

Announced Premises Inspection Report 30 January 2018



Belvedere

Type of Service: Residential Care Home
Address: 63 Gilford Road, Lurgan, Craigavon, BT66 7EA
Tel No: 028 3832 7509
Inspector: Raymond Sayers

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This care home is registered to provide care for 21 residents, including five service users with a dementia care category.

3.0 Service details

Organisation/Registered Provider: Belvedere Residential Care Ltd Responsible Individual(s): Aisling McShane	Registered Manager: Catherine Hamilton (Acting)
Person in charge at the time of inspection: Catherine Hamilton	Date manager registered: Acting- No Application Required
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia MP - Mental disorder excluding learning disability or dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years LD (E) – Learning disability – over 65 years	Number of registered places: 21 RC-DE for 5 residents

4.0 Inspection summary

An announced inspection took place on 30 January 2018 from 10.00 to 12.45.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

The inspection assessed progress made with issues identified as requiring improvement during and since the last premises inspection. An assessment was made and to determine if the service was well led, delivering safe, effective and compassionate care.

Areas requiring improvement were identified:

1. Implement the fire safety risk assessment action plan recommended improvements.
2. Complete fire detection & alarm system evaluation & risk assessment.
3. Implement window opening casement restriction risk assessment & improvements.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Catherine Hamilton (Acting Manager) , as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent care inspection

Other than those items detailed in the QIP no further actions were required to be taken following the most recent inspection IN028372 conducted on 17 October 2017. Return QIP was approved by the care inspector on 5 February 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- recent inspection reports and returned QIPs
- recent correspondence with the service
- the establishment related incidents reported to RQIA since the last premises inspection.

The following records were examined during the inspection:

- 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.

During the inspection we met with Mr Kevin McShane (Proprietor) and Catherine Hamilton (Acting Manager).

Areas for improvements identified at the last premises inspection were reviewed and the assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 05 December 2017

The most recent inspection of the care home was an unannounced care inspection, IN028372, conducted on 5 December 2017. The completed QIP was returned, and approved by the care inspector on 5 February 2018.

QIP item 1 relating to fire safety was resolved during this inspection; a weekly BS5839 fire alarm user testing regime is now implemented.

6.2 Review of areas for improvement from the last premises inspection dated 20 May 2014

Areas for improvement from the last premises inspection		
The following requirements and recommendations should be noted for action in relation to Standard 27 - Premises and grounds		Validation of compliance
Area for improvement 1 Ref: Standard 27.1	Complete a decoration condition survey of all interior finishes and implement redecoration repairs where necessary. (Reference: Report section 9.2.2)	Met
	Action taken as confirmed during the inspection: Interior surfaces maintained to a good standard.	
Area for improvement 2 Ref: Standard 27.1	Apply new sealant to kitchen wash-basin splash-back/basin junction & re-grout wall tiles adjacent rear door-way. (Reference: Report section 9.2.3)	Met
	Action taken as confirmed during the inspection: Repair works implemented.	
Standard 28 - Safe and healthy working practices The following requirements and recommendations should be noted for action in relation to Standard 28 - Safe and healthy working practices		Validation of compliance
Area for improvement 3 Ref: Regulations 14 (2)(a),(b) & (c)	Implement safety works and procedures to reduce/eliminate health & safety risk when using kitchen gas appliances, as recommended by gas safe register inspection engineer report dated 9 May 2014. (Reference: Report section 9.3.2)	Met
	Action taken as confirmed during the inspection: Gas safety report improvement works implemented.	
Area for improvement 4 Ref: Regulations 14 (2)(a),(b) & (c)	Implement Lifting Operations and Lifting Equipment Regulations (LOLER) report recommendations for stair-lift installation. (Reference: Report section 9.3.3)	Met

	<p>Action taken as confirmed during the inspection: Recommended works implemented.</p>	
<p>Area for improvement 5</p> <p>Ref: Regulations 14 (2)(a),(b) & (c)</p>	<p>Complete an assessment of BS7671 Periodic Inspection Report IPN3/0576729, plan, prioritise and implement improvement works/processes to comply with the Electricity at Work Regulations. (Reference: Report section 9.3.4)</p>	Met
	<p>Action taken as confirmed during the inspection: Recommended repair works implemented.</p>	
<p>Standard 29 - Fire Safety The following requirements and recommendations should be noted for action in relation to Standard 29 - Fire Safety</p>		Validation of compliance
<p>Area for improvement 6</p> <p>Ref: Regulation 27.(4)(d)</p>	<p>Install new designation labels and instructions to fire alarm panels situated adjacent ground floor entrance; instruct staff on system notifications and staff response/action required. (Reference: Report section 9.4.2)</p>	Met
	<p>Action taken as confirmed during the inspection: Instructions & plans displayed.</p>	
<p>Area for improvement 7</p> <p>Ref: Regulation 27.(4)(a)</p>	<p>Implement the fire risk assessment report recommendations. (Reference: Report section 9.4.3)</p>	Met
	<p>Action taken as confirmed during the inspection: Recommended actions implemented.</p>	
<p>Area for improvement 8</p> <p>Ref: Standard 29.1</p>	<p>Verify that the fire safety consultant commissioned to review the facility fire risk assessment has the professional or third party accreditation as recommended by RQIA guidance correspondence dated 31 January 2013. (Reference: Report section 9.4.3)</p>	Met
	<p>Action taken as confirmed during the inspection: Accredited risk assessor commissioned</p>	

Area for improvement 9 Ref: Standard 29.1	Install smoke seals on bedroom fire doors to provide FD30S fire resistance as recommended by Northern Ireland Health Technical Memorandum 84 (NIHTM84). (Reference: Report section 9.4.4)	Not met
	Action taken as confirmed during the inspection: Bedroom doors had not been upgraded to FD30S specification. Acting manager e-mail dated 07/02/18 confirms that works are scheduled, and will be completed by the end of February 2018.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

A range of documents related to the maintenance and inspection of the establishment were 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 building and engineering services were also presented for review during this inspection.

A range of fire protection measures are in place for the establishment, this includes: a fire detection and alarm system, emergency lighting installation, 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 establishment 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 by a risk assessor holding professional body registration for fire risk assessors.

These measures support the delivery of safe care.

Areas for improvement

1. BS5839 user tests were being undertaken monthly rather than weekly. The acting manager confirmed by 07 February 2018 e-mail that a weekly testing regime has been implemented.
2. Bedroom fire doors are FD30 fire resistance specification, not FD30S as recommended by NIHTM84. This recommendation has been reiterated from the previous premises inspection report IN016740. Fire risk assessment action plan recommends upgrade of fire doors to F30S specification.

The acting manager confirmed by 07/February 2018 e-mail that a works action plan was now in place, and the improvement works are planned with a completion date of 01 March 2018.

3. The BS5839 fire detection and alarm system maintenance engineer recommended that the fire alarm system should be upgraded as the existing system was now obsolete. Components would be difficult to source in any potential system malfunction incident.
4. BS7671 periodic inspection report for the electrical installation listed that the Residual Current Device (RCD) for an electrical socket circuit in the “new kitchen” was defective and required improvement works to be completed.
The acting manager confirmed by 07 February 2018 e-mail that rectification works were scheduled for completion by 01 March 2018.
5. Legionella risk assessment (LRA) recommended improvement works actions had not been fully implemented.
The acting manager e-mail dated 07 February 2018 stated that the LRA action plan recommendations are to be completed by a plumbing contractor before 1 March 2018.
6. A number of window opening casements have not had suitable opening restriction devices fitted. Window opening casements should be controlled to a 100mm maximum opening distance, and be secured in position by fixings installed using a specialist tool/device.
The acting manager confirmed by 07 February 2018 e-mail that a health and safety risk assessment would be completed, and window opening restriction devices would be installed by a contractor by 1 March 2018.

	Regulations	Standards
Total number of areas for improvement	0	3

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

There are arrangements in place for routine planned maintenance works and inspections, as well as timely breakdown/repair works. Service users are involved where appropriate in decisions around refurbishment of the surface finishes.

This supports the delivery of effective care.

There were no issues requiring improvement identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The accommodation reviewed during this premises inspection was well decorated, comfortable, clean, well ventilated and adequate lighting levels. Service users are consulted regarding decisions around the refurbishment of their private accommodation.

This supports the delivery of compassionate care.

There were no issues requiring improvement identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Premises related policies and documents are retained in a manner accessible to authorised persons.

Arrangements are in place for managing premises related incidents/notifiable events, and Medical Device and Equipment Alerts.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators.

This supports a well led service.

There were no issues requiring improvement identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Catherine Hamilton, Acting Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences.

It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 nursing 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).	
Area for improvement 1 Ref: Standards 27 & 28 Stated: time To be completed by: 07 May 2018	Complete the remedial/improvement works actions listed during RQIA premises inspection as per agreed timescales confirmed in the e-mail dated 7 February 2018 from Belvedere Acting Manager. Ref: 6.4.4, 6.4.5 & 6.4.6 Response by registered person detailing the actions taken: Currently in progress and will be completed by date stated.
Area for improvement 2 Ref: Standard 29.2 Stated: Second time To be completed by: 07 May 2018	Install smoke seals on bedroom fire doors to provide FD30S fire resistance as recommended by Northern Ireland Health Technical Memorandum 84 (NIHTM84). Ref: 6.4.2 Response by registered person detailing the actions taken: Currently in progress and will be completed by date stated.
Area for improvement 3 Ref: Standard 29.2 Stated: First time To be completed by: 07 May 2018	Liaise with the fire risk assessor and the fire detection & alarm system engineer to evaluate the functionality of the existing fire alarm system, and confirm that the system is presently "fit for purpose". Ref: 6.4.3 Response by registered person detailing the actions taken: Awaiting feedback on 2018 fire risk assessment.

Please ensure this document is completed in full and returned via Web Portal



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