



The **Regulation** and
Quality Improvement
Authority

Inspector: Colin Muldoon
Inspection ID: IN021443

Blair Lodge
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**Announced Estates Inspection
of
Blair Lodge**

14 January 2016

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 14 January 2016 from 10.00 to 15.00. 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	2	0

The details of the QIP within this report were discussed with Mrs Rosemary Armstrong (Proprietor), Mrs Rosemary Clarke (Registered Manager) and Mr Paul Jackson (Facilities Officer) as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Blair Lodge Ms Helen Armstrong	Registered Manager: Mrs Rosemary Clarke
Person in Charge of the Home at the Time of Inspection: Mrs Rosemary Clarke	Date Manager Registered: Registration Pending
Categories of Care: RC-LD, RC-LD(E), RC-MP, RC-MP(E)	Number of Registered Places: 29
Number of Residents Accommodated on Day of Inspection: 25	Weekly Tariff at Time of Inspection: £475 - £2500

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 findings of the last care inspection.

Discussion with Mrs Rosemary Armstrong (Proprietor), Mrs Rosemary Clarke (Registered Manager) and Mr Paul Jackson (Facilities Officer).

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 05 May 2015. There were no requirements or recommendations arising from that inspection.

5.2 Review of Requirements and Recommendations from the last Estates Inspection on 10 January 2013.

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulations 27.-(2)(c) 27.-(2)(q)	Clarification should be sought regarding the extent of the gas system covered by the current safety certificates. There should be valid Gas Safe certificates to verify that all the appliances and installation pipework are in a safe and satisfactory condition.	Met
	Action taken as confirmed during the inspection: There were current Gas Safe certificates for the gas appliances and pipework installations.	
Requirement 2 Ref: Regulation 14.-(2)(c)	The responsible person must review the current arrangements for restricting windows. The review and subsequent actions should be in line with safety alert MDEA(NI)2007/100.	Met
	Action taken as confirmed during the inspection: Additional window restrictors were fitted following the last inspection.	
Requirement 3 Ref: Regulation 14.-(2)(c)	In relation to the control of legionella bacteria in water systems the monitoring procedure should be revised to ensure that hot water temperatures at the calorifier flow and return and the sentinel points are maintained in accordance with the approved code of practice. Reference should be made to the Health and Safety Commission approved code of practice L8 (The control of legionella bacteria in water systems).	Met
	Action taken as confirmed during the inspection: The recorded hot water temperatures are in line with the code of practice.	

Requirement 4 Ref: Regulation 27.-(4)(f)	The arrangements for practice fire drills should be reviewed to ensure that all staff participate in accordance with NI HTM84. Records should be kept of who participates on each occasion.	Partially Met
	Action taken as confirmed during the inspection: Whilst practice fire drills have been carried out over the last year it could not be confirmed that all staff have participated.	
Requirement 5 Ref: Regulation 27.-(4)(d)(i)	The ground floor corridor fire doors at the kitchen end require to be adjusted so that they close to form an effective fire seal.	Met
	Action taken as confirmed during the inspection: Addressed.	
Requirement 6 Ref: Regulation 27.-(4)(c)	The adequacy of the emergency lighting system should be confirmed by the fire safety advisor.	Met
	Action taken as confirmed during the inspection: The provider confirmed that the emergency lighting was upgraded following the last inspection. The home has a current fire risk assessment which was carried out by an accredited assessor. The fire risk is deemed to be tolerable and the action plan has been signed off as complete.	

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.

It is good to note that the provider is proactive in making continual improvements to the home. Since the last Estates inspection enhancements have included an extension to the day room and a screened outdoor activity and seating area.

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.

Areas for Improvement

1. The home has a small number of personal lifting apparatus which appear to fall under the Lifting Operations and Lifting Equipment Regulations (NI) 1999.
(Ref: Health and Safety Executive guidance HSIS4).
Refer to requirement 1 in quality improvement plan.

Number of Requirements	1	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.

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.

Areas for Improvement

1. The home has a valid legionella risk assessment and there are actions and monitoring measures in place towards the control of legionella which the inspector discussed with Mr Paul Jackson (Facilities Officer). The inspector drew attention to technical guidance documents which have been published (since the last Estates inspection) to support the code of practice for the control of legionella. One is HSG274 Part 2 which gives particular guidance for care homes. It is suggested that this document is obtained and applied to current processes such as the flushing of infrequently used outlets.

Number of Requirements	0	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.

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. Arrangements should be made which will ensure that all staff participate in practice fire drills.

Refer to Requirement 2 in quality improvement plan.

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

No additional issues were raised during this inspection.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Rosemary Armstrong (Proprietor), Mrs Rosemary Clarke (Registered Manager) and Mr Paul Jackson (Facilities Officer) 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 will 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 27.-(2)(c) Stated: First time To be Completed by: Ongoing	<p>The resident lifting equipment, including any slings, should be thoroughly examined in accordance with The Lifting Operations and Lifting Equipment Regulations (NI) 1999 (LOLER).</p>
	<p>Response by Registered Manager Detailing the Actions Taken:</p> <p>The equipment provided by the Trust is in date for assessment as it has not been in the home for more than 6 months.</p> <p>The Registered Manager demonstrated a proactive approach by contacting the Trust in advance to ensure they would be checked at the relevant interval.</p> <p>The Registered Manager had an email response from the Trust who were suggesting they may not be undertaking the assessments however Colin agreed to provide the additional paperwork for the Registered Manager to pursue the Trust with which she has continued to do.</p> <p>This will continue to be persued with the Trust who have the responsibility to comply with the legislation.</p>
Requirement 2 Ref: Regulation 27.-(4)(f) Stated: Second time To be Completed by: Ongoing	<p>Arrangements should be made which will ensure that all staff participate in practice fire drills using the emergency procedure. Reference should be made to NIHTM84.</p>
	<p>Response by Registered Manager Detailing the Actions Taken:</p> <p>This lesson plan for the annual fire training details the fire evacuation and drill that is completed as part of the session which 100% of staff have attended.</p> <p>The Director for Education reviews the monthly session and sits in on the Health & Safety Officers training to ensure that the quality and accuracy of the session is maintained. This report has highlighted the need for the Health & Safety Officer to have further education himself in understanding the RQIA definition of the components of the sessions he delivers.</p> <p>In addition to the above training, further evacuations and practices are undertaken by the staff in an unplanned session this ensures that the training is re-enforced within the shift. These records were reviewed and have possibly led to the miss understanding and suggestion that this was the only fire evacuation and practices that were completed.</p> <p>We are confident that 100% of our staff have fire evacuation training at least annually as well as 6 monthly fire training.</p>

Registered Manager Completing QIP	Rosie Clarke	Date Completed	29/02/16
Registered Person Approving QIP	Helen Armstrong	Date Approved	29.02.16
RQIA Inspector Assessing Response	C Muldoon	Date Approved	03/03/16

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