

# Announced Premises Inspection Report 13 September 2016



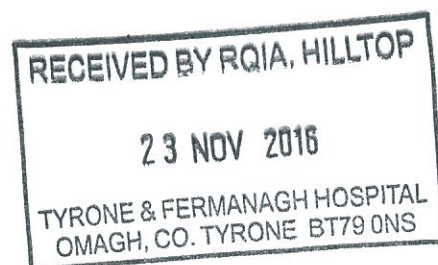
## Carlisle House

**Type of Service: Residential Care Home**

**Address: 2-4 Henry Place, Clifton Street, Belfast, BT15 2BB**

**Tel No: 028 9032 8308**

**Inspector: C Muldoon**



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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced premises inspection of Carlisle House took place on 13 September 2016 from 10.30 to 15.45hrs.

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. Refer 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. However some issues were identified for attention by the registered provider. Refer to section 4.5.

### 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
<b>Total number of requirements and recommendations made at this inspection</b>	<b>6</b>	<b>2</b>

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr David Cuthbert (Registered Manager), as part of the inspection process. The timescales for completion commence from the date of 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 dated 22 October 2013.



## 2.0 Service Details

<b>Registered organisation/registered provider:</b> Board of Social Witness Mr Lindsay Conway	<b>Registered manager:</b> Mr David Cuthbert
<b>Person in charge of the home at the time of inspection:</b> Mr David Cuthbert	<b>Date manager registered:</b> 01 April 2005
<b>Categories of care:</b> RC-A, RC-D	<b>Number of registered places:</b> 16

## 3.0 Methods/processes

Prior to inspection the following records were analysed: Previous premises inspection report, statutory notifications over the past 12 months, duty call log.

During the inspection the inspector met with Mr David Cuthbert (Registered Manager).

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.

## 4.0 The Inspection

The most recent inspection of Carlisle House was an unannounced care inspection. The completed QIP will be assessed by the specialist inspector and validated at their next inspection.

#### 4.2 Review of requirements and recommendations from the last premises inspection dated 22 October 2013

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 27.-(2)(q)  <b>Stated:</b> First time	<p>Arrangements should be made to replace the cold water storage tank which is in poor condition.</p> <p><b>Action taken as confirmed during the inspection:</b> The manager confirmed that the cold water storage tank had been removed as part of a recent upgrade of the heating and water system.</p>	<b>Met</b>
<b>Requirement 2</b>  <b>Ref:</b> Regulation 27.-(2)(q)  <b>Stated:</b> First time	<p>It should be ensured that the thermostatic mixing valves are being maintained in accordance with the manufacturers' instructions.</p> <p><b>Action taken as confirmed during the inspection:</b> There were no records presented relating to the maintenance of thermostatic mixing valves. Refer also to section 4.3 item 1 and requirement 1 in Quality Improvement Plan.</p>	<b>Not Met</b>
<b>Requirement 3</b>  <b>Ref:</b> Regulation 14.-(2)(a) and (c)  <b>Stated:</b> First time	<p>All the tasks and monitoring measures relating to the control of legionella should be recorded.</p> <p><b>Action taken as confirmed during the inspection:</b> There are weekly tasks being carried out which include some water temperature checks. However, most of the actions and monitoring measures normally expected in a scheme for the control of legionella appear to have lapsed. Refer to section 4.3 item 2 and requirement 2 in Quality Improvement Plan.</p>	<b>Not Met</b>
<b>Requirement 4</b>  <b>Ref:</b> Regulation 27.-(4)(f)  <b>Stated:</b> Second time	<p>It must be ensured that all staff participate in practice fire drills in accordance with Firecode document NIHTM84.</p> <p><b>Action taken as confirmed during the inspection:</b> On the day of inspection it could not be confirmed that all staff participate in practice fire drills. Refer also to section 4.3 item 3 and requirement 3 in Quality Improvement Plan.</p>	<b>Partially Met</b>

<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulation 27.-(4)(d)(i)</p> <p><b>Stated:</b> Second time</p>	<p>Fire doors must not be wedged or prevented from closing. If necessary, the advice of the fire safety advisor should be sought regarding the use of suitable door hold open devices.</p> <p><b>Action taken as confirmed during the inspection:</b> There were no doors observed to be wedged open on the day of inspection. Refer also to section 4.3 item 4 and recommendation 1 in Quality Improvement Plan.</p>	<p><b>Met</b></p>
<p><b>Requirement 6</b></p> <p><b>Ref:</b> Regulation 27.-(4)(b)</p> <p><b>Stated:</b> Second time</p>	<p>The issue of hidden and uncontrolled smoking should be given further consideration. Reference should be made to the RQIA guidance document <i>Guidance on Service Users Smoking in Residential Care and Nursing Homes</i></p> <p><b>Action taken as confirmed during the inspection:</b> There are smoking facilities for residents and on the day of inspection there was no evidence of smoking within the building.</p>	<p><b>Met</b></p>
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 27.-(4)(d)(iii)</p> <p><b>Stated:</b> First time</p>	<p>The fire safety emergency plan and accurate zone plans should be posted at the fire panel.</p> <p><b>Action taken as confirmed during the inspection:</b> Building zone plans and a generic fire notice are posted close to the fire panel. The manager confirmed that the fire procedure for staff has been incorporated into an immediately accessible information pack/stand in the office beside the panel.</p>	<p><b>Met</b></p>
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 27.-(4)(b) and (d)(iv)</p> <p><b>Stated:</b> First time</p>	<p>The servicing of the fire extinguishers must be brought up to date.</p> <p><b>Action taken as confirmed during the inspection:</b> The extinguishers reviewed had a valid service date.</p>	<p><b>Met</b></p>



Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> First time	<p>It is recommended that the temperature of the hot water from resident accessible outlets is monitored monthly to verify the satisfactory performance of the thermostatic mixing valves. Reference should be made to Health Guidance Note 'Safe' hot water and surface temperatures</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> There is a weekly procedure to check the temperature of water in bathrooms. Refer also to section 4.3 item 5 and requirement 1 in Quality Improvement Plan.</p>	Partially 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 by a risk assessor holding professional body registration for 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. There were no records presented relating to the maintenance of thermostatic mixing valves. The record of a recent check of safe water temperatures indicates that the temperature of water at some outlets accessible to residents may be in excess of that recommended in the Health Guidance Note 'Safe' hot water and surface temperatures. The heating and water system has been upgraded including the installation of new hot water storage vessels. There were no temperature gauges apparent on the vessels but it is assumed they are set to store water at a temperature which is high enough to control legionella.  
Refer to requirement 1 in Quality Improvement Plan.

2. The legionella risk assessment on site is dated July 2011. The heating and water system has been upgraded recently. Therefore, the legionella risk assessment should be reviewed to take account of the current water installation. A scheme for the control of legionella should be in place.  
Refer to requirement 2 in Quality Improvement Plan.
3. Whilst it is understood that evacuation scenarios are included as part of the fire safety training it could not be confirmed that all staff have participated in a practice drill. In the fire risk assessment the fire risk assessor recommends that, due to the nature of the service being provided, fire drills should be carried out monthly.  
Refer to requirement 3 in Quality Improvement Plan.
4. During the walk round it was observed that the fire seal on some doors required repair. The ground and first floor corridor doors at the non-residential end of the building have mortice dead locks. It is understood that these are redundant and the manager confirmed that they would be removed.  
Refer to recommendation 1 in Quality Improvement Plan.
5. It is recommended that the water from all outlets where there are thermostatic mixing valves is regularly monitored for safe temperature to confirm the satisfactory performance of the valves.  
Refer to requirement 1 in Quality Improvement Plan.
6. It is understood that a new fire detection and alarm system was installed in 2015. The records presented show that the last quarterly service was carried out in January 2016.  
Refer to requirement 4 in Quality Improvement Plan.
7. The records presented relating to the electrical installation show that the last test and inspection was in 2009 when the installation was considered to be in satisfactory condition. The 2009 report recommended a retest in 5 years. The manager informed the inspector that a further test and inspection has been carried out and the report is awaited.  
Refer to requirement 5 in Quality Improvement Plan.
8. There were no valid Gas Safe certificates for the catering and boiler installations. The manager informed the inspector that the Gas Safe contractor was waiting for the landlord to install additional ventilation in the kitchen. This was discussed with the manager who confirmed that the ventilation work would be completed within two weeks and a satisfactory Gas Safe certificate obtained within three weeks. The manager confirmed that, in the interim, the windows in the kitchen would be kept open. The inspector advised that records should be kept of all notices and repairs relating to gas installations.  
Refer to requirement 6 in Quality Improvement Plan.

<b>Number of requirements</b>	<b>6</b>	<b>Number of recommendations:</b>	<b>1</b>
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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.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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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

Service users are consulted about decisions around décor and the private accommodation where appropriate.

This supports the delivery of compassionate 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. The bathroom on the first floor would benefit from upgrade and redecoration. Consideration should be given to changing this room into a modern walk in shower room.

The approach to the home is through a steel palisade gate which is part of palisade fencing. At some time in the past the top of the fence has had large coils of razor wire fitted which is unsightly.

Refer to recommendation 2 in Quality Improvement Plan

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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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.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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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 Mr David Cuthbert (Registered Manager) 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 **Regulation and Quality Improvement Authority, Hilltop, Tyrone and Fermanagh Hospital, Omagh, BT79 0NS** 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

### Statutory requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 14.-(2)(a) and (c)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 13 October 2016</p>	<p>The arrangements for providing safe hot water should be reviewed. Thermostatic mixing valves should be installed, maintained, set and fail safe tested in accordance with HSG274 Part 2 and the Health Guidance Note 'Safe' hot water and surface temperatures.</p> <p>The requirement for thermostatic mixing valves should be kept under review.</p> <p>It is recommended that the temperature of the water from all outlets with thermostatic mixing valves is regularly monitored to confirm the satisfactory performance of the valves.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>CHOICE HOUSING ATTENDED OUT &amp; REVIEWED ALL TMV's ON THE 18.11.16. OUTCOME ONE SHOWER TMV TO BE REPLACED.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 13.-(7) 14.-(2)(c)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 13 November 2016</p>	<p>The legionella risk assessment should be reviewed. The action plan and scheme of control arising from the risk assessment should be fully implemented within timescales acceptable to the risk assessor. In the interim the good practice measures set out in the guidance document HSG274 Part 2 should be actioned and records kept.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>LEGIONELLA RISK ASSESSMENT SUPPORTED BY CHOICE HOUSING. CAPT EVIDENCE DATE 31.08.16</p> <p>CHOICE HAVE BEEN INFORMED</p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 27.-(4)(f)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Ongoing</p>	<p>The arrangements for carrying out practice fire drills should be reviewed and, as necessary, brought into line with NIHTM84 and the recommendations of the fire risk assessor. Suitable records should be kept which will enable participation in drills to be managed and learning points actioned.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>FIRE DRILLS NOW TAKING PLACE MONTHLY. ALSO AT VARIOUS TIMES TO INCLUDE ALL STAFF</p>



<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 27.-(4)(d)(iv)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 13 October 2016</p>	<p>The maintenance of the fire detection and alarm system should be reviewed and the necessary arrangements made which will ensure that the installation is maintained in line with good practice.</p> <p>Reference should be made to BS5839.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>FIRE DETECTION &amp; ALARM SYSTEM LAST CHECKED JAN 2016. CLOVE HAVE BEEN INFORMED.</p>
<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulation 27.-(2)(q)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 13 October 2016</p>	<p>The report on the latest test and inspection of the electrical installation should be obtained. It should be ensured that arrangements are made to carry out any work necessary to restore the installation to a satisfactory condition.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>STILL AWAITING REPORT FROM CLOVE.</p>
<p><b>Requirement 6</b></p> <p><b>Ref:</b> Regulation 27.-(2)(q)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 04 October 2016</p>	<p>Valid Gas Safe certificates should be obtained for the catering and boiler installations. The certificates should verify that the installations and appliances are in satisfactory condition and safe to use.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>ALL CERTIFICATES HAVE BEEN OBTAINED</p>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 29</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 13 October 2016</p>	<p>A survey of all fire doors should be carried out and the fire seals repaired or replaced as necessary.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>SURVEY STILL TO BE UNDERTAKEN. BY CLOVE</p>

<b>Recommendation 2</b>  <b>Ref:</b> Standard 27  <b>Stated:</b> First time  <b>To be completed by:</b> Ongoing	<p>The bathroom on the first floor would benefit from upgrade and redecoration. Consideration should be given to changing this room into a modern walk in shower room.</p> <p>The existence of the razor wire on top of the palisade fence should be reviewed. If necessary, more modern and subtle security should be considered.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>CHOLICE STATES BATHROOM NOT IN CURRENT SCHEME. TO BE PAID TO 'ASSETS' FOR PHP WORK.</p> <p>RE - RAZOR WIRE - CHOLICE WILL NOT AGREE TO REMOVAL AS STATE IS AN INTERFACE.</p>
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*\*Please ensure this document is completed in full and returned to Regulation and Quality Improvement Authority, Hilltop, Tyrone and Fermanagh Hospital, Omagh, BT79 0NS\**

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