

# Announced Premises Inspection Report 04 August 2016



## Carmoyne

**Type of service: Residential Care Home**  
**Address: 38 Church Street, Ahoghill, BT42 2PA**  
**Tel No: 028 2587 1439**  
**Inspector: Kieran Monaghan**

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced premises inspection of Carnmoyne Residential Care Home took place 04 August 2016 from 10:25 to 11:35 hours.

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. Reference should be made 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>	0	1

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

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

## 1.2 Actions/enforcement taken following the most recent finance inspection on 07 July 2016

The report for this inspection will be issued by RQIA in due course.

## 2.0 Service details

<b>Provider / Registered Responsible Individual:</b> Carmoyne/Mrs Emma Logan	<b>Registered manager:</b> Mrs Emma Logan
<b>Person in charge of the home at the time of inspection:</b> Mrs Emma Logan, Registered Manager	<b>Date manager registered:</b> 30 October 2014
<b>Categories of care:</b> RC-SI, RC-I, RC-MP(E), RC-PH(E), RC-DE	<b>Number of registered places:</b> 16

## 3.0 Methods/processes

Prior to this premises inspection, the following records were reviewed:

- The previous premises inspection report
- The statutory notifications over the past 12 months
- The duty call log.

During this premises inspection discussions took place with Mrs Emma Logan, Registered Provider and Registered Manager.

During this premises inspection, the following records were reviewed:

- A range of service records and in-house records relating to the maintenance and upkeep of the premises
- The legionella bacteria risk assessment report
- The fire risk assessment report.

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection on 07 July 2016

The most recent inspection of this home was an announced finance inspection IN026324 on 07 July 2016. The report for this inspection will be issued by RQIA in due course.

#### 4.2 Review of requirements and recommendations from the last premises inspection on 11 December 2014

Last premises inspection statutory requirements		Validation of compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(l)</p> <p><b>Stated:</b> Second time</p>	<p>A copy of the report for the legionella risk assessment, the significant findings for the scalding hazard risk assessment and the details for the action proposed to address any issues identified for attention should be forwarded to RQIA.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>A comprehensive risk assessment in relation to the prevention or control of legionella bacteria in the water system was carried out by a specialist company on 06 January 2016. The report for this risk assessment was presented for review during this premises inspection. This report identified a number of issues for attention. It is good to report that Mrs Logan confirmed that the company that completed the risk assessment had also carried out the remedial works that were identified in the report. A risk assessment in relation to hot surfaces was carried out and Mrs Logan confirmed that this is reviewed annually with the most recent review having been carried out on 06 June 2016. Many of the radiators throughout the premises are fitted with guards and hot surfaces are not considered to present a significant risk to the residents. As part of the legionella risk assessment works, individual thermostatic mixing valves had been installed at the wash basins.</p>	<p><b>Met</b></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 in line with the guidance issued by RQIA in relation to the competency of 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. Following on from the completion of the remedial works to the water system in the premises, the risk assessment should be reviewed and updated to reflect the current improved situation. In addition to this confirmation should be obtained from the plumber that DO8 Type 3 fail-safe thermostatic mixing valves has been fitted at the two showers and at the bath. The shower in the smaller shower room and the bath on the first floor should be included in the record for the monthly temperature checks. A record should also be kept for the quarterly disinfection of the showers. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.
2. Fire and smoke seals had been fitted to the fire doors on the ground floor. Smoke seals should be fitted to the fire doors on the first floor. Mrs Rogan also agreed to follow up the installation of an overhead self-closing device for the laundry door. Subsequent to this premises inspection RQIA received confirmation from Mrs Logan that the work to fit the smoke seals on the fire doors on the first floor had commenced and completion would be confirmed to RQIA when achieved.
3. If the door to the office is to be kept open, an appropriate hold open device should be installed. In the interim the door to the office should be kept closed. Subsequent to this premises inspection Mrs Logan confirmed to RQIA that this issue had been checked with the fire risk assessor for the home who considered that provided this door was kept closed when the office was not in use, a hold open device would not be needed. RQIA however confirmed to Mrs Logan that an appropriate hold open device fitted to this door would be a safer arrangement.

4. The premises were in good order. One small area of the floor covering in the bathroom however required attention where the toilet had been replaced. Mrs Logan agreed to ensure that this issue is addressed.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</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 the QIP were discussed with Mrs Emma Logan, Registered Person, as part of the inspection process. The timescales commence from the date of inspection.

The registered person 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 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 in respect of this residential care home. 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.

## 5.1 Statutory requirements

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

## 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 by the registered person to detail the actions taken to meet the legislative requirements and recommendations stated. The registered person should return the completed QIP to [Estates.Mailbox@rqia.org.uk](mailto:Estates.Mailbox@rqia.org.uk) for assessment 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 person 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 person with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Recommendations

#### Recommendation 1

**Ref:** Standard 28

**Stated:** First time

**To be completed by:**  
30 September 2016  
and Ongoing

Following on from the completion of the remedial works to the water system in the premises, the legionella risk assessment should be reviewed and updated to reflect the current improved situation. In addition to this confirmation should be obtained from the plumber that DO8 Type 3 fail-safe thermostatic mixing valves has been fitted at the two showers and at the bath. The shower in the smaller shower room and the bath on the first floor should be included in the record for the monthly temperature checks. A record should also be kept for the quarterly disinfection of the showers.

**Response by registered provider detailing the actions taken:**

*\*Please ensure this document is completed in full and returned to [Estates.Mailbox@rqia.org.uk](mailto:Estates.Mailbox@rqia.org.uk) from the authorised email address\**





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