legionella control and monitoring measures should be reviewed.

On the day of inspection there were valid Gas Safe certificates for the cooker and boiler but not the tumble dryer.

Bedroom 5 on the ground floor has an emergency final exit door which is fitted with an alarm to alert staff it has been opened. During the inspection the door was opened but the alarm failed to go off.

In the kitchen the surface of some of the wall cupboard doors is delaminating.

During the inspection the member of staff accompanying the inspector was able to provide prompt access to each locked room. The management of the room keys should be reviewed in relation to possible unauthorised access to rooms.

It is good to note that a schedule of remedial and improvement work is continuing to be implemented. The floor in the main hallway was replaced recently.

Number of Requirements	5	Number Recommendations:	2
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5.4 Standard 28: Safe and Healthy Working Practices

Is Care Safe? (Quality of Life)

A range of documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this Estates inspection. This supports the delivery of safe care.

Is Care Effective? (Quality of Management)

The nature and needs of the residents are considered as part of the risk assessment processes and this is reflected in the management of the home. This supports the delivery of effective care.

Is Care Compassionate? (Quality of Care)

There are health and safety procedures and control measures in place which support the delivery of compassionate care.

Areas for Improvement

No issues identified during this inspection.

Number of Requirements	0	Number Recommendations:	0
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5.5 Standard 29: Fire Safety

Is Care Safe? (Quality of Life)

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. This supports the delivery of safe care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Is Care Effective? (Quality of Management)

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 residents, 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 effective care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Is Care Compassionate? (Quality of Care)

The standard used by the registered persons to determine the extent of fire safety protection measures that are appropriate for the premises recognises the need to maintain a homely, non-institutionalised environment. This supports the delivery of compassionate care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Areas for Improvement

The robustness of the arrangements for maintaining ongoing fire safety installation function tests should be reviewed.

During the walk round a number of fire doors were propped open or not closing correctly. These included the doors to bedrooms 1, 2, 3 and 10 and the laundry door.

One of the designated emergency exits is onto the patio area from where egress is made through a wooden gate. On the day of inspection it was difficult to exit by the gate because of heavy plant pots obstructing the swing of the gate. In room 5 there was a small table placed across the fire exit.

The fire risk assessment was reviewed by a specialist contractor in March 2015. The action plan arising from the assessment should be fully addressed within timescales acceptable to the risk assessor.

Number of Requirements	4	Number Recommendations:	0
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Additional Areas Examined

Not applicable.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Naomi Forsythe (Senior in Charge) as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Residential Care Homes Minimum Standards 2011. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to 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 weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 Ref: Regulation 14.-(2)(a) and (c) Stated: Third time To be Completed by: 22 June 2015	<p>The risk assessment relating to the safety of ground floor opening windows should be reviewed and actioned as necessary. Reference should be made to safety alerts MDEA(NI)2007/100, EFA/2013/002 and EFA/2014/003.</p> <p>Response by Registered Manager Detailing the Actions Taken: Most ground floor windows have now been fitted with further window restrictors</p>
Requirement 2 Ref: Regulation 13.-(7) 14.-(2)(a) and (c) Stated: Second time To be Completed by: 22 July 2015 for review with necessary actions completed within timescales acceptable to the legionella risk assessor.	<p>A competent legionella risk assessor should review the hot water system in the home. Their advice should be followed on the measures which are necessary to control legionella but which will also provide for the delivery of safe hot water at outlets accessible to residents.</p> <p>Response by Registered Manager Detailing the Actions Taken: After discussion via telephone with our R/A he confirmed we should remove central TMV and put TMV's on each sink. A schedule of works based on priority will be implemented. 4 remaining bathrooms will have theirs fitted next week (beginning 20th July). The central TMV will be removed then as well.</p>
Requirement 3 Ref: Regulation 13.-(7) Stated: Third time To be Completed by: 22 June 2015 and ongoing	<p>It should be ensured that the actions and monitoring measures 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>.</p> <p>Response by Registered Manager Detailing the Actions Taken: Paperwork is up to date and will be ongoing. It will reflect new TMVs as they are installed to ensure safe hot water</p>

<p>Requirement 4</p> <p>Ref: Regulation 27.-(4)(d)(v)</p> <p>Stated: Second time</p> <p>To be Completed by: 22 June 2015 and ongoing</p>	<p>Robust arrangements should be put in place which will ensure that fire safety installations are periodically function tested in accordance with good practice.</p> <p>Response by Registered Manager Detailing the Actions Taken: Paper work and checks are up to date and will continue to be moving forward</p>
<p>Requirement 5</p> <p>Ref: Regulation 27.-(2)(c) and (q)</p> <p>Stated: First time</p> <p>To be Completed by: 22 June 2015</p>	<p>A valid Gas Safe certificate should be obtained for the tumble dryer. The certificate should verify that the appliance and its installation pipework are in a safe and satisfactory condition.</p> <p>Response by Registered Manager Detailing the Actions Taken: Unsure why gas engineer failed to check the tumble dryer, this has been followed up and arranged</p>
<p>Requirement 6</p> <p>Ref: Regulation 14.-(2)(c)</p> <p>Stated: First time</p> <p>To be Completed by: 22 June 2015</p>	<p>The apparent fault with the alarm on the external door of room 5 should be investigated and the necessary repairs carried out. It should be ensured that all such alarms are operational.</p> <p>Response by Registered Manager Detailing the Actions Taken: Engineers have been out and remedied issue</p>
<p>Requirement 7</p> <p>Ref: Regulation 27.-(4)(c) and (d)(i)</p> <p>Stated: First time</p> <p>To be Completed by: 22 June 2015 and ongoing</p>	<p>All fire doors should be surveyed. Repairs and adjustments should be made which will ensure that the doors operate correctly and close to provide an effective fire seal.</p> <p>Response by Registered Manager Detailing the Actions Taken: Joiner has been contacted awaiting a date to survey all doors. However worst door (Laundry) has been remedied</p>

Requirement 8 Ref: Regulation 27.-(4)(a) Stated: First time To be Completed by: Within timescales acceptable to the fire risk assessor.	The issues identified in the current fire risk assessment should be addressed within timescales acceptable to the fire risk assessor.			
	Response by Registered Manager Detailing the Actions Taken: Completed and ongoing			
Requirement 9 Ref: Regulation 27.-(4)(c) Stated: First time To be Completed by: 05 June 2015	The emergency egress routes from the patio area and bedroom 5 should be kept free from obstructions. If necessary the arrangements for keeping residents safe should be reviewed.			
	Response by Registered Manager Detailing the Actions Taken: Obstructions have been removed			
Recommendations				
Recommendation 1 Ref: Standard 29 Stated: First time To be Completed by: 22 July 2015	The management and security of the room keys should be reviewed in relation to possible unauthorised use.			
	Response by Registered Manager Detailing the Actions Taken: After further clarification via telephone with inspector and then further review of our current arrangements we believe that they are satisfactory to the current residents we have. Although we will continue to review as and when necessary			
Recommendation 2 Ref: Standard 29 Stated: First time To be Completed by: Ongoing	The repair or replacement of the kitchen wall cupboard doors should be added to the schedule of works.			
	Response by Registered Manager Detailing the Actions Taken: This has been added to schedule of works			
Registered Manager Completing QIP		H Leo	Date Completed	31/07/15
Registered Person Approving QIP		H Leo	Date Approved	31/07/15
RQIA Inspector Assessing Response		Colin Muldoon*	Date Approved	25/09/2015 *

**Please ensure the QIP is completed in full and returned to estates.mailbox@rqia.org.uk from the authorised email address*

**Clarification or follow up required on some items.*