



The **Regulation** and
Quality Improvement
Authority

Carmen House
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3 Carmen Lane
Bangor
BT20 3PL

Inspector: Colin Muldoon
Inspection ID: IN021444

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Announced Estates Inspection
of
Carmen House

28 April 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 28 April 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	3	2

The details of the QIP within this report were discussed with Mrs Patricia Millar (Manager) and Mr Alex Millar (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: Carmen House Mr Alex Millar (Responsible Person)	Registered Manager: Mrs Patricia Millar
Person in Charge of the Home at the Time of Inspection: Mrs Patricia Millar	Date Manager Registered: 20 September 2007
Categories of Care: RC-I, RC-DE	Number of Registered Places: 15
Number of Residents Accommodated on Day of Inspection: 14	Weekly Tariff at Time of Inspection: £470.00

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:

- The last returned Estates Quality Improvement Plan
- The last returned care inspection Quality Improvement Plan.

The following records were examined during the inspection:

- Fire and legionella risk assessments.
- Fire safety installation test and maintenance records.
- Water safety records.
- Engineering services records, eg gas, electric, lifts etc.
- Fire training records.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced care inspection on 16 February 2015. The completed QIP was returned and the responses were considered to be acceptable by the care 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)	<p>The legionella risk assessment should be reviewed. A scheme of action for the effective control of legionella should be the outcome of the risk assessment.</p> <p>The registered person must ensure that the scheme of action is fully implemented.</p> <p>All actions relating to the control of legionella should be recorded.</p> <p>Reference should be made to HSE document L8 and Health Technical Memorandum 04-01.</p>	Partially Met
	<p>Action taken as confirmed during the inspection:</p> <p>The legionella risk assessment was reviewed by a specialist contractor in June 2013 and there are measures in place towards the control of legionella. These were discussed and it was agreed that the scheme of control should be reviewed with particular regard to the frequency of the disinfection of showers and the monitoring of calorifier and sentinel temperatures.</p>	
Requirement 2 Regulation 27.-(2)(c)	<p>Arrangements should be made for the thermostatic mixing valves to be maintained in accordance with the manufacturer's instructions.</p>	Partially Met
	<p>Action taken as confirmed during the inspection:</p> <p>Although there was no documentation the inspector was informed by Mr Millar that the operation of the thermostatic mixing valves is periodically checked by a plumber.</p>	

Requirement 3 Regulation 27.-(2)(c)	The registered person must ensure that arrangements are made to have the stair lift thoroughly examined in accordance with The Lifting Operations and Lifting Equipment Regulations (NI) 1999.	Met
	Action taken as confirmed during the inspection: New stair-lifts were installed in April 2015. The inspector discussed the requirement for subsequent LOLER (Lifting Operations and Lifting Equipment Regulations (NI) 1999) thorough examinations.	
Requirement 4 Regulation 14.-(2)(c)	In relation to the safety of opening windows a survey should be carried out and the necessary action taken to comply with the guidance issued in safety alert MDEA (NI) 2007/100.	Met
	Action taken as confirmed during the inspection: The provider confirmed that this was fully addressed following the previous Estates inspection. The inspector reviewed random windows during this inspection.	
Requirement 5 Regulation 14.-(2)(a) 27.-(2)(b)	It should be ensured that all wardrobes are stable and secure. Consideration should be given to replacing the vanity unit in room 16.	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 was reviewed by a specialist contractor in June 2013 and there are measures in place towards the control of legionella.

These were discussed and it was agreed that the scheme of control should be reviewed with particular regard to the disinfection of showers and the monitoring of calorifier and sentinel temperatures.

Although there was no documentation the inspector was informed by Mr Millar that the operation of the thermostatic mixing valves is periodically checked by a plumber.

The inspector discussed with Mr and Mrs Millar the requirement under LOLER (Lifting Operations and Lifting Equipment Regulations (NI) 1999) to have the new stair lifts thoroughly examined at least every six months. Subsequent to the inspection the inspector referred the responsible person to the Health and Safety Executive guidance document *How LOLER applies to health and social care* (Health Services Information Sheet No 4 (Rev 1)).

Some, but not all, of the radiators in the home have been fitted with covers. This was discussed and the inspector recommended that the risk from hot surfaces be kept under constant review.

Number of Requirements	2	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.

Areas for Improvement

No issues raised during this inspection.

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.

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)

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.

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 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.

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 home has a current fire risk assessment. The assessor considered the overall fire risk to be tolerable. Although not included in the action plan, the assessor made comments in the assessment about the effectiveness of some of the existing fire doors. The assessor suggests that a program should begin to upgrade the fire doors.

The fire risk assessment includes a statement that the assessor is moving towards accreditation. The current status of this could not be confirmed on the day of inspection.

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

Not applicable.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs P Millar (Manager) and Mr A Millar (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.

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 and 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

<p>Requirement 1</p> <p>Ref: Regulation 13.-(7)</p> <p>Stated: First time</p> <p>To be Completed by: 28 May 2015</p>	<p>The scheme for the control of legionella should be reviewed. Particular regard should be given to the frequency at which showers are being disinfected and the monitoring of calorifier and sentinel temperatures. Reference should be made to the Health and Safety Executive document <i>Legionnaires' disease HSG274 PART 2 – The control of legionella bacteria in hot and cold water systems</i>, which is free to download from the HSE website.</p>
	<p>Response by Registered Manager Detailing the Actions Taken: HSG274 Part 2 has been downloaded and additional temp. checks put into operation for calorifier and sentinels. A quarterly check system has been put in place for all showers and new documents produced.</p>

<p>Requirement 2</p> <p>Ref: Regulation 13.-(7) and 27.-(2)(q)</p> <p>Stated: First time</p> <p>To be Completed by: 28 May 2015</p>	<p>To help ensure both the delivery of safe hot water and the control of legionella it should be confirmed that the thermostatic mixing valves are being serviced, set and fail safe tested in accordance with the manufacturer's instructions.</p>
	<p>Response by Registered Manager Detailing the Actions Taken: This has been undertaken by our contract plumber. Full documentation will be available for future inspections.</p>

<p>Requirement 3</p> <p>Ref: Regulation 27.-(4)(c) and 27.-(4)(d)(i)</p> <p>Stated: First time</p> <p>To be Completed by: 28 June 2015</p>	<p>The comments by the fire risk assessor regarding the effectiveness of the fire doors should be followed up with a firm plan of action to upgrade the doors. The plan of action should be discussed with, and approved by, the fire risk assessor. RQIA should be informed of the plan of action.</p>
	<p>Response by Registered Manager Detailing the Actions Taken: A plan of action has already been put in place to begin replacing all old fire doors in accordance with new fire controls. This will be done on a monthly basis until finished but asap.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be Completed by: Ongoing</p>	<p>The risk to residents from hot surfaces should be kept under continuous review and any necessary guarding fitted.</p>
	<p>Response by Registered Manager Detailing the Actions Taken: A full risk assessment will be carried out and guarding fitted were a risk is identified. All bedrooms will be included.</p>

<p>Recommendation 2</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be Completed by: By anniversary of current fire risk assessment</p>	<p>It should be ensured that the person carrying out the next review of the fire risk assessment holds professional body registration or third party certification for fire risk assessment and be registered accordingly with the relevant body. Reference should be made to correspondence issued by RQIA to all registered homes on 02 April 2015 and the guidance contained in:</p> <p>http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf</p> <p>Response by Registered Manager Detailing the Actions Taken: I have checked with Fire Safety First our Fire Assessment and Training Company and they have assured me that their assessor holds all the required risk assessment certification and registered with the relevant body</p>		
<p>Registered Manager Completing QIP</p>	<p>Patricia Millar</p>	<p>Date Completed</p>	<p>22-06-15</p>
<p>Registered Person Approving QIP</p>	<p>Alexander Millar</p>	<p>Date Approved</p>	<p>22-06-15</p>
<p>RQIA Inspector Assessing Response</p>	<p>C Muldoon</p>	<p>Date Approved</p>	<p>*17/08/2015</p>

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