

Announced Premises Inspection Report 08 December 2016



Annahilt

Type of Service: Residential Care Home

Address: 246 Ballynahinch Road, Annahilt, Hillsborough, BT26 6BP

Tel No: 028 9263 8399

Inspector: K. Monaghan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Annahilt took place on 08 December 2016 from 10:30hrs to 12:00hrs.

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.

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	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms. Naomi Graham, Registered Manager and Mr. Gerry Hegarty, Estates Manager, 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 30 July 2013.

2.0 Service Details

Registered Provider / Responsible Individual: Tamulst Care Limited / Dr. Maureen Claire Royston	Registered manager: Ms. Naomi Graham
Person in charge of the home at the time of inspection: Ms. Naomi Graham, Registered Manager	Date manager registered: 17 February 2010
Categories of care: RC-A, RC-DE, RC-I	Number of registered places: 36

3.0 Methods/processes

Prior to this premises inspection, the following records were reviewed:

- The report for the previous premises inspection on 30 July 2013
- The statutory notifications over the past 12 months
- The concerns log (No concerns)

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

- Ms. Naomi Graham, Registered Manager
- Mr. Gerry Hegarty, Estates Manager, Four Seasons Health Care

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 legionella bacteria risk assessment report
- The fire risk assessment report

4.0 The Inspection

The most recent inspection of this residential care home was an unannounced care inspection IN025772 on 23 November 2016. The report for this inspection will be issued by RQIA in due course.

4.2 Review of requirements and recommendations from the last premises inspection on 30 July 2013

Last premises inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 27(2)(b)</p> <p>Stated: First time</p>	<p>The double glazed units in bedrooms 6, 11 and 26 should be replaced (seals defective).</p> <p>Action taken as confirmed during the inspection:</p> <p>A sample check carried out during this premises inspection confirmed that this issue had been addressed. Ms. Graham also confirmed that in addition to bedrooms 6, 11 and 26 the double glazed units in a number of other bedrooms had been replaced.</p>	<p>Met</p>
<p>Requirement 2</p> <p>Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(c)</p> <p>Stated: Second time</p>	<p>The plans for completing the works in relation to the most recent thorough examination of the passenger lift which was carried out on 18 February 2013 including the timescale for same should be confirmed to RQIA.</p> <p>Action taken as confirmed during the inspection:</p> <p>The information provided in the completed Quality Improvement Plan for the last premises inspection confirmed that this work had been carried out. The most recent thorough examination of the passenger lift was carried out on 05 September 2016. The report for this thorough examination indicated that there was a leak at the hydraulic ram seal. Mr. Hegarty however confirmed that arrangements were being made to carry out a major refurbishment of this lift in the near future. In the meantime the lift service company have confirmed that the lift is safe for continued use. It was agreed that the details in relation to the lift refurbishment would be confirmed to RQIA when these had been finalised.</p>	<p>Met</p>

Last premises inspection statutory requirements		Validation of compliance
<p>Requirement 3</p> <p>Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)</p> <p>Stated: Second time</p>	<p>Training in relation to the new temperature probe and the new procedure to be introduced for checking the water temperatures should be completed. Following this the new procedure should be introduced.</p> <p>Action taken as confirmed during the inspection: Mr. Hegarty confirmed that this training had been provided and the new procedure had been introduced. The most recent temperature checks were completed on 17 November 2016.</p>	Met
<p>Requirement 4</p> <p>Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)</p> <p>Stated: First time</p>	<p>The issues identified for attention by the most recent legionella risk assessment and the proposals for addressing same should be confirmed to RQIA. This should include the provision of a schematic drawing for the water systems. The small 'dead leg' to the pipework in the ground floor hotpress should also be checked with the risk assessor. In addition the flexible pipes to the new vanity units in the bedrooms should be checked to ensure that they are WRAS approved.</p> <p>Action taken as confirmed during the inspection: Mr. Hegarty confirmed that the issues identified for attention by the legionella risk assessment that was completed on 31 July 2014 had been addressed. A further more recent legionella risk assessment had also been completed on 27 September 2016. A schematic drawing had been provided for the water systems. The current position in relation to 'dead legs' and the flexible final connections required further clarification. Reference should be made to section 4.3.1 in this report in relation to the legionella issues.</p>	Partially Met
<p>Requirement 5</p> <p>Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(q)</p> <p>Stated: First time</p>	<p>The position in relation to completing the necessary remedial works to the thermostatic mixers should be confirmed to RQIA.</p> <p>Action taken as confirmed during the inspection: The most recent service of the thermostatic mixing valves was completed on 30 August 2016.</p>	Met

Last premises inspection statutory requirements		Validation of compliance
<p>Requirement 6</p> <p>Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)</p> <p>Stated: First time</p>	<p>The cold water temperatures should be closely monitored to ensure compliance with the current standards. The procedure for flushing the infrequently used water outlets should also be changed from weekly to twice weekly flushing.</p> <p>Action taken as confirmed during the inspection: The cold water temperatures are monitored on a monthly basis. The records for the most recent temperature checks indicated that the cold water temperatures were within the current standards. The procedure for flushing the infrequently used water outlets had been changed to twice weekly. The veg prep facility is also to be included in the list of infrequently used outlets as this facility is currently not used as often as it had been.</p>	<p>Met</p>
<p>Requirement 7</p> <p>Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(q)</p> <p>Stated: First time</p>	<p>The action taken to address the issue in relation to the operation of the kitchen door and the operation of the gas equipment should be confirmed to RQIA.</p> <p>Action taken as confirmed during the inspection: A key pad had been fitted to the kitchen door and this door is kept closed and fastened when not in use. It was noted that a cabin hook had also been fitted to this door. Mr. Hegarty however confirmed that this would be removed and a hold open device linked to the fire detection and alarm system would be installed on 09 December 2016. The most recent gas safety inspection of the gas equipment in the kitchen was carried out on 16 August 2016. This inspection identified one issue for attention in relation to signage which Mr. Hegarty confirmed had been addressed.</p>	<p>Met</p>

Last premises inspection statutory requirements		Validation of compliance
<p>Requirement 8</p> <p>Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(q)</p> <p>Stated: Second time</p>	<p>The position in relation to addressing the issues that were identified for attention in the report for the inspection and testing of the fixed wiring installation on 28 March 2013 should be confirmed to RQIA.</p> <p>Action taken as confirmed during the inspection:</p> <p>The most recent inspection and test to the fixed wiring installation was carried out on 28 March 2013. The code C1 and C2 issues had been addressed. The report for this inspection also identified a number of code C3 issues (recommendations for improvement). One of these issues related to improving the standard of shock protection by installing residual current devices (RCDs). This should be kept under review on the basis of risk assessment. Mr. Hegarty also agreed to have the power circuits to the kitchen and the water heater checked again to ensure that these remain satisfactory.</p>	<p>Met</p>
<p>Requirement 9</p> <p>Ref: Regulations 27(4)(d)(i) 27(4)(d)(iv)</p> <p>Stated: Second time</p>	<p>Copies of the reports for the inspection and testing of the fire detection and alarm system and the emergency lights should be forwarded to RQIA.</p> <p>Action taken as confirmed during the inspection:</p> <p>The most recent inspection and service of the fire detection and alarm system was carried out on 01 April 2016 with no issues being identified for attention. The next routine inspection and service of the fire detection and alarm system should also be followed up. Further information in relation to the fire detection and alarm system is provided in section 4.3.5 of this report. The most recent inspection and test to the emergency lights was completed on 16 May 2016.</p>	<p>Met</p>

Last premises inspection statutory requirements		Validation of compliance
<p>Requirement 10</p> <p>Ref: Regulations 27(4)(b) 27(4)(d)(i)</p> <p>Stated: Second time</p>	<p>The vision panel in the corridor door at bedroom 22 should be refitted. The corridor doors should also be reviewed to ensure that vision panels have been provided in accordance with the standards in the most recent edition of Northern Ireland Health Technical Memorandum 84.</p> <p>Action taken as confirmed during the inspection: The vision panel in the corridor door at bedroom 22 had been refitted. Sample checks to the corridor doors also indicated that vision panels had been fitted. In addition the most recent review of the fire risk assessment was completed on 09 August 2016 in line with the guidance from RQIA in relation to the competency of fire risk assessors.</p>	Met
<p>Requirement 11</p> <p>Ref: Regulations 27(4)(c) 27(4)(d)(i)</p> <p>Stated: First time</p>	<p>The trap doors to the roof spaces should be checked and smoke sealed as required.</p> <p>Action taken as confirmed during the inspection: The trap doors were closed. Mr. Hegarty however confirmed that this issue had been addressed.</p>	Met
<p>Requirement 12</p> <p>Ref: Regulations 27(4)(b)</p> <p>Stated: First time</p>	<p>The procedure for contacting the Northern Ireland Fire and Rescue Service should be reviewed and revised to ensure that contact is made immediately the fire alarm sounds. The door to the cleaner's store should not be wedged open.</p> <p>Action taken as confirmed during the inspection: This procedure had been revised so that the Northern Ireland Fire and Rescue Service are contacted immediately the fire alarm sounds. The door to the cleaner's store was not wedged open.</p>	Met

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. A new legionella risk assessment was carried out on 27 September 2016. The water storage tanks were disinfected on 01 January 2016, the showers were disinfected on 14 November 2016 and the water temperatures at the hot and cold sentinel outlets are checked on a monthly basis. The report for the legionella risk assessment however identified a number of issues for attention. It was agreed that these issues should be reviewed and clarification in relation to the action required and the overall level of risk would be provided to RQIA. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.
2. The fire safety 'e' learning training was 95% compliant. Ms. Graham also confirmed that face to face fire safety training was provided by the company's health and safety officer in August 2016. The fire risk assessment was reviewed and updated on 09 August 2016. A fire drill was carried out on 15 November 2016 and further fire drills are to be carried out in December 2016 to ensure that the learning from previous fire drills is embedded into current practice.
3. Mr. Hegarty agreed to arrange for the gap at the bottom of the door to bedroom 6 to be reduced.

Areas for improvement continued

4. The window openings are controlled in the premises. The restrictors are not fixed with tamper proof screws. Mr. Hegarty however confirmed that arrangements were being made to fit new window controls throughout the premises. In the meantime any risk associated with the existing controls will be kept under review.
5. Recently there have been a significant number of unwanted fire alarm calls. A review of these incidents was completed and it is good to report that a decision was made to replace the existing fire detection and alarm system with a completely new fully addressable system to the latest standard. Arrangements are currently ongoing (design, tendering etc...) in relation to the completion of this work. RQIA are being kept up to date with progress on this matter.
6. The grounds were generally in good order. It was however noted that the surface of the bitmac areas had deteriorated in some areas. It was agreed that a programme of improvement works to address this issue would be beneficial.

Number of requirements	0	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.

Since the last premises inspection a number of improvements had been carried out to the premises. These included improvements in the bedrooms, the refurbishment of the shower room on the ground floor and the redecoration of the corridor areas.

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. Naomi Graham, Registered Manager and Mr. Gerry Hegarty, Estates Manager, 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 the [web portal](#) 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

<p>Recommendation 1</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 06 January 2016</p>	<p>The issues identified for attention in the report for the legionella risk assessment that was completed on 27 September 2016 should be reviewed and clarification in relation to the action required and the overall level of risk should be provided to RQIA.</p>
	<p>Response by registered provider detailing the actions taken: The Legionella Risk Assessment carried out in September 2016 has been reviewed by the Four Seasons Estates Surveyor and he has confirmed that there are no High risk issues identified in the home. The Overall risk rating for the Home is recorded as High. Due to the susceptible nature of the residents it is very difficult for Health Care Facilities to achieve any rating lower than high. The Score received is an improvement on the rating received in 2014 which was reduced from a very high score rating. It is felt that the monitoring scheme and systems currently in place are sufficient to mitigate the current risks. Medium and low recommendations in the report are currently being reviewed and will be addressed accordingly.</p>

Please ensure this document is completed in full and returned to [the web portal](#) from the authorised email address



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