



The Regulation and
Quality Improvement
Authority

Rosedale
RQIA ID: 1375
100 Kilgreel Road
Antrim
BT41 1EH

Tel: 02894429402

Inspector: Colin Muldoon
Inspection ID: IN021452

Email:
heather.allison@northerntrust.hscni.net

**Announced Estates Inspection
of
Rosedale Residential Care Home**

21 January 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced Estates inspection took place on 21 January 2016 from 10.30 to 14.00. 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 Residential Care Homes Minimum Standards 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	4	3

The details of the QIP within this report were discussed with Mrs Heather Allison (Registered Manager) and Mr Tom Mayers (Trust Estates Officer) as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Northern Health and Social Care Trust Dr A Stevens	Registered Manager: Mrs Heather Allison
Person in Charge of the Home at the Time of Inspection: Mrs Heather Allison	Date Manager Registered: 01 April 2005
Categories of Care: RC-I	Number of Registered Places: 38
Number of Residents Accommodated on Day of Inspection: 19	Weekly Tariff at Time of Inspection: Trust rates

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 estates inspection report, statutory notifications over the past 12 months and the last care inspection report.

Discussion with Mrs Heather Allison (Registered Manager) and Mr Tom Mayers (Trust Estates Officer).

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.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 19 May 2015. There were no requirements or recommendations arising from that inspection.

5.2 Review of Requirements and Recommendations from the last Estates Inspection on 19 February 2013

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27.-(2)(q)	It must be confirmed that the issues identified in the report on the last test and inspection of the electrical installation have been addressed.	Met
	Action taken as confirmed during the inspection: The last test and inspection of the electrical installation was in September 2014. There were two C2 issues identified which Mr Mayers confirmed have been addressed.	
Requirement 2 Ref: Regulation 14.-(2)(c)	The responsible person must ensure that all the issues in the legionella risk assessment are fully addressed.	Met
	Action taken as confirmed during the inspection: In the response to the last inspection report the provider confirmed that the remedial work identified in the legionella risk assessment was complete. The legionella risk assessment was reviewed in January 2014 and Mr Mayers informed the inspector that a further review has been arranged for February 2016. Refer also to section 5.3 item 2 and requirement 1 in quality improvement plan.	
Requirement 3 Ref: Regulations 27.-(2)(c) 27.-(2)(q)	The responsible person must ensure that the issues necessitating gas warning notices are fully addressed.	Met
	Action taken as confirmed during the inspection: There were current Gas Safe certificates which confirm that all the appliances are safe to use. Refer also to section 5.3 item 1 and recommendation 1 in quality improvement plan.	

<p>Requirement 4</p> <p>Ref: Regulation 27.-(2)(b)</p>	<p>The responsible person must ensure that the roof leak is satisfactorily repaired.</p> <hr/> <p>Action taken as confirmed during the inspection: Addressed.</p>	<p>Met</p>
<p>Requirement 5</p> <p>Ref: Regulation 14.-(2)(c)</p>	<p>The reason for the low temperature of the hot water return should be investigated and the necessary remedial action taken.</p> <hr/> <p>Action taken as confirmed during the inspection: In the response to the last inspection report the provider confirmed that this matter had been addressed. In relation to the control of legionella there are arrangements in place for a specialist contractor to monitor water temperatures and for any results outside the expected range to be followed up.</p>	<p>Met</p>
<p>Requirement 6</p> <p>Ref: Regulation 27.-(4)(d)(v)</p>	<p>The frequency of the function test of the emergency lighting should be brought into line with current good practice. Reference should be made to BS5266-8.</p> <hr/> <p>Action taken as confirmed during the inspection: The emergency lights are function tested monthly.</p>	<p>Met</p>
<p>Requirement 7</p> <p>Ref: Regulation 27.-(4)(d)(iv)</p>	<p>The servicing of all fire extinguishers should be brought up to date as necessary.</p> <hr/> <p>Action taken as confirmed during the inspection: The fire extinguishers were serviced in June 2015. Refer also to section 5.5 item 2 and requirement 4 in quality improvement plan.</p>	<p>Met</p>

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.

A number of 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)

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.

One issue was however identified for attention during this Estates inspection. This is detailed in the 'areas for improvement' section below.

Areas for Improvement

1. The Gas Safe certificate for the kitchen installation confirms that the appliances are safe to use and that ventilation is satisfactory but does not confirm that gas tightness was checked.
Refer to recommendation 1 in quality improvement plan.
2. It is understood that some legionella remedial works have been carried out although it could not be confirmed that all issues identified in the current risk assessment have been addressed.
Refer to requirement 1 in quality improvement plan.
3. There were reports on LOLER* thorough examinations of hoists which confirm that no defects were identified. There were no thorough examination reports relating to associated hoisting equipment such as slings.
*Lifting Operations and Lifting Equipment Regulations (NI) 1999.
Refer to requirement 2 in quality improvement plan.
4. The home has a smoking room for the use of residents. On the day of inspection the extract fan did not appear to be working effectively.
Refer to requirement 3 in quality improvement plan.
5. The risk from hot surfaces was discussed with Mrs Allison who confirmed that a bedroom risk assessment is carried out for each resident. The home has uncovered radiators and low level hot pipework throughout, including in toilets.
Refer to recommendation 2 in quality improvement plan.
6. The laminate floor in the dining room has become very worn. Mrs Allison confirmed that arrangements have been made to replace it.

Number of Requirements	3	Number Recommendations:	2
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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.

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

No issues were identified during this inspection

Number of Requirements	0	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.

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 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.

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

1. A number of fire drills have been carried out by the home management over the last year including one in October for staff on night duty. Not all staff participated on these occasions. It is understood that emergency procedures are also practiced during fire training and during the test of the alarm. This matter was discussed with Mrs Allison and it was agreed that the Trust fire safety officer would be asked to review and confirm the suitability of the arrangements for practice fire drills.
Refer to recommendation 3 in quality improvement plan.
2. During the walk round a fire extinguisher in a store room was found to be out of date.
Refer to requirement 4 in quality improvement plan.

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

No additional issues were raised during this inspection.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Heather Allison (Registered Manager) and Mr Tom Mayers (Trust Estates Officer) 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 should 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	
<p>Requirement 1</p> <p>Ref: Regulation 13.-(7)</p> <p>Stated: First time</p> <p>To be Completed by: 21 February 2016</p>	<p>It should be confirmed that there are arrangements in place to address issues in legionella risk assessments within timescales acceptable to the risk assessor.</p> <p>Response by Registered Manager Detailing the Actions Taken: Previous Risk Assessment was carried out Jan 2014, remedial work identified in this report has been completed on site. The Risk Assessment has been scheduled for April 2016.</p>
<p>Requirement 2</p> <p>Ref: Regulation 27.-(2)(c)</p> <p>Stated: First time</p> <p>To be Completed by: 21 February 2016</p>	<p>It should be confirmed that each piece of hoisting equipment, including slings, has a valid LOLER thorough examination report which verifies that the item is safe to use.</p> <p>Response by Registered Manager Detailing the Actions Taken: Ongoing Risk Assessments carried out</p>
<p>Requirement 3</p> <p>Ref: Regulation 27.-(2)(p)</p> <p>Stated: First time</p> <p>To be Completed by: 21 February 2016</p>	<p>The extract fan in the smoking room should be checked for correct and effective operation and any necessary repairs carried out.</p> <p>Response by Registered Manager Detailing the Actions Taken: Will be incorporated into fire safety awareness sessions commencing 18/2/16</p>
<p>Requirement 4</p> <p>Ref: Regulation 27.-(4)(d)(iv)</p> <p>Stated: First time</p> <p>To be Completed by: 21 February 2016</p>	<p>It should be ensured that the servicing of all fire extinguishers is up to date.</p> <p>Response by Registered Manager Detailing the Actions Taken: Actioned</p>

Recommendations			
Recommendation 1 Ref: Standard 27 Stated: First time To be Completed by: 21 February 2016	The lack of confirmation of gas tightness relating to the kitchen appliances should be assessed and followed up by a competent person.		
	Response by Registered Manager Detailing the Actions Taken: Catering Equipment Engineers gas certificate issued 2/12/15 under job no 440891 covers gas soundness relating to kitchen appliances Gas soundness tests relating to service pipework is programmed for end of March 2016 gas certificate will be issued		
Recommendation 2 Ref: Standard 27 Stated: First time To be Completed by: Ongoing	The risk from hot surfaces throughout the home should be kept under review and any necessary action taken in a timely manner.		
	Response by Registered Manager Detailing the Actions Taken: Ongoing Risk Assessments carried out		
Recommendation 3 Ref: Standard 29 Stated: First time To be Completed by: 21 February 2016	The advice of the fire safety advisor should be sought and followed regarding the suitability of the arrangements for practice fire drills.		
	Response by Registered Manager Detailing the Actions Taken: Will be incorporated into fire safety awareness sessions commencing 18/2/16		
Registered Manager Completing QIP	H.S.Allison	Date Completed	17/2/16
Registered Person Approving QIP	Dr Tony Stevens Una Cuning	Date Approved	22.03.2016
RQIA Inspector Assessing Response	C Muldoon*	Date Approved	04/04/16*

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

*Clarification or follow up required on some items