



The Regulation and
Quality Improvement
Authority

Inspector: Kieran Monaghan
Inspection ID: IN021629

The Cedars
RQIA ID: 1588
130 Upper Knockbreda Road
Belfast
BT6 9QB

Tel: 028 9079 9517
Email: info@cedarsni.co.uk

Announced Estates Inspection

of

The Cedars Residential Care Home, Belfast

24 November 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 24 November 2015 from 10.30am. to 1.10pm. 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 | 4 | 0 |

The details of the QIP within this report were discussed with the Mrs. Jane Anne Hurley, Registered Responsible Person and Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

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| Registered Organisation/Registered Person: SELKIRK INVESTMENTS LIMITED / Mrs. Jane Anne Hurley | Registered Manager: Mrs. Jane Anne Hurley |
| Person in Charge of the Home at the Time of Inspection: Mrs. Jane Anne Hurley, Registered Manager | Date Manager Registered: 01 April 2005 |
| Categories of Care: RC-I, RC-DE | Number of Registered Places: 26 |
| Number of Residents Accommodated on Day of Inspection: 21 | 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 previous estates inspection report and the statutory notifications over the past 12 months.

Discussions with Mrs. Jane Anne Hurley, Registered Responsible Person and 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, etc.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of this home was an unannounced finance inspection IN023750 on 10 November 2015. The report for this inspection will be issued by RQIA in due course.

5.2 Review of Requirements and Recommendations from the last Estates Inspection on 19 November 2012

| Previous Inspection Statutory Requirements | | Validation of Compliance |
|---|--|--------------------------|
| Requirement 1 Ref: Regulation 27(2)(q) | The operation of the call system should be reviewed with the service engineers to clarify what action is required to ensure that this system remains serviceable and reliable in the future. | Met |
| | Action taken as confirmed during the inspection: Mrs. Hurley confirmed that the call system had been reviewed following the last estates inspection and it remained satisfactory. The call system is checked weekly by staff and it was serviced on 28 April 2015. | |
| Requirement 2 Ref: Regulation 27(2)(b) | The drop down support rail at the toilet in the first floor shower room should be repainted. | Met |
| | Action taken as confirmed during the inspection: This rail had been repainted. This rail had however further deteriorated and should now be replaced. | |
| Requirement 3 Ref: Regulations 27(2)(c) 27(2)(q) | All lifts and lifting equipment should be thoroughly examined in accordance with the Lifting Operations and Lifting Equipment Regulations every six months. | Met |
| | Action taken as confirmed during the inspection: It is good to report that a new passenger lift was installed in the home in May 2015 and the first thorough examination was carried out on 18 June 2015. The report for this thorough examination identified one issue for attention which Mrs. Hurley confirmed had been addressed. Mrs. Hurley also confirmed that there were no hoists being used in the home. | |

| Previous Inspection Statutory Requirements | | Validation of Compliance |
|--|---|--------------------------|
| Requirement 4 Ref: Regulations 13(7) 14(2)(a) 14(2)(c) | The action plan in the legionella risk assessment report should be signed off. The procedure for checking the water temperatures should be reinstated. These checks should include the cold water and all of the unblended hot water outlets. The 'dead leg' pipework in the lift plant room should be removed if it is still connected to the system. | Met |
| | Action taken as confirmed during the inspection: The action plan in the legionella risk assessment had been completed and the procedure for checking the water temperatures had been reinstated. The dead leg pipework in the lift plant room had been removed. | |
| Requirement 5 Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(q) | The periodic Inspection Report for the general electrical installation should be reviewed to ensure that the issues identified for attention have been addressed and signed off. | Met |
| | Action taken as confirmed during the inspection: Mrs. Hurley confirmed that the issues identified for attention in the previous inspection and test report for the fixed wiring installation had been addressed and a further inspection and test was also carried out to the fixed wiring installation. A number of issues were identified for attention during this more recent inspection and test. Mrs. Hurley confirmed that most of these issues had been addressed, for example: the installation of new lights and work was ongoing to complete the remaining issues. | |
| Requirement 6 Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q) | The issues identified for attention by the most recent review of the legionella risk assessment should be addressed and signed off. | Met |
| | Action taken as confirmed during the inspection: Mrs. Hurley confirmed that these issues had been addressed. | |

| Previous Inspection Statutory Requirements | | Validation of Compliance |
|---|---|--------------------------|
| Requirement 7 Ref: Regulations 27(2)(c) 14(2)(a) 14(2)(c) | The issue noted in the report for the most recent service of the gas boilers should be followed up. A current certificate should also be provided for the gas safety tests to the gas pipework for the cooker. | Partially Met |
| | Action taken as confirmed during the inspection: The most recent gas safety inspection and service to the heating boilers and the cooker was carried out on 15 October 2015. It was not fully clear from the documentation presented for review in relation to this work if a gas tightness test was carried out to the gas pipework and if the cooker was also serviced. Mrs. Hurley agreed to clarify these issues. Reference should be made to requirement 1 in the attached Quality Improvement Plan. | |
| Requirement 8 Ref: Regulations 27(2)(c) 14(2)(a) 14(2)(c) | The issue in relation to the pump for the lift pit should be resolved. | Met |
| | Action taken as confirmed during the inspection: With the installation of the new passenger lift this pump was removed as it was no longer required. | |
| Requirement 9 Ref: Regulations 13(7) 14(2)(a) 14(2)(c) | The results for the testing of the water samples for legionella bacteria should be confirmed to RQIA. The sluice should not be used for storage. Locked cupboards should be provided for all cleaning and laundry chemicals. The COSHH risk assessment should also be reviewed and the control measures updated as required. | Met |
| | Action taken as confirmed during the inspection: Mrs. Hurley confirmed that the results for the water samples were satisfactory and that the COSHH risk assessments were up to date. A locked cabinet had been provided in the sluice for the storage of cleaning chemical and the sluice was not being used for storage. | |

| Previous Inspection Statutory Requirements | Validation of Compliance | |
|--|--|-------------------|
| <p>Requirement 10</p> <p>Ref: Regulations 14(2)(a) 14(2)(c)</p> | <p>The window openings in bedroom 22 should be reviewed and adjusted to ensure that both windows are controlled to a safe point of opening with a maximum clear opening of 100mm. The restrictors should not be easy to disconnect without the use of a key or a specialist tool. The nosings on the front stair should also be checked and resecured as required.</p> <p>Action taken as confirmed during the inspection: Additional restrictors had been fitted to the windows in this bedroom. Mrs. Hurley agreed to review the type of restrictor that had been fitted against the information contained in the Estates and Facilities Alert that was issued on 10 November 2014 in relation to window restrictors of the cable and socket design. This is available via the following link: http://www.dhsspsni.gov.uk/efa-2014-003.pdf</p> <p>In addition Mrs. Hurley confirmed that following the recent redecoration works, new carpets were to be fitted the week after this estates inspection and this work would include the front stairs complete with new nosings.</p> | <p>Met</p> |
| <p>Requirement 11</p> <p>Ref: Regulations 27(4)(d)(iv) 14(2)(c)</p> | <p>In addition to the six monthly duration tests by the engineers, each emergency light fitting should be function checked every month. Advice should be sought from the engineers in relation to how these function checks should be carried out safely.</p> <p>Action taken as confirmed during the inspection: The emergency lights were inspected and tested by the service engineers on 28 April 2015 and on 08 October 2015. Monthly function checks were not however being carried out. Mrs. Hurley made arrangements during this estates inspection for the service engineers to carry out the monthly function checks commencing in December 2015.</p> | <p>Met</p> |

| Previous Inspection Statutory Requirements | | Validation of Compliance |
|--|---|--------------------------|
| Requirement 12 Ref: Regulation 27(4)(d)(i) | <p>Further fire stopping works should be carried out at high level in the new sluice room where the pipes pass through and in the switchgear enclosures.</p> <hr/> <p>Action taken as confirmed during the inspection: This issue had been addressed.</p> | Met |
| Requirement 13 Ref: Regulations 27(4)(d)(i) 27(4)(d)(iv) | <p>The fire doors should be checked and any necessary remedial works should be completed. Particular attention should be given to the door to office and the door to the hot press on the second floor (not latching with self-closers). The door to the laundry should also be fully smoke sealed and the door to the kitchen hatch should be upgraded to provide a half hour fire and smoke sealing standard.</p> <hr/> <p>Action taken as confirmed during the inspection: These issues had been addressed.</p> | Met |
| Requirement 14 Ref: Regulation 27(4)(d)(iv) | <p>The procedure for the in-house testing of the fire alarm should be revised to a weekly rotational test.</p> <hr/> <p>Action taken as confirmed during the inspection: This issue had been addressed.</p> | Met |
| Requirement 15 Ref: Regulations 27(4)(b) 27(4)(c) 27(4)(d)(i) | <p>The proposals to address the issue identified for action by the Northern Ireland Fire and Rescue Service during their recent audit should be confirmed to RQIA. A self-closer should also be fitted to the door to the store in the rear stairs on the second floor. The location for the freezer should be reviewed with the Fire Risk Assessor.</p> <hr/> <p>Action taken as confirmed during the inspection: These issues had been addressed.</p> | Met |

| Previous Inspection Statutory Requirements | | Validation of Compliance |
|--|---|--------------------------|
| <p>Requirement 16</p> <p>Ref: Regulations 27(4)(b) 27(4)(c) 27(4)(d)(i)</p> | <p>The door to the hot press on the second floor should not be wedged open. Consideration should be given to the installation of an appropriate type of hold open device to address this issue. Advice should be sought from the Fire Safety Advisor for the home. The cover for the electrical switchgear unit on the second floor should remain in place. A brief report should be written up for the fire drills. These reports should record the times for evacuation, details of any learning points and action taken to follow up same. The switchgear cupboards should be kept locked.</p> | Met |
| | <p>Action taken as confirmed during the inspection:</p> <p>These issues had been addressed. It was also agreed that the record for the fire drills would be further developed to include details of the scenarios covered, the learning points and a list of the staff who attend.</p> | |

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.

No issues were identified for attention during this Estates inspection.

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.

No issues were identified for attention during this Estates inspection.

Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. Redecoration works to a very high standard had recently been completed in the home and arrangements had been made to fit new carpets in the week following this estates inspection. This supports the delivery of compassionate care.

No issues were identified for attention during this Estates inspection.

Areas for Improvement

Not applicable.

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| Number of Requirements | 0 | 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.

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 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.

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)

There are health and safety procedures and control measures in place which support 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

1. The surface of the radiator in bedroom 20 was hot and it was not guarded. Mrs. Hurley however confirmed that they were aware of the risks associated with hot surfaces and as the beds were not located beside the radiators and the residents were all mobile, hot surfaces were not currently considered to pose a significant risk. This should be kept under review.
2. The water systems were cleaned and disinfected in 14 August 2015. The water temperatures are checked and recorded on a monthly basis and the water storage tanks are inspected on a six monthly basis. There was a written procedure in place for descaling, cleaning and disinfecting the showers and this task was last completed on 11 November 2015. In addition to these control measures the legionella risk assessment should be reviewed, updated and actioned as required. A schematic drawing should be provided for the water systems in the premises and the frequency for flushing the shower that is not used as often as the others should also be increased to twice weekly and the thermostatic mixing valves should be serviced. Reference should be made to requirement 2 in the attached Quality Improvement Plan.
3. The record for the monthly temperature checks indicated that the hot water at the showers was exceeding the current 41^o C maximum standard for safe hot blended water. The hot water controls for the showers should be checked and upgraded as required to ensure that all showers are fitted with DO8 Type 3 fail-safe thermostatic mixing valves that will limit the maximum hot water temperature to 41^o C. Reference should be made to requirement 2 in the attached Quality Improvement Plan.
4. The window opening in bedroom 6 was controlled but the maximum opening width exceeded the current 100mm maximum standards. The window openings should be checked and reduced as required to 100mm. Reference should be made to requirement 3 in the attached Quality Improvement Plan.

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| Number of Requirements | 2 | 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

1. It is good to report that a fire risk assessment in accordance with the guidance from RQIA in relation to the competency of fire risk assessors was completed on 24 June 2015. Mrs. Hurley confirmed that most of the issues identified for attention in the report for this fire risk assessment had been addressed. The remaining works in relation to the fixed wiring installation were currently ongoing and consideration was being given to altering the zones on the fire alarm system to align these with the fire sub-compartments. In addition to altering the fire alarm zones consideration should be given to upgrading the fire detection and alarm system to a fully addressable system. In the meantime drawings clearly identifying the fire alarm zones on each floor should be displayed beside the fire alarm control panel. Reference should be made to requirement 4 in the attached Quality Improvement Plan.

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

No additional areas were examined during this estates inspection.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs. Jane Anne Hurley, Registered Responsible Person and Registered Manager, 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 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 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 with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

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| <p>Requirement 1</p> <p>Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(c)</p> <p>Stated: Second time</p> <p>To be Completed by: 22 January 2016</p> | <p>The position in relation to the gas safety test to the gas pipework and the servicing of the cooker should be confirmed to RQIA.</p> <p>Response by Registered Manager Detailing the Actions Taken: Gas safety test to pipework and servicing of the cooker has been carried out and all remedial work has been completed</p> |
| <p>Requirement 2</p> <p>Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(c) 27(2)(q)</p> <p>Stated: First time</p> <p>To be Completed by: 22 January 2016 and ongoing</p> | <p>The legionella risk assessment should be reviewed, updated and actioned as required. A schematic drawing should be provided for the water systems in the premises and the thermostatic mixing valves should be serviced. The hot water controls for the showers should be checked and upgraded as required to ensure that all showers are fitted with DO8 Type 3 fail-safe thermostatic mixing valves that will limit the maximum hot water temperature to 41° C. The frequency for flushing the shower that is not used as often as the others should also be increased to twice weekly</p> <p>Response by Registered Manager Detailing the Actions Taken: The legionella risk assesment has been reviewed ,updated and actioned to include a schematic drawing of the water system.The hot water controls for the showers have been checked, any upgrades that may be required to the thermostatic mixing valves will be reviewed and carried out this month</p> |
| <p>Requirement 3</p> <p>Ref: Regulations 14(2)(a) 14(2)(c)</p> <p>Stated: First time</p> <p>To be Completed by: 22 January 2016</p> | <p>The window openings should be checked and reduced as required to 100mm maximum.</p> <p>Response by Registered Manager Detailing the Actions Taken: Window openings have been reduced to 100mm maximum.</p> |

Quality Improvement Plan

Statutory Requirements

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| Requirement 4 Ref: Regulations 27(4)(b) 27(4)(d)(i) Stated: First time To be Completed by: 22 January 2016 | Drawings clearly identifying the fire alarm zones on each floor should be displayed beside the fire alarm control panel. Response by Registered Manager Detailing the Actions Taken: This requirement has been actioned and the plans will be displayed in a suitable format within the timescale.. |
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| Registered Manager Completing QIP | Jane Hurley | Date Completed | 13/1/16 |
| Registered Person Approving QIP | Jane Hurley | Date Approved | 13/1/16 |
| RQIA Inspector Assessing Response | Kieran Monaghan | Date Approved | 18 January 2016* |

*Clarification or follow up required on some items

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