



The Regulation and  
Quality Improvement  
Authority

# Announced Premises Inspection Report 29 November 2016



## Hob Green Country Home

Type of Service: Residential Care Home  
Address: 41 Kirk Road, Ballymoney, BT53 8HB  
Tel No: 028 2766 2620  
Inspector: C Muldoon

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced premises inspection of Hob Green Country Home took place on 29 November 2016 from 10.45 to 13.45.

The inspection sought to assess progress with any issues raised during and since the last premises inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

On the day of the inspection the premises supported the delivery of safe care. However some issues were identified for attention by the registered provider. Refer to section 4.3

### Is care effective?

On the day of the inspection the premises supported the delivery of effective care.

### Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care.

### Is the service well led?

On the day of the inspection the management of the premises was considered to be well led.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes Minimum Standards 2011.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Elizabeth McVicker (Registered Manager), as part of the inspection process. The timescales for completion commence from the date of inspection.

## 1.2 Actions/enforcement taken following the most recent premises inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the most recent premises inspection dated 10/03/2014.

## 2.0 Service Details

<b>Registered organisation/registered provider:</b> Hob Green Country Home Mrs E K M Lisk	<b>Registered manager:</b> Mrs Elizabeth McVicker
<b>Person in charge of the home at the time of inspection:</b> Mrs Elizabeth McVicker	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> RC-I, RC-DE, RC-MP(E)	<b>Number of registered places:</b> 9

## 3.0 Methods/processes

Prior to inspection the following records were analysed: Previous premises inspection report, statutory notifications over the past 12 months, duty call log.

During the inspection the inspector met with Mrs Elizabeth McVicker (Registered Manager).

The following records were examined during the inspection: Copies of service records and in-house log books relating to the maintenance and upkeep of the building and engineering services, legionellae risk assessment, fire risk assessment.

## 4.0 The Inspection

The most recent inspection of Hob Green Country Home was an announced finance inspection. The completed QIP will be assessed by the specialist inspector and validated at their next inspection.

#### 4.2 Review of requirements and recommendations from the last premises inspection dated 10/03/2014

Last premises inspection statutory requirements		Validation of compliance
<p><b>Requirement 1</b></p> <p>Ref: Regulation 27 (2)(b)(d)</p> <p>Stated: First time</p>	<p>The external wrought iron handrail at the main entrance should be suitably prepared and redecorated.</p> <p><b>Action taken as confirmed during the inspection:</b> This work was completed following the last premises inspection.</p>	<b>Met</b>
<p><b>Requirement 2</b></p> <p>Ref: Regulation 27 (2)(q) 14 (2)(a)(c)</p> <p>Stated: First time</p>	<p>Ensure that all required actions highlighted within the home's risk assessment for the 'control of legionella bacteria' are fully implemented, with suitable records maintained and available for inspection.</p> <p><b>Action taken as confirmed during the inspection:</b> Records were presented of the actions being taken and the monitoring measures in place towards the control of legionella.</p> <p>A specialist contractor carried out a review of the legionella risk assessment on 08 November 2016. The review confirms that the control measures in place comply with the code of practice for the control of legionella.</p> <p>Refer also to section 4.3 item 1 and recommendation 1 in Quality Improvement Plan.</p>	

#### 4.3 Is care safe?

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this premises inspection.

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.

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 service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment which was carried out by a risk assessor holding professional body registration for fire risk assessors. This supports the delivery of safe care.

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

### Areas for improvement

1. Records were presented of water temperature checks relating to the control of legionella. These include hot water temperatures at the calorifier and sentinel points. The readings being obtained indicate that the temperatures at the sentinel points are being taken downstream of thermostatic mixing valves.  
Refer to recommendation 1 in Quality Improvement Plan.
2. There were records relating to the maintenance of the emergency lighting system. It was not clear that full duration tests are being carried out.  
Refer to recommendation 2 in Quality Improvement Plan.
3. There were records relating to adhoc fire drills. These involve small numbers of staff on each occasion. It is recommended that arrangements are made which will ensure that all staff participate.  
Refer to recommendation 3 in Quality Improvement Plan.
4. No records were presented in relation to the maintenance of the thermostatic mixing valves.  
Refer to requirement 1 in Quality Improvement Plan.

<b>Number of requirements</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>3</b>
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#### 4.4 Is care effective?

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the premises.  
This supports the delivery of effective care.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.5 Is care compassionate?

The areas of the premises reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit.

Service users are consulted about decisions around décor and the private accommodation where appropriate.

This supports the delivery of compassionate care.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.6 Is the service well led?

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

Arrangements are in place for managing premises related incidents/notifiable events and Medical Device and Equipment Alerts.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.  
This supports a well led service.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Elizabeth McVicker (Registered Manager) as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 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.

#### 5.1 Statutory requirements

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

## Quality Improvement Plan

Statutory requirements	
<p><b>Requirement 1</b></p> <p>Ref: Regulation 14.-(2)(a) and (c)</p> <p>Stated: First time</p> <p>To be completed by: 24 January 2017 and ongoing</p>	<p>As part of the legionella controls and to help ensure the delivery of safe hot water the thermostatic mixing valves should be maintained in accordance with the Health and Safety Executive document HSG274 Part 2.</p> <p>It is recommended that the temperature of the hot water at outlets accessible to residents is regularly monitored to ensure the thermostatic mixing valves are working effectively and that the temperature of the hot water is in line with the Health Guidance Note 'Safe' hot water and surface temperatures.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>THIS PROCEDURE IS NOW IN PLACE AND WILL BE CONTINUED ON AN ONGOING BASIS. AS THE CURRENT PLUMBING COMPANY DECIDE TO MAINTAIN SERVICE MIXING CONTROL VALVES A NEW COMPANY IS CURRENTLY BEING SOUGHT WHO WILL UNDERTAKE THIS TASK.</p>
Recommendations	
<p><b>Recommendation 1</b></p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 24 January 2017</p>	<p>The procedure for taking sentinel hot water temperatures should be reviewed to ensure that unblended temperatures are taken and that they are in line with good practice.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>THE PROCEDURE FOR TAKING SENTINEL HOT WATER TEMPERATURES HAS BEEN REVIEWED TO ENSURE THAT UNBLENDED TEMPERATURES ARE TAKEN AND ARE IN LINE WITH GOOD PRACTICE.</p>
<p><b>Recommendation 2</b></p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: 24 January 2017</p>	<p>It should be confirmed that the maintenance of the emergency lighting includes testing for its full rated duration.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>THIS HAS BEEN DISCUSSED WITH THE FIRE ALARM AND EMERGENCY LIGHTING TECHNICIAN TO ENSURE BEST PRACTICE IS IMPLEMENTED.</p>
<p><b>Recommendation 3</b></p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: Ongoing</p>	<p>Arrangements should be made which will ensure that all staff participate in adhoc fire drills which are in accordance with the emergency procedure and which prove that an effective evacuation can be carried out at any time.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>ADHOC FIRE DRILLS WILL BE CARRIED OUT IN ADDITION TO THOSE PLANNED, TO ENSURE AN EFFECTIVE EVALUATION CAN BE CARRIED OUT AT ANY TIME.</p>

## 5.2 Recommendations

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

## 5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to RQIA's office for review by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.



<b>Name of Registered Manager/Person Completing QIP:</b>	Betty McVicker -		
<b>Signature of Registered Manager/Person Completing QIP:</b>	Betty -	<b>Date completed:</b>	24/01/17
<b>Name of Registered Provider Approving QIP:</b>	WESLEY KERR FOR MRS. E. LISK		
<b>Registered Provider Approving QIP:</b>	Wesley Kerr	<b>Date approved:</b>	24/01/17
<b>RQIA inspector Assessing Response</b>	[Signature]	<b>Date:</b>	27/01/17

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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  
Email [info@rqia.org.uk](mailto:info@rqia.org.uk)  
Web [www.rqia.org.uk](http://www.rqia.org.uk)  
📍 @RQIANews

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