

**Announced Estates Inspection
of
Balloo House**

23 July 2015

1. Summary of Inspection

An announced estates inspection took place on 23 July 2015 from 10.00 to 16.00. 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	5	0

The details of the QIP within this report were discussed with Mrs Shirley Ramrachia (Manager and Responsible Person) as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Balloo House Mr C Ramrachia Mrs S Ramrachia	Registered Manager: Mrs S Ramrachia
Person in Charge of the Home at the Time of Inspection: Mrs S Ramrachia	Date Manager Registered: 17 July 2012
Categories of Care: RC-I, RC-DE, RC-SI	Number of Registered Places: 30
Number of Residents Accommodated on Day of Inspection: 28	Weekly Tariff at Time of Inspection: £470 - £533

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, and previous care inspection report.

During the inspection the inspector met with Mrs Shirley Ramrachia.

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 06 January 2015. The completed QIP was returned and the responses were considered acceptable by the specialist inspector.

5.2 Review of Requirements and Recommendations from the last Estates Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 14.-(2)(c)	The registered person must arrange for a suitable and sufficient legionella risk assessment to be carried out. The outcome of the assessment should be a scheme for the control of legionella. The registered person must fully implement the scheme. All actions relating to the control of legionella should be recorded.	Met
	Action taken as confirmed during the inspection: A legionella risk assessment was carried out by a specialist contractor following the previous Estates inspection. There was documentation available relating to measures and monitoring actions being taken towards the control of legionella.	
Requirement 2 Ref: Regulation 27.-(2)(c)	The registered person must ensure that the six monthly thorough examination of the lift is carried out in accordance with the Lifting Operations and Lifting Equipment Regulations (NI) 1999.	Met
	Action taken as confirmed during the inspection: There are arrangements in place for the lift to be thoroughly examined in accordance with LOLER. The last report confirmed that no defects were found.	
Requirement 3 Ref: Regulations 27.-(2)(c) 27.-(2)(q)	The registered person must ensure that there are current and valid Gas Safe certificates which verify that all the gas appliances and installations are in a safe and satisfactory condition.	Met
	Action taken as confirmed during the inspection: There were current satisfactory Gas Safe certificates for the gas appliances.	

Requirement 4 Ref: Regulation 27.-(2)(c)	<p>The registered person must establish and implement a policy and procedure for the test and inspection of portable electrical appliances.</p> <p>Action taken as confirmed during the inspection: Arrangements are in place for the test and inspection of portable electrical appliances.</p>	Met
Requirement 5 Ref: Regulation 14.-(2)(c)	<p>The registered person should establish a system for recording:</p> <ul style="list-style-type: none">• weekly visits to the Northern Ireland Adverse Incident Centre (NIAIC) website.• actions taken as result of above <p>Action taken as confirmed during the inspection: Although safety alerts are being obtained the procedure may not cover all alerts relating to estates matters.</p>	Partially Met
Requirement 6 Ref: Regulation 27.-(4)(a)	<p>The registered person must ensure that the fire risk assessment action plan is fully addressed. The action plan should be marked up with the items completed and the arrangements for completing items still outstanding. A copy of the marked up action plan should be sent to RQIA with the completed QIP.</p> <p>Action taken as confirmed during the inspection: The fire risk assessment was reviewed by an accredited assessor in May 2015. The review confirms that all recommendations have been satisfactorily addressed.</p>	Met
Requirement 7 Ref: Regulation 27.-(4)(f)	<p>The registered person must ensure that all staff participate in practice evacuation drills in accordance with NIHTM84.</p> <p>Action taken as confirmed during the inspection: The arrangements for fire training and drills have been reviewed and upgraded. The last training in March was taken by the accredited fire safety advisor and this was followed with a number of drills based on realistic scenarios.</p>	Met

Requirement 8 Ref: Regulations 27.-(4)(d)(iv) 27.-(4)(d)(v)	The registered person must arrange for the emergency lights to be function tested and maintained in accordance with current good practice. Ref: BS 5266	Met
	Action taken as confirmed during the inspection: Addressed.	

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.

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 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.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Areas for Improvement

The legionella risk assessment should be reviewed and any issues identified fully addressed.

The manager informed the inspector that the maintenance officer has been trained to clean and maintain the thermostatic mixing valves. It should be confirmed that the service being carried out on each valve includes a test of the fail-safe arrangement.

There are arrangements in place for the temperature of the water from outlets to be checked monthly. This should be reviewed to ensure that all outlets, including both wash hand basin and shower in each room, are included.

Number of Requirements	3	Number Recommendations:	0
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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.

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 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.

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

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

Although safety alerts are being obtained it should be ensured that the procedure covers all alerts relating to estates matters.

Number of Requirements	1	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.

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.

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

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.

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

Areas for Improvement

The doors to the dining room and the living room in the original side of the home are fitted with automatic closing devices. The doors are also held open with magnetic hold back devices to facilitate resident movement. However, the hold back devices are not linked to the fire detection and alarm system.

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

Not applicable.

Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Shirley Ramrachia (Manager and Responsible Person) 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.

5.7 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.

5.8 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.

5.9 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 13.-(7) Stated: First time To be Completed by: 23 September 2015	<p>The legionella risk assessment should be reviewed by a competent person. It should be ensured that the scheme for the effective control of legionella arising from the risk assessment is fully implemented and that any remedial work identified in the risk assessment is addressed within timescales acceptable to the risk assessor.</p> <p>Response by Registered Manager Detailing the Actions Taken: A Legionella Risk Assessment was carried out on 18th August 2015 the report is awaited and any remedial work identified will be carried out within the required timescale</p>
Requirement 2 Ref: Regulation 27.-(2)(q) Stated: First time To be Completed by: 23 August 2015	<p>The range of tasks included in the maintenance of the thermostatic mixing valves should be reviewed to ensure it is in line with the manufacturer's guidance and includes a test of the fail safe operation of the valves.</p> <p>Response by Registered Manager Detailing the Actions Taken: Solv Group have been appointed to carry out maintenance and to test the fail safe operation of the valves in line with the manufacturer's guidelines.</p>
Requirement 3 Ref: Regulation 14.-(2)(a) and (c) Stated: First time To be Completed by: 23 August 2015	<p>The procedure for checking the safe temperature of hot water accessible to residents should be reviewed to ensure that all outlets, including both wash hand basin and shower in each room, are included.</p> <p>Response by Registered Manager Detailing the Actions Taken: The maintainace record has been amended to reflect the requirement and all outlets are included.</p>
Requirement 4 Ref: Regulation 27.-(4)(c) and (d)(i) Stated: First time To be Completed by: 23 August 2015	<p>If the doors to the dining room and the living room in the original part of the home are required to stand open they should be fitted with hold open devices which are linked to the fire detection and alarm system.</p> <p>Response by Registered Manager Detailing the Actions Taken: Hold open door devices with audible connection to the fire detection and alarm system have been fitted to the dining room and living room doors.</p>

Requirement 5 Ref: Regulation 14.-(2)(c) Stated: First time To be Completed by: 23 August 2015	The arrangements for managing safety alerts should be reviewed to ensure that those issued by the Northern Ireland Adverse Incident Centre (NIAIC) relating to Estates issues are obtained and actioned. Response by Registered Manager Detailing the Actions Taken: The management of safety alerts has been reviewed and a formal mechanism is in place to ensure that records issued by the Northern Ireland adverse Incident centre relating to issues are obtained and actioned.		
Registered Manager Completing QIP	Shirley Ramrachia	Date Completed	29-08-2015
Registered Person Approving QIP	Chris Ramrachia	Date Approved	01-09-2015
RQIA Inspector Assessing Response	Colin Muldoon	Date Approved	25/09/2015

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