

**Announced Estates Inspection
of
Croft Lodge**

29 April 2015

1. Summary of Inspection

An announced estates inspection took place on 29 April 2015 from 10:30 to 12.00. Overall on the day of the inspection the premises supported the delivery of safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by;

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Residential Care Homes Minimum Standards (DHSSPS, 2011)

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	1

The details of the QIP within this report were discussed with the Mr Arthur Magee, Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mrs Sharon Magee	Registered Manager: Mr Arthur Magee
Person in Charge of the Home at the Time of Inspection: Mr Arthur Magee	Date Manager Registered:
Categories of Care: RC-I, RC-MP, RC-LD, RC-MP(E), RC-DE	Number of Registered Places: 5
Number of Residents Accommodated on Day of Inspection: 4	Weekly Tariff at Time of Inspection: Not ascertained

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 27:	Premises and Grounds
Standard 28:	Safe and Healthy working Practices
Standard 29:	Fire safety

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- Previous Estate's inspection report
- Statutory notifications over the past 12 months.

During the inspection the inspector did not meet with any residents, care staff, visiting professionals or resident's representatives.

The following records were examined during the inspection:

- Fire Risk assessment
- Fire Safety service records and in-house log books
- Control of Legionella Risk Assessment & associated records
- Mechanical & Electrical Certificates & associated records
- Service Certificates for the installed Stair Lift.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was a primary announced care inspection dated 16 October 2014. There were no requirements or recommendations made as a result of this inspection and it was signed-off by the home's inspector on the 15 December 2014.

5.2 Review of Requirements and Recommendations from the last Estates Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 14(2)	Ensure that the stair lift in the home receives suitable 'thorough examination' in accordance with the Lifting Operations, Lifting Equipment Regulations (LOLER, 1999).	Partially Met
	Action taken as confirmed during the inspection: The stair lift is regularly serviced. However further clarification is required to ensure that this includes the 'Thorough Examination' required.	
Requirement 2 Ref: Regulation 14(2)	Ensure that the control measures flowing from the Legionella risk assessment are fully implemented and suitable records maintained within the home. These include <ul style="list-style-type: none"> • The regular monitoring of unblended hot and cold water temperatures; and • The quarterly descaling and disinfection of the shower heads and associated flexible hoses. 	Met
	Action taken as confirmed during the inspection: Correct records and procedures confirmed.	
Previous Inspection Recommendations		Validation of Compliance
Requirement 2 Ref: Standard 28.4	Ensure that the updated 'Medical Device, Equipment Alert' guidance (1 April 2010) is implemented and suitable records maintained.	Met
	Action taken as confirmed during the inspection: Confirmed to be in place and maintained.	

Recommendation 2 Ref: Standard 29.1	The current fire risk assessment was carried out in 2009 and has since been reviewed annually in house. The last review was on the 13 July 2011, and identified no additional hazards or risks. Due to the revision of Health Technical Memorandum 84, 'Fire risk assessment in residential care homes' (November 2010), it is strongly recommended that a new risk assessment is carried out by a suitably competent person, and incorporates any requirements introduced by this new guidance.	Met
	Action taken as confirmed during the inspection: Suitable and sufficient fire risk assessment undertaken on 23 August 2014. Fully implemented.	

5.3 Standard 27: Premises and Grounds Is Care Safe? (Quality of Life)

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this Estates inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. This supports the delivery of safe care.

Is Care Effective? (Quality of Management)

A range of accommodation, facilities and support services is provided in the premises. This supports the delivery of effective care.

Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. This supports the delivery of compassionate care.

Areas for Improvement

No issues were identified for attention by the registered manager as a result of this Estates inspection. This is to be commended.

Number of Requirements	0	Number Recommendations:	0
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5.4 Standard 28: Safe and Healthy Working Practices

Is Care Safe? (Quality of Life)

A range of documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this Estates inspection. This supports the delivery of safe care. Two issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Is Care Effective? (Quality of Management)

The nature and needs of the residents are considered as part of the risk assessment processes and this is reflected in the management of the home. This supports the delivery of effective care.

Is Care Compassionate? (Quality of Care)

There are health and safety procedures and control measures in place which support the delivery of compassionate care.

Areas for Improvement

It is important that the 'type 3' thermostatic mixing valve fitted at the premises bath is serviced in accordance with current best practice guidance. 'HSG274 part 2 – The control of legionella bacteria in hot and cold water systems' provide suitable information in this regard (paragraph 2.165). This information is freely available at the following web link.

- <http://www.hse.gov.uk/pubns/priced/hsg274part2.pdf>

It was good to note that the stair lift was inspected and serviced on 28 January 2015 and appears to be in good working order. However, in accordance with the 'Lifting Operations Lifting Equipment Regulations' (LOLER), it is essential that this stair lift undergoes suitable thorough examination at least every six months. A written report of thorough examination containing the information stated in schedule 1 of LOLER should be provided and be available for inspection within the home. Further information is freely available from the following web link.

- <http://www.hse.gov.uk/pubns/indg422.pdf>

Number of Requirements	2	Number Recommendations:	0
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5.5 Standard 29: Fire Safety

Is Care Safe? (Quality of Life)

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. This supports the delivery of safe care.

Is Care Effective? (Quality of Management)

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 residents, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment. This supports the delivery of effective care. One issue has however been identified for attention during this Estates inspection. This is detailed in the 'areas for improvement' section below.

Is Care Compassionate? (Quality of Care)

The standard used by the registered persons to determine the extent of fire safety protection measures that are appropriate for the premises recognises the need to maintain a homely, non-institutionalised environment. This supports the delivery of compassionate care.

Areas for Improvement

Ensure that when the fire risk assessment is next reviewed, the person carrying out the review holds professional body registration or third party certification for fire risk assessment and is registered accordingly with the relevant body. Reference should be made to correspondence issued by RQIA to all registered homes on 2 April 2015 and the guidance contained therein.

- http://www.rqia.org.uk/cms_resources/letter%20re%20accreditation%20for%20FRAs_March2015.pdf

Number of Requirements	0	Number Recommendations:	1
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5.6 Additional Areas Examined

No additional areas were examined during this inspection.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Arthur Magee, Registered Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The 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.

6.1 Statutory Requirements

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

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to estates.mailbox@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan			
Statutory Requirements			
Requirement 1 Ref: Regulation 27(2) Stated: First time To be Completed by: 22 July 2015	<p>Ensure that the 'type 3' thermostatic mixing valve fitted at the premises bath is serviced in accordance with current best practice guidance.</p> <p>Response by Registered Manager Detailing the Actions Taken: A recognised plumber has been requested to carry out this service, this will be done beginning of July</p>		
Requirement 2 Ref: Regulation 27(2) Stated: Second time To be Completed by: 22 July 2015	<p>Ensure that the home's stair lift undergoes suitable thorough examination at least every six months. A written report of thorough examination containing the information stated in schedule 1 of LOLER should be provided and be available for inspection within the home.</p> <p>Response by Registered Manager Detailing the Actions Taken: A thorough examination has already been booked with the stair lift company we use for the 9th July 2015, this requirement has been referred to them and a Thorough Examination C/W report has been requested at 6 monthly intervals thereafter. At present the stair lift is checked by the company every 6 months, One visit being a Service and other One a Thorough Examination</p>		
Recommendations			
Recommendation 1 Ref: Standard 29 Stated: First time To be Completed by: On next review of risk assessment	<p>Ensure that when the fire risk assessment is next reviewed, the person carrying out the review holds professional body registration or third party certification for fire risk assessment and is registered accordingly with the relevant body. Reference should be made to correspondence issued by RQIA to all registered homes on 2 April 2015 and the guidance contained therein.</p> <p>Response by Registered Manager Detailing the Actions Taken: Confirmation of registration with relevant body will be sought prior to next fire risk assessment being carried out.</p>		
Registered Manager Completing QIP	Arthur Magee	Date Completed	26/05/2015
Registered Person Approving QIP	Sharon Magee	Date Approved	26/05/2015
RQIA Inspector Assessing Response	Gavin Doherty	Date Approved	30/6/2015

Please ensure the QIP is completed in full and returned to estates.mailbox@rqia.org.uk from the authorised email address