



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:	IN020723
Establishment ID No:	1332
Name of Establishment:	Clanrye
Date of Inspection:	30 September 2014
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 Heather Leo
Other person(s) consulted during inspection:	Ms Jennifer Moore – Deputy Manager
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:	30 September 2014 10.20 – 14.40
Date of previous inspection:	24 March 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 Heather Leo and 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 Heather Leo and 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 25 August 2011.

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 30 September 2014 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 eleven requirements and one recommendation. These are outlined in the Quality Improvement Plan appended to this report.

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

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from previous inspection

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
1	Regulation 14.-(2)(a) and (c)	<p>The safety of the opening windows which haven't been fitted with the new restrictors should be reviewed. 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 identified, a programme to repair or replace damaged</i> 	<p>Since the last inspection most windows have been fitted with new purpose made restrictors.</p>	<p>One of the bedroom windows (room 11) and some of the windows to communal areas on the upper floor have not had restrictors fitted. On the day of inspection most of the new restrictors were either disconnected or had the key left in the lock.</p> <p>Before the end of the inspection the deputy manager confirmed that she had made the restrictors secure.</p> <p>(Items 1 and 7 in Quality Improvement Plan)</p>

		<p><i>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 9.1.1 in report)</p>		
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No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
2	Regulation 27.-(2)(c)	It should be ensured that the three stair lifts are thoroughly examined in accordance with LOLER (Lifting Operations and Lifting Equipment Regulations (NI) 1999). Any defects identified during the examination must be rectified.	LOLER thorough examination reports dated 01 April 2014 were available for inspection. The reports verified that the three stair lifts were without defects although there were some recommendations made.	The recommendations made in the thorough examination reports should be followed up. (Item 6 in Quality Improvement Plan)
3	Regulation 27.-(2)(b) 27.-(2)(d)	A prioritised program of repair and redecoration of surfaces should be drawn up and implemented.	It is good to note that this has been actioned and that since the last inspection a number of areas of the home have been redecorated. These include the dining room and the communal area on the ground floor towards the rear of the home.	<p>During the walk round it was observed that the condition of surfaces, fixtures and fittings in a number of areas of the home require attention.</p> <p>Examples are: Bedroom 12 where the grouting to the floor tiles around the vanity unit is in poor condition, the main radiator has a leak, a portable oil filled radiator is needed to boost the heating and there is some water damage to the vanity unit.</p> <p>Bedroom 7 where the flooring and decoration require attention.</p>

				<p>The main kitchen where the tile grouting and junctions such as floor to kick board require to be deep cleaned and the worktop needs replaced.</p> <p>The main hallway where the laminate flooring is worn.</p> <p>The paving to the outside sitting area has become uneven.</p> <p>It was also observed that the artificial lighting in some rooms, and in particular double rooms, require review.</p> <p>The lighting and the general condition of the home was discussed with Ms J Moore who agreed to draw up and provide RQIA with a detailed program of remedial work. This program was received by RQIA on 02 October 2014. (Item 2 in Quality Improvement Plan)</p>
4	Regulation 27.-(2)(b)	The movement in the first floor landing/second floor stair rail should be investigated and rectified by a competent person.	This has been repaired	

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
5	Regulation 14.-(2)(a) and (c)	The issues in the action plan resulting from the last review of the legionella risk assessment should be fully implemented. The method statement for the cleaning of the shower heads should be reviewed.	The legionella risk assessment was reviewed by a specialist contractor on 07 April 2014. The action plan arising from the assessment identified a number of issues requiring attention. Some of the matters have been addressed including the method statement for the disinfection of the shower heads and the disinfection of the cold water storage tank and system. However, the process for carrying out the disinfection of the shower heads appears to have lapsed.	<p>Although action has been taken further work is required to fully address the legionella risk assessment action plan and to ensure that the existing procedures do not lapse.</p> <p>Following the inspection Ms J Moore confirmed to RQIA by email on the 06 and 07 October that the disinfection of showers had been brought up to date and that the monitoring of other legionella control measures noted in the risk assessment action plan had been carried out. (Item 8 in Quality Improvement Plan)</p>
6	Regulation 27.-(4)(d)(iv)	The fire detection and alarm system should be maintained in accordance with good practice which indicates that the period between successive inspection and servicing visits should not exceed six months. It is preferable that servicing	It is understood that the manager has discussed the frequency of servicing with the contractor.	Whilst the last 100% service of the fire detection and alarm system is recorded as being in May 2014 the previous service appears to have been in May 2013. The approved code of practice relating to fire detection and alarm systems (BS5839) indicates that servicing should be not less frequently than every six

		is carried out quarterly. Reference should be made to BS 5839		months. It should be confirmed that the frequency of servicing is now in line with the approved code of practice (BS5839). (Item 9 in Quality Improvement Plan)
7	Regulation 27.-(4)(e)	Arrangements must be made for all staff to receive fire safety information, instruction and training at least twice every year. The training should be specific to the premises and be provided by a competent person. Reference should be made to NIHTM84 (available on RQIA website)	A specialist fire safety contractor carried out fire safety training and drills in March 2014.	On the day of inspection the attendance certificates relating to the last fire safety training course in March were unavailable. Ms J Moore subsequently confirmed to RQIA by email on 06 October that the fire safety contractor will be carrying out further fire safety training and drills on 14 October and copies of the previous attendance certificates would be provided by the training contractor. (Item 10 in Quality Improvement Plan)

Item	Standard	Recommendation		
8	Standard 29	It should be ensured that the arrangements for managing keys to bedrooms is monitored and proven to be reliable and robust so that staff can gain emergency access to rooms at any time. It is recommended that consideration be given to a master key system where residents would have unique room keys and staff would have one master key.	Ms J Moore confirmed that a master key system has been adopted.	

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 On the day of inspection there were no current records relating to the maintenance of the thermostatic mixing valves.
(Item 3 in Quality Improvement Plan)
- 9.2.2 There were LOLER (Lifting Operations and Lifting Equipment Regulations (NI) 1999) thorough examination reports which confirmed that resident hoists were safe to use. However, the reports were dated November 2013.
(Item 4 in Quality Improvement Plan)
- 9.2.3 Most of the radiators in the home have covers. During the walk round it was found that one of the uncovered radiators, on the first floor landing, was very hot.
(Item 5 in Quality Improvement Plan)

These issues are detailed in the section of the attached Quality Improvement Plan titled '**Standard 27 - Premises and grounds**'.

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

Refer to 9.1.5 above and item 8 in Quality Improvement Plan

This is detailed in the section of the attached Quality Improvement Plan titled '**Standard 28 - Safe and healthy working practices**'.

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 The home has a current fire risk assessment which was carried out by a specialist contractor in March 2013. The assessor considered the overall fire safety risk to be tolerable. The risk assessment action plan identified a number of issues for attention several of which have been completed. One issue the fire risk assessor noted was the use of wedges in fire doors. During this inspection the inspector also observed that wedges were in or at fire doors.
(Item 11 in Quality Improvement Plan)
- 9.4.2 The records available during the inspection indicated that the weekly testing of the fire alarm system had lapsed.
Ms J Moore confirmed to RQIA by email on 07 October 2014 that fire checks had been resumed.
(Item 12 in Quality Improvement Plan)

These issues are detailed in the section of the attached Quality Improvement Plan titled '**Standard 29: Fire safety**'.

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.

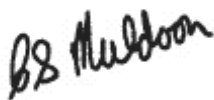
Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by residents.

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**



**Colin Muldoon
Estates Inspector**

17 October 2014

Date

Quality Improvement Plan

Unannounced Estates Inspection

Clanrye Residential Home

30 September 2014

QIP Position Based on Comments from Registered Persons (for RQIA use only)			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.	x		x	<i>Colin Muldoon</i>	10/3/2015

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.

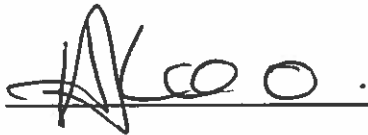
Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the residential home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the Quality Improvement Plan.

The quality improvement plan is to be 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:

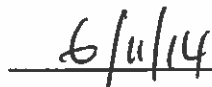
NAME:
(print)


REGISTERED PROVIDER

NAME:
(print)

REGISTERED MANAGER

DATE:



DATE:

Unannounced Estates Inspection to Clanrye on 30 September 2014

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)	<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>1. All Healthcare organisations should re-visit the guidance on window restrictors contained in HTM 55.</p> <p>2. A review should be carried out on all installed window restrictors to ensure:</p> <ul style="list-style-type: none"> • They meet the restricted opening cited in the HTM; • They are in good working order and have not been damaged or defeated; • Where problems are identified, a programme to repair or replace damaged restrictors is put in place. <p>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:</p> <ul style="list-style-type: none"> • the existing restrictor is assessed as being of inadequate strength for the situation; • the restrictor can be disengaged without the use of a special tool or key; • the maximum opening exceeds 100mm; or • the window is located within a mental health area where it could be subject to physical attack. <p>4. Assess the need for window restrictors in those patient locations where none currently exist.</p> <p>Reference should be made to Health Technical Memorandum 55 (Item 9.1.1 in report)</p>	1 Month	<p>Risk Assessments have been carried out on all windows. Restrictors have been fitted accordingly and keys removed.</p>

Unannounced Estates Inspection to Clanrye on 30 September 2014

Assurance, Challenge and Improvement in Health and Social Care

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (s)
2	Regulation 27.-(2)(b) and (d)	The necessary remedial and upgrade works 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 9.1.3 in report)	Ongoing	A schedule of works has been submitted timings are approximate but we are making good progress.
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 9.2.1 in report)	1 Month	A plumber has been employed & is due in week beginning 28-10-14 for such works & complete
4	Regulation 27.-(2)(c)	The resident hoisting equipment should be thoroughly examined 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 9.2.2 in report)	1 Month	Label has been received & is up to date
5	Regulation 14.-(2)(a) and (c)	The hot surface risk assessment should be reviewed and actioned as necessary. (Item 9.2.3 in report)	1 Month	All risk assessments have been reviewed as of 6/10/14

Item	Standard Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (s)
6	Standard 27.	The recommendations in the thorough examination report on the three stair lifts should be followed up. (Item 9.1.2 in report)	3 Months	This has been actioned.
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)
7	Regulation 14.-(2)(a) and (c)	It must be ensured that window restrictors are maintained in the safe position. (Item 9.1.1 in report)	Ongoing	Keys have been removed to ensure safe position.
8	Regulation 13.-(7)	There must be robust arrangements which will ensure that a scheme for the effective control of legionella is fully implemented and reliably maintained. 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 9.1.5 in report)	Ongoing	All paperwork has been updated in accordance with the legionella risk assessments.

Unannounced Estates Inspection to Clanrye on 30 September 2014

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)
9	Regulation 27.-(4)(d)(iv)	It should be confirmed that there are arrangements in place for the fire detection and alarm system to be serviced not less frequently than every six months. (Item 9.1.6 in report)	1 Month	ESS have been notified, and will be out on due course.
10	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 9.1.7 in report)	2 Weeks	Re training was completed on 31/08/14 & 14/10/14. All staff were in attendance.
11	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 9.4.1 in report)	Immediate and ongoing	Wedges have been removed, all other items on R/A are up to date.
12	Regulation 27.-(4)(d)(iv) and (v)	Robust arrangements must be made which will ensure that all fire safety checks, function tests 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 9.4.2 in report)	Immediate and Ongoing	All safety / function tests are up to date. Method of entry so is now more clear.