

Announced Premises Inspection Report 15 September 2016



Clonmore House

Type of Service: Residential Care Home

**Address: 22- 28 Crossreagh Drive, Rathcoole, Newtownabbey
BT37 9DY**

Tel No: 028 9085 1153

Inspector: C Muldoon

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Clonmore House took place on 15 September 2016 from 10.30 to 13.30hrs.

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
Total number of requirements and recommendations made at this inspection	4	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Caroline McQuilkin (Senior Care Assistant in charge) and Mr Peter Hamilton (Trust Estates Department), 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 October 2013.

2.0 Service Details

Registered organisation/registered provider: Northern HSC Trust Dr A Stevens	Registered manager: Ms Jeannette Mitchell Mrs Tracey McCartney (Acting Manager)
Person in charge of the home at the time of inspection: Ms Caroline McQuilkin - Senior Care Assistant Ms Jennifer Holland - Senior Care Assistant	Date manager registered: 1 April 2005
Categories of care: RC-I	Number of registered places: 42

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 Ms Caroline McQuilkin (Senior Care Assistant in charge) and Mr Peter Hamilton (Trust Estates Department).

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

4.1 Review of requirements and recommendations from the most recent inspection dated 18 August 2016

The most recent inspection of Clonmore House was an unannounced care 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 October 2013

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 27.-(2)(c) Stated: First time	It must be ensured that the LOLER thorough examination of all the hoisting equipment is up to date. Ref: Lifting Operations and Lifting Equipment Regulations (NI) 1999.	Met
	Action taken as confirmed during the inspection: The inspector was provided with valid documents relating to the LOLER thorough examination of the lifting equipment. Refer also to section 4.3 item 1.	
Requirement 2 Ref: Regulation 27.-(2)(c) 27.-(2)(q) Stated: First time	It must be ensured that there are valid Gas Safe certificates which verify that all the gas appliances and pipework systems are in satisfactory condition and safe to use.	Met
	Action taken as confirmed during the inspection: The inspector was provided with valid Gas Safe documentation for the gas installations.	
Requirement 3 Ref: Regulation 14.-(2)(c) Stated: First time	The arrangements for controlling the final exit doors should be reviewed and the necessary action taken which will ensure the safety of residents.	Partially Met
	Action taken as confirmed during the inspection: There is delay between the final exit doors being opened and the alarm sounding. Refer to section 4.3 item 2 and requirement 1 in Quality Improvement Plan.	

Requirement 4 Ref: Regulation 14.-(2)(c) Stated: First time	It should be confirmed that there is a valid legionella risk assessment and that a current scheme for the control of legionella has been fully implemented.	Not Met
	Action taken as confirmed during the inspection: This could not be confirmed during the inspection. Refer also to section 4.3 item 3 and requirement 2 in Quality Improvement Plan.	
Requirement 5 Ref: Regulation 27.-(4)(d)(iv) and (v) Stated: First time	It should be confirmed that the emergency lights are being tested and maintained in accordance with BS5266.	Met
	Action taken as confirmed during the inspection: There is current documentation relating to the test and maintenance of the emergency lights.	
Requirement 6 Ref: Regulation 27.-(4)(d)(i) Stated: First time	The laundry door should be adjusted so that it closes tight to provide an effective fire seal.	Met
	Action taken as confirmed during the inspection: The laundry door was working correctly on the day of inspection.	

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

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. The last LOLER thorough examination report on the lift did not identify any defects which are or which could become a danger to persons. However, a number of other defects were identified. The inspector was informed that funding has been approved to replace the lift.
2. In relation to the delay between the final exit doors being opened and the alarm sounding the response in the last premises inspection Quality Improvement Plan said that this had been reviewed by the Trust Estates Department and correspondence issued to the manager. The review and response were not available on the day of inspection. The door alarms were reviewed on the day of inspection and it was found that there is a delay between the door being opened and the alarm sounding. Some of the doors lead onto external escape stairs or are close to a public road.
Refer to requirement 1 in Quality Improvement Plan.
3. In relation to the control of legionella there were some service sheets indicating that a specialist contractor checks water temperatures, cleans shower heads and takes water samples. The most recent sheet available was dated May 2016. A legionella risk assessment was not presented.
Refer to requirement 2 in Quality Improvement Plan.
4. There were records relating to staff fire training and practice drills. However, it could not be confirmed that all staff are participating in accordance with NIHTM84.
Refer to requirement 3 in Quality Improvement Plan.
5. The fire risk assessment was reviewed by the Trust fire safety officer in August 2016. The status of the fire safety officer in relation to the accreditation recommended by RQIA could not be confirmed on the day of inspection.

During the walk round it was observed that the smoke seals on some doors require repair, that the emergency procedure at the panel is faded and difficult to read and that some doors around the utility section of the building were wedged open.

Easy chairs have been set in an alcove in the main corridor beside a set of fire doors. . On the day of inspection the chairs prevented the fire doors from closing. Whilst this was easily rectified on the day of inspection the possible obstruction of fire doors should be monitored.

Refer to recommendation 1 in Quality Improvement Plan.

6. No records were presented to confirm that the electrical installation is currently in a satisfactory condition.
Refer to requirement 4 in Quality Improvement Plan.

Number of requirements	4	Number of recommendations:	1
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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.

Number of requirements	0	Number of recommendations:	0
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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.

Number of requirements	0	Number of recommendations:	0
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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.

Number of requirements	0	Number of recommendations:	0
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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 Ms Caroline McQuilkin (Senior Care Assistant in charge) and Mr Peter Hamilton (Trust Estates Department) 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/manager meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 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 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 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 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.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 14.-(2)(c) Stated: Second time To be completed by: 15 October 2016	<p>The delay between the external escape doors being opened and the alarm sounding should be reviewed taking into consideration the current care needs of residents and staffing levels.</p> <p>Response by registered provider detailing the actions taken: Job Card raised for Trust Electrician to investigate. To be completed by 9/12/16.</p>
Requirement 2 Ref: Regulation 14.-(2)(c) Stated: Second time To be completed by: 15 October 2016	<p>It should be confirmed that:</p> <ul style="list-style-type: none"> • There is a valid legionella risk assessment • Any issues in the action plan arising from the risk assessment are being addressed within timescales acceptable to the risk assessor. • A scheme for the effective control of legionella is being fully implemented. <p>Response by registered provider detailing the actions taken: Valid RA in place, please see attached. Please see attached updated action list from LRA.</p>
Requirement 3 Ref: Regulation 27.-(4)(e) and (f) Stated: First time To be completed by: Ongoing	<p>It should be ensured that all staff participate in fire safety training and practice drills in accordance with NIHTM84.</p> <p>Response by registered provider detailing the actions taken: Management issue on site. Record of attendance sheet to be kept</p>
Requirement 4 Ref: Regulation 27.-(2)(q) Stated: First time To be completed by: 15 October 2016	<p>It should be confirmed that there is a valid electrical condition report which verifies that the installation is in a satisfactory condition.</p> <p>Response by registered provider detailing the actions taken: Please see attached copy of Fixed Electrical Inspection. Job has been issued to Trust Measured Term Contractor to confirm C1 and C2 actions completed. To be completed by 30/12/16.</p>

Recommendations	
Recommendation 1 Ref: Standard 29 Stated: First time To be completed by: 15 October 2016	<p>In relation to fire safety:</p> <ul style="list-style-type: none"> • All fire doors should be surveyed and the smoke seals repaired as necessary. • The posted fire procedure should be reviewed and renewed. • The practice of wedging fire doors should be discontinued. If fire doors are required to stand open for operational reasons appropriate stand open devices should be fitted. The advice of the fire safety officer should be sought. • The positioning of furniture should be monitored to ensure that fire doors are not prevented from operating correctly. <p>RQIA recommend that the person carrying out the review of the fire risk assessment should hold professional body registration or third party certification for fire risk assessment and be registered accordingly with the relevant body.</p> <p>Reference should be made to correspondence issued by RQIA to all registered homes on 31 January 2013 and 02 April 2015 and the guidance contained in: http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf</p> <p>Response by registered provider detailing the actions taken: Damaged smoke seals to be replaced. Fire doors should not be wedged open and is management issue on site. Fire exits and routes to be maintained. Fire Officer to carry out inspection to review. Senior Fire Safety Officer is member of professional body.</p>

Please ensure this document is completed in full and returned to Estates.Mailbox@rqia.org.uk from the authorised email address



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