

Announced Premises Inspection Report 13 September 2016



Castle Lodge Care Home

Type of Service: Residential Care Home
Address: 7-9 Fennel Road, Antrim, BT41 4PB
Tel No: 028 9442 8212
Inspector: K. Monaghan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Castle Lodge Care Home took place on 13 September 2016 from 10:35hrs to 12:17hrs.

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. However some issues were identified for attention by the registered provider. Reference should be made to section 4.5.

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 | 0 | 7 |

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs. Jacqueline Craig, Deputy Manager, and Mr. Stevie McCormick, Property Manager with Four Seasons Health Care, 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 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 on 04 February 2014.

2.0 Service Details

| | |
|--|---|
| Registered provider / Responsible Individual: FOUR SEASONS (BAMFORD) LIMITED / Dr. Maureen Claire Royston, Group Medical Director | Registered manager: Mrs. Una Brady |
| Person in charge of the home at the time of inspection: Mrs. Jacqueline Craig, Deputy Manager | Date manager registered: 05 August 2010 |
| Categories of care: RC-DE, RC-I | Number of registered places: 39 |

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 concerns log.

During this premises inspection discussions took place with the following people:

- Mrs. Jacqueline Craig, Deputy Manager
- Mr. Stevie McCormick, Property Manager with Four Seasons Health Care
- Mr. Laurence McFarlane who is responsible for the ongoing maintenance works in the home (review of the premises).

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 fire risk assessment report
- The legionella bacteria risk assessment report
- Support documentation in relation to the engineering services.

4.0 The Inspection

The most recent inspection of this residential care home was an unannounced medicines management inspection IN025387 on 09 August 2016. The completed QIP for this inspection was returned to RQIA on 19 August 2016 and approved by the pharmacy inspector on the same day. This QIP will be validated by the pharmacy inspector at their next inspection.

4.2 Review of requirements and recommendations from the last premises inspection on 04 February 2014

| Last care inspection statutory requirements | | Validation of compliance |
|--|--|--------------------------|
| Requirement 1 Ref: Regulation 27(2)(b) Stated: Second time | The bulk gas tank and the surrounding area should be washed down again. | Met |
| | Action taken as confirmed during the inspection: This area had been washed down and was in an acceptable condition. | |
| Requirement 2 Ref: Regulations 27(2)(b) 27(2)(d) Stated: First time | The planned repairs to the roof should be completed. Bedroom 16 should also be redecorated as required. | Met |
| | Action taken as confirmed during the inspection: Mr. McFarlane confirmed that the repairs to the roof had been carried out. Bedroom 16 had also been redecorated. | |
| Requirement 3 Ref: Regulation 27(2)(c) Stated: Second time | The washer/disinfector should be repaired and brought back into service. | Met |
| | Action taken as confirmed during the inspection: The washer/disinfector had been repaired and was back in service. The most recent service was carried out on 02 May 2016. | |

| Last care inspection statutory requirements | | Validation of compliance |
|---|--|--------------------------|
| Requirement 4 Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(c) Stated: First time | The issue in relation to the emergency light identified for attention in the report for the thorough examination of the passenger lift that was carried out on 02 February 2014 should be addressed. | Met |
| | Action taken as confirmed during the inspection: This issue was checked on 29 July 2016 and found to be satisfactory. | |
| Requirement 5 Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(q) Stated: First time | The issue in relation to the electrical earth bonding to the incoming gas main should be addressed. The electrical connection to the specialist bath in the first floor bathroom should also be checked and reinstalled in accordance with current good electrical practice. | Met |
| | Action taken as confirmed during the inspection: Earth bonding had been provided to the incoming gas pipes in the kitchen and in the laundry. A new specialist bath had been installed in the first floor bathroom. | |
| Requirement 6 Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q) Stated: First time | The issues identified for attention in the action plan included with the report for the legionella risk assessment should be addressed and signed off by the Registered Manager. These remedial works should also include the cleaning and disinfection of the water system as per the report for the inspection that was carried out the specialist company on 21 January 2014. | Met |
| | Action taken as confirmed during the inspection: Mr. McCormick confirmed that all of the issues identified for attention in the most recent legionella risk assessment report had been addressed and signed off. This included cleaning and disinfection of the water system which was completed in December 2015. | |

| Last care inspection statutory requirements | | Validation of compliance |
|--|---|--------------------------|
| Requirement 7 Ref: Regulations 27(4)(a) 27(4)(b) 27(4)(d)(i) 27(4)(d)(iv) Stated: First time | The small number of issues identified for attention in relation to the emergency lighting in the report for the inspection and test that was completed on 06 November should be addressed. The next routine annual review of the fire risk assessment should be completed. The smoking sealing to all of the fire doors should be checked and remedial works should be carried out as required prior to the planned redecoration. | Met |
| | Action taken as confirmed during the inspection: The most recent inspection and test of the emergency lighting was carried out on 24 May 2016 and the issues identified for attention were addressed on 31 May 2016. The most recent review of the fire risk assessment was carried out on 28 April 2016. Mr. McCormick also confirmed that the fire doors had been checked by the joiners and adjusted as required. Sample checks carried out to the doors to bedrooms 13 and 16 during this premises inspection were also satisfactory. | |

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. The most recent gas safety inspection to the gas cooker in the kitchen was carried out on 23 August 2016. The report for this inspection identified a number of issues for attention although the cooker remained safe to use in the interim. Mr. McCormick confirmed that quotations had been obtained for these works and arrangements were being made for the completion of same. Completion of these works should be confirmed to RQIA. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.
2. The most recent inspection and service of the fire detection and alarm system was carried out on 15 July 2016. The report for this work identified that the hold open devices on two fire doors was linked to the bell circuit. Mr. McCormick however confirmed that this issue had been addressed.
3. The gas safety inspection to the laundry equipment was carried out on 30 August 2015. Mr. McCormick also confirmed that a more recent inspection had been carried out with no issues being identified for attention. The certificate for this more recent inspection was still pending. This certificate should be followed up and retained in the home available for future inspections.
4. The passenger lift was serviced on 29 July 2016 and the most recent thorough examination was completed on 24 April 2016. The report for the service identified one issue for attention. Mr. McCormick confirmed that the part to address this issue was on order. The report for the thorough examination included an observation that the lift may not be up to current standards. This should be reviewed with the inspecting engineer to establish what action should be taken in relation to this issue.
5. The thermostatic mixing valves were serviced on 31 August 2016. The report for this service indicated that a fail-safe test was not carried out to the shower on the first floor beside bedroom 21. Mr. McCormick advised that this may have been because there was no isolating valve for this thermostatic mixing valve. Mr. McCormick confirmed that he would arrange to have a fail-safe thermostatic mixing valve fitted at the hairdressing sink. These issues should be followed up and completion confirmed to RQIA. Reference should be made to recommendation 2 in the attached Quality Improvement Plan.
6. The fixed wiring installation was inspected and tested on 11 September 2015. Mr. McCormick agreed to confirm if the issues identified for attention in the report for this inspection and test had been addressed. Reference should be made to recommendation 3 in the attached Quality Improvement Plan.
7. Fire Safety 'e-learning' training was noted as 100%. The position in relation to practical fire safety training for all staff should also be confirmed. Fire drills were carried out on 29 July 2016 (eight staff attended) and on 28 August 2016 (nine staff attended). Attendance at a fire drill for the remainder of the staff should be confirmed to RQIA. Reference should be made to recommendation 4 in the attached Quality Improvement Plan.

Areas for improvement continued

- 8. It is good to report that there are comprehensive prevention and control arrangements in place in relation to legionella bacteria. This includes a risk assessment, in-house maintenance procedures and work by external contractors as required. It was noted during the review of the premises that a significant number of the taps had scale deposits. Mr. McCormick however confirmed that the company were currently seeking specialist advice in relation to how to remove the scale deposits and that this would be carried out as required in all Four Seasons Health Care homes as soon as a suitable cleaning regime has been identified.
- 9. A flexible plumbing pipe was identified in the ground floor cleaner’s store. Mr. McCormick however confirmed that there was procedure in place to manage flexible plumbing pipework.
- 10. A smoke seal was required at the meeting edges of the double doors to the store on the first floor opposite bedroom 32. In addition a smoke detector should be installed in place of the heat detector in the store that was previously used as a sluice on the first floor. Reference should be made to recommendation 5 in the attached Quality Improvement Plan.

| | | | |
|-------------------------------|----------|-----------------------------------|----------|
| Number of requirements | 0 | Number of recommendations: | 5 |
|-------------------------------|----------|-----------------------------------|----------|

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.

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|-------------------------------|----------|-----------------------------------|----------|
| Number of requirements | 0 | Number of recommendations: | 0 |
|-------------------------------|----------|-----------------------------------|----------|

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.

Three 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 standard of décor in the home was generally reasonable. The woodwork in the ground floor dementia unit was however chipped and marked in places. Mrs. Craig however confirmed that they were aware that this unit needed attention and plans were in hand to complete this in line with the appropriate standards for dementia care. This work will also include new floor coverings in the laundry / cleaner’s store area on the ground floor. The timescales for completing these works should be confirmed to RQIA.
Reference should be made to recommendation 6 in the attached Quality Improvement Plan.

2. The pipe casing at the back of the toilet opposite the hairdressing room and in the ground floor bathroom required attention due to water ingress / surface deterioration. These pipe casings should be repaired or replaced as required.
Reference should be made to recommendation 6 in the attached Quality Improvement Plan.

3. The roof gutters were in need of clearing and flushing clean.
Reference should be made to recommendation 7 in the attached Quality Improvement Plan.

| | | | |
|-------------------------------|----------|-----------------------------------|----------|
| Number of requirements | 0 | Number of recommendations: | 2 |
|-------------------------------|----------|-----------------------------------|----------|

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.

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|-------------------------------|----------|-----------------------------------|----------|
| Number of requirements | 0 | Number of recommendations: | 0 |
|-------------------------------|----------|-----------------------------------|----------|

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs. Jacqueline Craig, Deputy Manager, and Mr. Stevie McCormick, Property Manager with Four Seasons Health Care, 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

Recommendations

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|--|--|
| <p>Recommendation 1</p> <p>Ref: Standard 47</p> <p>Stated: First time</p> <p>To be completed by: 18 November 2016</p> | <p>Completion of the gas safety works in the kitchen should be confirmed to RQIA.</p> <p>Response by registered provider detailing the actions taken: THE GAS SAFETY WORKS IN THE KITCHEN WILL BE COMPLETED BY 27/10/16 (CONFIRMATION SENT TO K MONAGHAN)</p> |
| <p>Recommendation 2</p> <p>Ref: Standard 47</p> <p>Stated: First time</p> <p>To be completed by: 18 November 2016</p> | <p>The works in relation to the thermostatic mixing valves at the first floor shower beside bedroom 21 and in the hairdressing room should be followed up and completion confirmed to RQIA.</p> <p>Response by registered provider detailing the actions taken: REMEDIAL WORKS TO THERMOSTAT VALVES HAVE BEEN COMPLETED (CONFIRMATION SENT TO K MONAGHAN)</p> |
| <p>Recommendation 3</p> <p>Ref: Standard 47</p> <p>Stated: First time</p> <p>To be completed by: 18 November 2016</p> | <p>Confirmation in relation to the issues identified for attention in the report for the fixed wiring installation inspection and test on 11 September 2015 should be confirmed to RQIA.</p> <p>Response by registered provider detailing the actions taken: The contractor will attend week commencing 07/11/16 to complete the fixed wiring remedial works (confirmation sent to K Monaghan)</p> |
| <p>Recommendation 4</p> <p>Ref: Standard 48</p> <p>Stated: First time</p> <p>To be completed by: 21 October 2016</p> | <p>The position in relation to practical fire safety training for all staff should be confirmed to RQIA. Attendance at a fire drill for the remainder of the staff should also be confirmed to RQIA.</p> <p>Response by registered provider detailing the actions taken: Matrix has been compiled, L McFarlane currently carrying out training for all staff members and to be completed week commencing 07/11/16</p> |

| Quality Improvement Plan | |
|---|---|
| Recommendations | |
| <p>Recommendation 5</p> <p>Ref: Standard 48</p> <p>Stated: First time</p> <p>To be completed by: 18 November 2016</p> | <p>A smoke seal should be fitted at the meeting edges of the double doors to the store on the first floor opposite bedroom 32. In addition a smoke detector should be installed in place of the heat detector in the store that was previously used as a sluice on the first floor.</p> <hr/> <p>Response by registered provider detailing the actions taken: Smoke seals will be fitted to the store doors week commencing 31/10/16, the heat detector will be changed week commencing 31/10/16</p> |
| <p>Recommendation 6</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 18 November 2016</p> | <p>The timescales for completing the flooring and redecoration works should be confirmed to RQIA. The pipe casing at the back of the toilet opposite the hairdressing room and in the ground floor bathroom should be repaired or replaced as required.</p> <hr/> <p>Response by registered provider detailing the actions taken: Painters to attend in approx.; four weeks time, flooring has been passed and awaiting contractors. The pipe casing in the WC opposite the hairdressers and ground floor bathroom will be replaced week commencing 31/10/16</p> |
| <p>Recommendation 7</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 18 November 2016</p> | <p>The roof gutters should be cleared and flushed clean.</p> <hr/> <p>Response by registered provider detailing the actions taken: Guttering to be cleaned within the next two weeks</p> |

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



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