

Announced Premises Inspection Report

17 MAY 2016



Clifton House

Type of Service: Residential

Address: 2 Queen Street, Belfast, BT15 1EQ

Tel No: 028 9089 7532

Inspector: Colin Muldoon

1.0 Summary

An announced premises inspection of Clifton House Residential Home took place on 17 May 2016 from 10:30 to 15:20hrs.

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 person. 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.

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
Total number of requirements and recommendations made at this inspection	3	5

Details of the QIP within this report were discussed with Mrs Deborah Oktar-Campbell (Acting Responsible Person) and Mrs Frances McKernon (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 last inspection.

2.0 Service Details

Registered organisation/registered person: Clifton Care Home Limited	Registered manager: Frances McKernon
Person in charge of the home at the time of inspection: Frances McKernon	Date manager registered: Registration pending
Categories of care: RC-A, RC-LD, RC-PH, RC-I, RC-DE	Number of registered places: 27

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 Mrs Deborah Oktar-Campbell (Acting Responsible Person) and Mrs Frances McKernon (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

4.1 Review of requirements and recommendations from the most recent inspection dated 12/11/2015

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the specialist inspector. This QIP will be validated by the specialist inspector at their next inspection.

4.2 Review of requirements and recommendations from the last premises inspection dated 11/07/2013

Last premises inspection statutory requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 27(2)(q)</p> <p>Stated: Second time</p>	<p>All of the electrical installation should be tested and inspected by a competent person in accordance with BS7671.</p> <p>Any necessary remedial work must be carried out to restore the installation to a satisfactory condition.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The electrical installation was considered to be in satisfactory condition following an inspection in August 2015.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulations 27(2)(c) 27(2)(q)</p> <p>Stated: Second time</p>	<p>Valid Gas Safe certificates must be obtained for all the gas kitchen equipment. The certificates must verify that the appliances and pipework installations are in a safe and satisfactory condition.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>There was Gas Safe certification dated May 2015 for the catering equipment. The certificate confirmed that the appliances and installation were safe to use.</p> <p>Refer also to section 4.3 item 1 and requirement 1 in Quality Improvement Plan.</p>	Met
<p>Requirement 3</p> <p>Ref: Regulations 27(2)(c) 27(2)(q)</p> <p>Stated: First time</p>	<p>It must be confirmed that there are up to date LOLER thorough examination reports for the passenger lift and bath hoists. The reports must verify that the equipment is without defects.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The inspector was provided with valid LOLER thorough examination reports for the hoisting equipment. Refer also to section 4.3 item 2 and requirement 2 and recommendation 1 in Quality Improvement Plan.</p>	Partially Met

<p>Requirement 4</p> <p>Ref: Regulation 27(2)(d)</p> <p>Stated: First time</p>	<p>A program of redecoration should be drawn up and implemented.</p> <p>Action taken as confirmed during the inspection: A program of redecoration has been completed.</p>	Met
<p>Requirement 5</p> <p>Ref: Regulation 27(2)(b)</p> <p>Stated: First time</p>	<p>The damaged worktop in the snack kitchen beside the dining room should be replaced.</p> <p>Action taken as confirmed during the inspection: Addressed.</p>	Met
<p>Requirement 6</p> <p>Ref: Regulation 14(2)(c)</p> <p>Stated: Second time</p>	<p>A legionella risk assessment must be carried out by a competent person. The outcome of the assessment should be a scheme for the effective control of legionella. The responsible person must ensure that the scheme is fully implemented. Reference should be made to HSE approved code of practice and guidance L8 <i>Legionnaires's disease – the control of legionella bacteria in water systems</i> and Health Technical Memorandum 04-01 <i>The control of Legionella, hygiene, "safe" hot water, cold water and drinking water systems</i>. In the meantime the routine to disinfect showers should be extended to include all showers.</p> <p>Action taken as confirmed during the inspection: Legionella risk assessments were carried out by a specialist contractor in November 2013 and October 2015. There are actions and monitoring measures in place towards the control of legionella. Refer also to section 4.3 item 3 and recommendation 2 in Quality Improvement Plan.</p>	Met
<p>Requirement 7</p> <p>Ref: Regulation 14(2)(a)</p> <p>Stated: First time</p>	<p>The hot water from resident accessible baths and showers should be checked for safe temperature at least monthly. The water from all other hot water outlets should be checked at least every six months.</p> <p>Action taken as confirmed during the inspection: There is a procedure in place to check the safe temperature of water accessible to residents. Refer also to section 4.3 item 3 and recommendation 2 in Quality Improvement Plan.</p>	Met

<p>Requirement 8</p> <p>Ref: Regulation 27(4)(a)</p> <p>Stated: First time</p>	<p>It must be ensured that the fire risk assessment review is carried out and that the action plan arising from the review is fully addressed.</p> <p>Reference should be made to Northern Ireland Firecode document HTM84 – <i>Fire risk assessment in residential care premises</i></p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The home has a fire risk assessment which was carried out by an accredited assessor in September 2015. The assessor considered the overall risk to be tolerable.</p>		
<p>Requirement 9</p> <p>Ref: Regulation 27(4)(d)(iv) and (v)</p> <p>Stated: First time</p>	<p>It must be ensured that the smoke ventilation system is being serviced and tested at the correct intervals.</p>	<p>Not Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The test and maintenance of the smoke ventilation system could not be confirmed on the day of inspection.</p> <p>Refer also to section 4.3 item 4 and requirement 3 in Quality Improvement Plan.</p>		
<p>Last premises inspection recommendations</p>		<p>Validation of Compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 28</p> <p>Stated: First time</p>	<p>Consideration should be given to the safety of the hot water in staff areas.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>This was reviewed and signage has been posted.</p>		
<p>Recommendation 2</p> <p>Ref: Standard 29</p> <p>Stated: First time</p>	<p>The testing of the green break glass emergency release units should be recorded.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Addressed.</p>		

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 Gas Safe certificates issued in May 2015 for the catering installations. In early May 2016 there was a gas leak from the catering supply pipe. This was repaired and the inspector was shown a worksheet confirming the repair was gas tight. The manager also confirmed that a full Gas Safe inspection of the catering installation had been carried out and the documentation relating to this was pending.
Refer to requirement 1 in Quality Improvement Plan.
2. With regard to the LOLER thorough examination reports on the hoisting equipment there were no defects which require corrective action before further use or before a specified date but some items were identified as having defects requiring attention.
A report on a valid LOLER thorough examination of the passenger lift was not available for inspection.
Refer to requirement 2 and recommendation 1 in Quality Improvement Plan.
3. There are actions and monitoring measures in place towards the control of legionella which include the flushing of infrequently used outlets. It is recommended that the flushing procedure is reviewed to ensure that all infrequently used outlets including, for example, those in the hairdressing room, are identified and flushed in accordance with good practice.

There is also a procedure to check that the water from outlets accessible to residents is at a safe temperature. The records indicated that not all such outlets are checked regularly and therefore it is recommended that this procedure is reviewed.

It is understood that a new maintenance officer is to be appointed. The inspector recommended that they be given appropriate training in legionella control.

Refer to recommendation 2 in Quality Improvement Plan.

4. The home has a smoke ventilation system on the upper floor. On the day of inspection it could not be confirmed that the system is being tested and maintained.
Refer to requirement 3 in Quality Improvement Plan.
5. The inspector understands that evacuation procedures are included as part of the fire training. It is recommended that additional fire drills are carried out to confirm understanding of training and to practice a range of fire scenarios.
Whilst a monthly check of the emergency lighting is being carried out this is a visual check rather than the recommended function test.
Refer to recommendation 3 in Quality Improvement Plan.
6. A new nurse call system has been installed recently. There is a procedure for function testing call points although it is understood that not all points may be covered regularly.
Refer to recommendation 4 in Quality Improvement Plan.
7. Whilst the home was generally well presented some of the furniture is becoming tired or needs minor repairs.
Refer to recommendation 5 in Quality Improvement Plan.

Number of requirements:	3	Number of recommendations:	5
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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.

Number of requirements:	0	Number of recommendations:	0
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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.

Number of requirements:	0	Number of recommendations:	0
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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.

Number of requirements:	0	Number of recommendations:	0
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5.0 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Deborah Oktar-Campbell (Acting Responsible Person) and Mrs Frances McKernon (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.

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 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 should review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP should be returned to estates.team@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 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 person/manager 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 person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 27.-(2)(c) and (q)</p> <p>Stated: First time</p> <p>To be Completed by: 17 June 2016</p>	<p>A valid Gas Safe certificate should be obtained for the catering appliances and installation. The certificate should verify that the appliances and installation are in satisfactory condition and safe to use. A copy of the certificate should be forwarded to RQIA.</p>
	<p>Response by Registered Manager Detailing the Actions Taken: HELM are contracted to provide estates services for the home. Gas Safety certificate on file during inspection was dated up to 07/05/16. Phoenix attended the home post gas leak on 04/05/16 and have issued a Job Sheet, HELM following up on certificate.</p>
<p>Requirement 2</p> <p>Ref: Regulation 27.-(2)(c) and (q)</p> <p>Stated: First time</p> <p>To be Completed by: 17 June 2016</p>	<p>A report on a valid thorough examination of the passenger lift should be obtained. The report should verify that the lift is safe to use.</p>
	<p>Response by Registered Manager Detailing the Actions Taken: HELM are contracted to provide estates services for the home. Lift serviced in June 16, awaiting certificate. HELM following up on certificate.</p>
<p>Requirement 3</p> <p>Ref: Regulation 27.-(4)(d)(iv) and (v)</p> <p>Stated: Second time</p> <p>To be Completed by: 17 July 2016</p>	<p>The advice of the fire safety advisor should be sought and followed in relation to the test and maintenance of the smoke ventilation system.</p>
	<p>Response by Registered Manager Detailing the Actions Taken: HELM are contracted to provide estates services for the home. HELM are seeking advice and will communicate with the home on next steps. Contractors H+J Martin attended the home 08/07/16 to review.</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 issues identified in the last thorough examination of the hoisting equipment should be followed up and any necessary repairs carried out within timescales acceptable to the LOLER thorough examiner.</p> <p>Response by Registered Manager Detailing the Actions Taken: HELM are contracted to provide estates services for the home. Bath hoist deficits to be addressed - report 146740490/1 Bath hoist deficits to be addressed - report 146750490/1 These baths are currently not in use.</p>
<p>Recommendation 2</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be Completed by: 17 June 2016</p>	<p>In relation to the control of legionella the flushing arrangements should be reviewed to ensure that all infrequently used outlets are identified and are flushed in line with the good practice guidance HSG274 Part 2.</p> <p>The system for checking safe hot water temperatures should be reviewed to ensure that all outlets accessible to residents are identified and are included in regular temperature checks.</p> <p>Response by Registered Manager Detailing the Actions Taken: New checking sheets have been implemented and all areas are covered.</p>
<p>Recommendation 3</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be Completed by: 17 June 2016 and Ongoing</p>	<p>Additional fire drills should be carried out to confirm understanding of training and to practice a range of fire scenarios. Reference should be made to Firecode document NIHTM84 and, if necessary, the guidance of the fire safety advisor should be sought and followed.</p> <p>Arrangements should be made to carry out monthly function tests of the emergency lighting installation in accordance with good practice. (BS5266)</p> <p>Response by Registered Manager Detailing the Actions Taken: Fire Drills now demonstrating activity in detail.</p> <p>New checking sheets have been implemented and all areas are covered.</p>
<p>Recommendation 4</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be Completed by: 17 June 2016</p>	<p>It is recommended that the procedure for checking the nurse call system is reviewed to ensure that all points are function tested regularly.</p> <p>Response by Registered Manager Detailing the Actions Taken: New checking sheets have been implemented and all areas are covered.</p>

Recommendation 5 Ref: Standard 27 Stated: First time To be Completed by: 17 August 2016	It is recommended that plans be made to begin a program of furniture upgrade and replacement. Response by Registered Manager Detailing the Actions Taken: A refurbishment plan has been devised and is awaiting approval from the charitable society based on a longer decision with regards to running of the home.
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