



The **Regulation and
Quality Improvement
Authority**

Rosemary Lodge Care Home
RQIA ID: 1457
9 Fennel Road
Antrim
BT41 4PB

Inspector: Colin Muldoon
Inspection ID: IN021453

Tel: 028 9442 8877
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**Announced Estates Inspection
of
Rosemary Lodge Care Home**

08 October 2015

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 08 October 2015 from 10.30 to 14.30. 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	2	2

The details of the QIP within this report were discussed with the Mrs Una Brady (Officer in charge) and Mr Gerry Hegarty (Estates Manager, Four Seasons Ltd) as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Four Seasons (Bamford) Ltd	Registered Manager: Mrs Julie Beacom
Person in Charge of the Home at the Time of Inspection: Mrs Una Brady	Date Manager Registered: 04 May 2010
Categories of Care: RC-I, RC-LD, RC-MP(E), RC-PH(E), RC-DE	Number of Registered Places: 44
Number of Residents Accommodated on Day of Inspection: 37	Weekly Tariff at Time of Inspection: £490 - £600

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.

During the inspection the inspector met with Mrs Una Brady (Officer in charge) and Mr Gerry Hegarty (Estates Manager, Four Seasons Ltd).

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 and 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 04 August 2015. There were no requirements or recommendations arising from this inspection.

5.2 Review of Requirements and Recommendations from the last Estates Inspection on 30 October 2012

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27.-(2)(c)	The gas safety warning notice relating to the tumble dryer flue must be followed up and the necessary remedial action taken.	Met
	Action taken as confirmed during the inspection: There was a current Gas Safe certificate for the tumble dryers which confirms that the appliances are safe to use and that the flue condition is satisfactory.	
Requirement 2 Ref: Regulation 27.-(2)(b)	Arrangements should be made to replace all the missing and damaged suspended ceiling tiles.	Met
	Action taken as confirmed during the inspection: This work has been completed.	
Requirement 3 Ref: Regulation 27.-(2)(b)	The bath panel in bathroom 2 should be repaired.	Met
	Action taken as confirmed during the inspection: This work has been completed.	
Requirement 4 Ref: Regulation 27.-(2)(c)	Immediate and then permanent arrangements should be made to provide safe electrical outlets in the hairdressing room.	Met
	Action taken as confirmed during the inspection: This room has been refurbished including the installation of fixed electrical outlets.	
Requirement 5 Ref: Regulation 27.-(4)(a)	Fire Action notices, specific to the building, should be posted at the fire alarm panel, final exits and strategic positions around the building.	Met
	Action taken as confirmed during the inspection: Addressed.	

<p>Requirement 6</p> <p>Ref: Regulation 27.-(4)(f)</p>	<p>Arrangements must be made which will ensure that all staff participate in practice fire drills. Reference should be made to NIHTM84.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There have been numerous fire drills over the last year and the inspector was provided with a matrix which shows that all staff except one has participated in a fire drill since April 2015.</p>		
<p>Requirement 7</p> <p>Ref: Regulation 27.-(4)(b)</p>	<p>The registered person must, as a matter of urgency, have the fire detection and alarm system and the emergency lights restored to full working order.</p>	<p>Partially Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There were current service records for the fire detection and alarm system which confirm that the installation was in satisfactory condition. The report on the last service of the emergency lights records that there were some failures. Refer to section 5.5 item 1 and QIP item 2.</p>		
<p>Requirement 8</p> <p>Ref: Regulation 27.-(4)(d)(i)</p>	<p>The overhead door closer in room 21 must be reconnected and tested for correct operation.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Addressed.</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.

One issue was however identified for attention during this Estates inspection. This is 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. Some of the painted surfaces on the ground floor would benefit from redecoration. It is good to note that internal redecoration of the home is underway and the first floor is almost complete.
2. Although there is an extraction system in the smoking room it was switched off on the day of inspection and there was evidence of seepage of cigarette smoke into the corridor.
Refer to Recommendation 1 in Quality Improvement Plan
3. The fixed electrical installation was tested and inspected in July 2015. One category C2 defect was identified. The inspector was informed that arrangements have been made to carry out the necessary repairs.
4. The report on the last service of thermostatic mixing valves shows that some showers did not have a fail-safe test carried out.
Refer to Requirement 1 in Quality Improvement Plan

Number of Requirements	1	Number Recommendations:	1
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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.

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 records relating to legionella control procedures indicate that at some sentinel outlets the temperature being taken is of blended water.
Refer to Recommendation 2 in Quality Improvement Plan

Number of Requirements	0	Number Recommendations:	1
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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.

One issue was however identified for attention during this Estates inspection. This is 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. The report on the service of the emergency lights was discussed during the inspection. Whilst it is understood that arrangements have been made for the failed units to be repaired an urgent review should be carried out to ensure that in the interim there is adequate cover in all areas.
Refer to Requirement 2 in Quality Improvement Plan.

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

Not applicable.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Una Brady (Officer in charge) and Mr Gerry Hegarty (Estates Manager, Four Seasons Ltd) 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	
Requirement 1 Ref: Regulation 14.-(2)(c) Stated: First time To be Completed by: 08 November 2015	<p>The report on the last service of the thermostatic mixing valves should be revisited and arrangements made which will ensure that the fail safe operates correctly on all outlets where this feature is provided.</p> <p>Reference 5.3 item 4</p> <p>Response by Registered Manager Detailing the Actions Taken: The valves that have no fail safes are to be costed and approved for repairs within the next 2 weeks. A risk assessment will be put in place until valves have been authorised.</p>
Requirement 2 Ref: Regulation 27.-(4)(c) Stated: First time To be Completed by: One week	<p>Although plans have been made to carry out the necessary repairs of the emergency lights, the defective units should be identified and an urgent review carried out to ensure there is adequate coverage in all areas. The manager should liaise with the fire risk assessor/fire safety adviser in this respect.</p> <p>Reference 5.5 item 1</p> <p>Response by Registered Manager Detailing the Actions Taken: All remedials on emergency lights have been costed and approved all work scheduled to be completed before the end of November . A torch/spotlight has been installed close to the escape route with extra batteries in case of emergency</p>
Recommendations	
Recommendation 1 Ref: Standard 27 Stated: First time To be Completed by: 08 November 2015 and ongoing	<p>The management of the extract system in the smoking room should be reviewed to ensure that cigarette smoke is prevented from leaking into the corridor.</p> <p>Reference 5.3 item 2</p> <p>Response by Registered Manager Detailing the Actions Taken: Notice put up in smoking room to inform visitors/staff etc. that the extractor fan must be kept on at all times. Maintenance checks carried out routinely.</p>
Recommendation 2 Ref: Standard 28 Stated: First time	<p>The procedure for carrying out the legionella control check of sentinel temperatures should be reviewed to ensure that satisfactory unblended temperatures are obtained and recorded.</p> <p>Reference 5.4 item 1.</p>

To be Completed by: 08 November 2015 and ongoing	Response by Registered Manager Detailing the Actions Taken: Internal Maintenance carrying out the checks of sentinel temperatures. These are being recorded and reviewed regularly.
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Registered Manager Completing QIP	Una Brady	Date Completed	15/11/15
Registered Person Approving QIP	Dr Claire Royston	Date Approved	24.11.15
RQIA Inspector Assessing Response	Colin Muldoon	Date Approved	01/12/2015

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