

# Unannounced Follow up Premises Inspection Report 23 August 2017



## Clanrye

**Type of Service: Residential Care Home**  
**Address: 128 Glenarm Road, Larne, BT40 1DZ**  
**Tel No: 028 2827 5701**  
**Inspector: Raymond Sayers**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

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 service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home providing care for 17 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Heather Leo	<b>Registered Manager:</b> Heather Leo
<b>Person in charge at the time of inspection:</b> Ms Karen Rice (Senior Care Assistant)	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category DE – Dementia – Maximum of five residents MP (E) - Mental disorder excluding learning disability or dementia – over 65 years LD (E) – Learning disability – over 65 years – two named residents'	<b>Number of registered places:</b> 17

### 4.0 Inspection summary

An unannounced inspection took place on 23 August 2017 from 12.45 to 14.45.

This inspection was underpinned by:

- The Residential Care Homes Regulations (Northern Ireland) 2005
- Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)

The inspection sought to assess progress with issues noted during the premises inspection IN022993 completed on 22 May 2015.

The premises inspection report IN022993 and subsequent follow up inspections IN023923 & IN024179 were reviewed prior to the inspection.

The following areas were examined during the inspection:

- Fire safety;
- Maintenance certificates for building engineering services;
- Interior & exterior environment

The findings of this report will provide the provider with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	6	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Ms Karen Rice, Senior Care Assistant, as part of the inspection process. The timescales for completion commence from the date of inspection.

#### **4.2 Action/enforcement taken following the most recent care inspection, IN028251**

Other than those actions detailed in the QIP no further actions required to be taken following the most recent inspection on 13 June 2017.

### **5.0 How we inspect**

Prior to the inspection a range of information relevant to the service was reviewed.

This included the following records:

- recent inspection reports and returned QIPs;
- recent correspondence with the provider;
- the premises related incidents reported to RQIA since the last premises inspection.

Prior to the inspection, it was ascertained that no premises related incidents had been reported to RQIA since the last premises inspection.

A sample of the following records were examined during the inspection: fire risk assessment dated 11 April 2017, fire detection & alarm maintenance certificates, emergency lighting maintenance certificates, building user control monitoring of fire detection & alarm system & emergency lighting system, gas safety engineer inspection certificates.

Areas for improvements identified at the last premises inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

### **6.0 The inspection**

#### **6.1 Review of areas for improvement from the most recent inspection dated 13 June 2017.**

The most recent inspection of the establishment was an unannounced care inspection, IN028251.

This QIP will be validated by the care inspector at the next care inspection.

## 6.2 Review of areas for improvement from the last premises inspection dated 22 May 2015

Areas for improvement from the last premises inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulations 14.(2)(a) & (c)  <b>Stated:</b> Third time	The registered person shall ensure that the risk assessment relating to the safety of the ground floor opening windows should be reviewed and actioned as necessary. Reference should be made to safety alerts MDEA (NI) 2700/100, EFA/2013/002 and EFA/2014/003.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Additional restrictor devices have been fitted on ground floor window opening casements.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulations 13.(7) & 14.(2)(a) & (c)  <b>Stated:</b> Second time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Central TMV is removed and TMVs fitted at each wash hand basin.	
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13.(7)  <b>Stated:</b> Third time	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 Legionnaires disease. The control of legionella bacteria in hot and cold water systems L8 HSG274 Part 2.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Control measures and monitoring records are implemented.	

<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 27.(4)(d)(v)  <b>Stated:</b> Second time	Robust arrangements should be put in place which will ensure that fire safety installations are periodically function tested in accordance with good practice.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Building user test records are completed.	
<b>Area for improvement 5</b>  <b>Ref:</b> Regulation 27.(2)(c) and (q)  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Certificate submitted for approval.	
<b>Area for improvement 6</b>  <b>Ref:</b> Regulation 14.(2)(c)  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Remedial actions implemented.	
<b>Area for improvement 7</b>  <b>Ref:</b> Regulations 27.(4)(c) &(d) (i)  <b>Stated:</b> Second time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Remedial actions implemented.	
<b>Area for improvement 8</b>  <b>Ref:</b> Regulations 27.(4)(a)  <b>Stated:</b> First time	The issues identified in the current risk assessment should be addressed within timescales acceptable to the fire risk assessor.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Issues implemented from previous FRA.	

<b>Area for improvement 9</b> <b>Ref:</b> Regulations 27.(4)(c) <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Obstructions removed.	
<b>Action required to ensure compliance with</b> Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 29 <b>Stated:</b> First time	The management and security of the room keys should be reviewed in relation to possible unauthorised use.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review has been undertaken.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard X <b>Stated:</b> First time	The repair or replacement of the kitchen wall cupboards should be added to the schedule of works.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This has been added to works schedule.	

### 6.3 Inspection findings

#### Health & Safety/Fire Safety

1. The kitchen cooker gas appliance maintenance service certificate does not provide sufficient evidence to verify that the appliance was subjected to inspection/test by a competent Gas Safe Register engineer.
2. Evidence that the thermostatic mixing valves (TMVs) were maintained in accordance with manufacturer's instructions was not presented for review.
3. Ms Rice stated that a legionella risk assessment had been completed on 8 August 2017, and the report had not yet been received by the home management.
4. Ms Rice stated that the two stair-lifts situated in the stairwell had been installed within twelve months of the inspection date.
5. Contingency arrangements for ensuring the health, safety and welfare of residents during prolonged electrical power outages, was not presented for review by the RQIA premises inspector.
6. Fire risk assessment action plan recommendations had not been fully implemented : (a) emergency lighting functional tests were completed quarterly, and not monthly as recommended by BS5266. (b) clinical waste bins were stored under the external emergency escape stairway.



## Areas for improvement

1. Valid assurance must be provided to verify that the gas cooker appliance is inspected and tested in accordance with Health & Safety at Work legislation.
2. Thermostatic mixing valves must be maintained in accordance with manufacturer's recommendations.
3. The legionella risk assessment recommended action plan must be implemented.
4. The stair-lift installation and commissioning certificates must be submitted for RQIA inspector review.
5. A business continuity plan to assure the health, safety and welfare of residents during potential electrical power outages must be developed and reviewed.
6. Fire risk assessment recommendations must be implemented.

	Regulations	Standards
<b>Total number of areas for improvement</b>	6	0

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Ms Karen Rice, Senior Care Assistant, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the residential care home. The 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.

### 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with

- The Residential Care Homes Regulations (Northern Ireland) 2005
- Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)

### 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP to RQIA offices for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.



## Quality Improvement Plan

### Action required to ensure compliance with

The Residential Care Homes Regulations (Northern Ireland) 2005

#### Area for improvement 1

**Ref:** Regulations  
14.(2)(a),(b) & (c) &  
27.(2)(q)

**Stated:** First time

**To be completed by:**  
18 October 2017

The registered person shall submit a valid verification report/certificate confirming that the kitchen gas cooker appliance has been inspected and maintained by a competent Gas Safe Register engineer and that the equipment is in a safe and satisfactory condition.

Ref: 6.3.1

#### Response by registered person detailing the actions taken:

~~Attached to this report~~  
Will email once received, as discussed.  
Carried out on 19/10/17

#### Area for improvement 2

**Ref:** Regulations  
14.(2)(a),(b) & (c) &  
27.(2)(q)

**Stated:** First time  
14.(2)(a),(b) & (c) &  
27.(2)(q)

**To be completed by:**  
8 November 2017

The registered person shall verify that all hot water outlets accessible to residents have been serviced in accordance with manufacturer's recommendations, and that suitable controls are implemented to safeguard residents against the risk of scalding by hot water.

Ref: 6.3.2

#### Response by registered person detailing the actions taken:

~~Attached to this report~~

#### Area for improvement 3

**Ref:** Regulations  
14.(2)(a),(b) & (c) &  
27.(2)(q)

**Stated:** First time

**To be completed by:**  
8 November 2017

The registered person shall submit a copy of the legionella risk assessment to RQIA for examination, and commence a works programme to comply with the legionella action plan recommendations.

Ref: 6.3.3

#### Response by registered person detailing the actions taken:

Attached to this report. Sent via email  
27.11.17

<b>Area for improvement 4</b>  <b>Ref:</b> Regulations 14.(2)(a),(b) & (c) & 27.(2)(q)  <b>Stated:</b> First time  <b>To be completed by:</b> 18 October 2017	The registered person shall submit copies of the installation & commissioning certificates confirming that the stair-lifts have been suitably commissioned.  Ref: 6.3.4 ✓  <b>Response by registered person detailing the actions taken:</b>  <i>Attached to this report</i>
<b>Area for improvement 5</b>  <b>Ref:</b> Regulations 14.(2)(a),(b) & (c) & 27.(2)(s)  <b>Stated:</b> First time  <b>To be completed by:</b> 18 October 2017	The registered person shall submit a copy of the Business Continuity Plan arrangements established to safeguard the health, safety and welfare of the residents during electrical power outages.  Ref: 6.3.5  <b>Response by registered person detailing the actions taken:</b>  <i>Attached to this report</i>
<b>Area for improvement 6</b>  <b>Ref:</b> Regulation 14.(2)(a),(b) & (c) & 27.(4)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate & ongoing	The registered person shall implement the Fire Risk Assessment report action plan recommendations in accordance with the risk assessor's evaluation & time frame.  Ref: 6.3.6  <b>Response by registered person detailing the actions taken:</b>  <i>Completed</i>

<b>Name of registered manager/person completing the QIP</b>	<i>Heaton Leo</i>		
<b>Signature of registered manager/person completing the QIP</b>	<i>[Signature]</i>	<b>Date completed</b>	<i>21/10/19</i>
<b>Name of registered provider approving the QIP</b>	<i>Heaton Leo</i>		
<b>Signature of registered provider approving the QIP</b>	<i>[Signature]</i>	<b>Date approved</b>	<i>21/10/19</i>
<b>Name of RQIA inspector assessing response</b>			
<b>Signature of RQIA inspector assessing response</b>		<b>Date approved</b>	

*\*Please ensure this document is completed in full and returned to RQIA's Office\**



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