



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No:	16929
Establishment ID No:	1336
Name of Establishment:	Edenmore Residential Care Home
Date of Inspection:	30 April 2014
Inspector's Name:	Phil Cunningham

1.0 GENERAL INFORMATION

Name of Home:	Edenmore
Address:	41 Castlerock Road Coleraine BT51 3HR
Telephone Number:	02870353330
Registered Organisation/Provider:	Florence Dhand and Ella O'Reilly
Registered Manager:	Florence Dhand
Person in Charge of the Home at the time of Inspection:	Florence Dhand
Other person(s) consulted during inspection:	Ella O'Reilly, Registered Responsible Person and Maurice O'Reilly
Type of establishment:	Residential Home
Number of Registered Places:	15
Date and time of inspection:	30 April 2014 from 10:30 – 13:30
Date of previous inspection:	2 August 2011
Name of Inspector:	Phil Cunningham

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 the person in charge
- 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 Florence Dhand, Ella O'Reilly and Maurice O'Reilly

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

Edenmore is a Residential Care Home providing places for fifteen people over the age of sixty-five years. The home, located in a large Victorian house which was converted from a former manse, is situated in its own extensive grounds, in a quiet location, on the outskirts of Coleraine. There is adequate car parking space for staff and visitors.

Accommodation on the ground floor includes a main lounge, dining room, kitchen, office and three bedrooms. On the first floor there are three double and six single bedrooms and a small sitting area overlooking the garden. A stair lift provides access to the first floor. Both the ground and first floors have adequate toilet and bath / shower facilities. The building has a second floor which is used only for storage.

8.0 SUMMARY

Following the Estates Inspection of Edenmore on 30 April 2014, some improvements are required to comply with the Residential Care Homes Regulations (Northern Ireland) 2005 and the criterion outlined in the following standard:

- Standard 29 - Fire Safety

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

The Estates Inspector would like to acknowledge the assistance of Florence Dhand, Ella O'Reilly and Maurice O'Reilly during the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from previous inspection

It is good to note that good progress has been made in addressing the items listed on the report of the estates inspection on 2 August 2011.

9.1.1 The report on that inspection contained four requirements, one relating to the submission of service/maintenance related documentation, one relating to the checking of the window restrictors and two relating to fire safety matters. The provider confirmed in the response to that report on the associated Quality Improvement Plan in 2011 that all issues had been addressed and had submitted the service related documentation which was requested. This was discussed and confirmed during this inspection.

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 reasonably good evidence of maintenance activities and the home appeared clean and well kept.

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 and records inspected indicated that routine 'in-house' maintenance and safety checks are in place as well as a range of specialist servicing.

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 appear generally in line with this standard. Records inspected demonstrate good attention to fire safety matters. Records of staff fire safety training and practice evacuation drills were available and the fire risk assessment is in place. Several issues have been identified for attention by the user. These are detailed in the section of the attached quality improvement plan titled '**Standard 29: Fire safety**'.

9.4.2 The fire risk assessment was reviewed on 27 March 2014. The company carrying out the fire risk assessment holds company accreditation for fire risk assessment under the BAFE 205 part 1 scheme. This is in line with guidance sent by RQIA to all care home providers in January 2013 and is to be commended.

- 9.4.3 The action plan of the fire risk assessment report of March 2014 highlights several issues which require remedial works to address. These include the provision of suitable intumescent / smoke seals to a number of fire doors in the home. The fire risk assessor also recommended the re-configuration of the fire alarm zoning and indication arrangements to help shorten identification time and hence improve evacuation in the event of fire alarm activations See items 1 and 2 on attached Quality Improvement Plan.
- 9.4.4 During the walk around the home, the inspector found that a number of fire resisting doors did not close securely into their frames. These included the doors to the bedrooms on the ground floor hallway and the door from the main stairwell to the first floor landing. These should be repaired immediately and checks should be made to ensure that all fire doors are operating correctly. See item 3 on the attached Quality Improvement Plan.

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Florence Dhand, Ella O'Reilly and Maurice O'Reilly 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 nursing 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

- for -

Announced Estates Inspection

- of -

Edenmore Residential Care Home

- on -

30 April 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.	X		X	<i>P Cunningham</i>	2/7/14

NOTES:

The details of the Quality Improvement Plan were discussed with Florence Dhand, Ella O'Reilly and Maurice O'Reilly 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 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	Ella O'Reilly
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Florence Dhand

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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)
1	27 (4)(d)(i)	Carry out remedial works to provide intumescent / smoke seals to all relevant fire doors. The provider should liaise with the fire risk assessor as appropriate. See 9.4.3 in report	12 weeks	This work has commenced and is expected to be completed within the required timescale.
2	27 (4)(d)(i)	Carry out remedial works to re-configure the fire alarm zoning arrangements and subsequently amend the zone plan as per the recommendation of the fire risk assessor. See 9.4.3 in report	12 weeks	Consultation with our engineer has identified that re-wiring of the alarm system in the identified are will be required. Work has commenced and is also expected to be completed on time.
3	27 (4)(d)(iv)	Carry out repairs to the self-closing devices on the doors to the bedrooms on the ground floor hallway and the door from the main stairwell to the first floor landing to ensure that they close securely into their frames. All fire doors should be checked to ensure that they are operating correctly. See 9.4.4 in report	As soon as practically possible	This work has been carried out.

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