



The Regulation and
Quality Improvement
Authority

Cranley Lodge
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BT19 7BY

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**Announced Estates Inspection
of
Cranley Lodge**

14 March 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 March 2016 from 10.00 to 12.30. 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	0	4

The details of the QIP within this report were discussed with Mr Brian Adam (Registered 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: Cranley Lodge Mr Brian Adam	Registered Manager: Mrs Lisa Harrison
Person in Charge of the Home at the Time of Inspection: Mr Brian Adam	Date Manager Registered: 01 April 2005
Categories of Care: RC-DE	Number of Registered Places: 60

3. Inspection Focus

The purpose of this inspection was to assess progress with the issues raised during and since the previous Estates inspection on 11 February 2016 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 returned quality improvement plan arising from the previous Estates inspection on 11 February 2016.

Discussion with Mr Brian Adam (Registered Responsible Person)

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 the last Estates Inspection on 11 February 2016

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 13.-(7)</p>	<p>The legionella risk assessment should be reviewed. From the risk assessment a scheme for the effective control of legionella should be drawn up and fully implemented.</p> <p>Reference should be made to the code of practice document L8 -<i>Legionnaires' disease. The control of legionella bacteria in water systems</i> and the supporting technical guidance <i>HSG274 Part 2</i>. Both these documents are freely available on the HSE website.</p> <p>Records should be maintained of all actions taken relating to the control of legionella.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>The legionella risk assessment was reviewed on 24/02/2016. There are records of actions and monitoring measures in place towards the control of legionella.</p> <p>Refer also to section 5.2 item 1 and recommendation 1 in quality improvement plan.</p>	
<p>Requirement 2</p> <p>Ref: Regulation 27.-(2)(c)</p>	<p>Valid LOLER thorough examination reports should be obtained for the two lifts. The reports should contain the information required by LOLER Schedule 1.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>There were up to date LOLER thorough examination reports for the two lifts. The reports verify that the lifts were found to be without defects. The reports include two observations and Mr Adam confirmed that these two matters have been addressed.</p>	

<p>Requirement 3</p> <p>Ref: Regulation 27.-(2)(c)</p>	<p>The program to check the safety of portable electrical appliances should be followed through to completion and records maintained.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Record sheets have been compiled which provide an inventory of portable electrical appliances in each bedroom and the date each has been tested (February 2016).</p>		
<p>Requirement 4</p> <p>Ref: Regulation 27.-(4)(a)</p>	<p>The issues in the fire risk assessment action plan which remain outstanding should be addressed within timescales acceptable to the fire risk assessor.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The fire risk assessment action plan has been marked up and includes the completion of the installation of automatic closers to all bedroom doors and the repair of gaps to cross corridor doors. A selection of bedroom and cross corridor doors were reviewed during the inspection. Refer also to section 5.4 item 1 and recommendation 2 in quality improvement plan.</p>		
<p>Requirement 5</p> <p>Ref: Regulation 27.-(4)(d)(iv) and (v)</p>	<p>Records should be maintained to verify that the emergency lights are being tested and maintained in accordance with good practice. Reference should be made to BS5266.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Following the last inspection all the emergency lights were function tested. In addition, a program has been put in place to carry out a 3 hour annual maintenance check on a number of lights each week. Refer also to section 5.4 item 2 and recommendation 3 in quality improvement plan.</p>		

<p>Requirement 6</p> <p>Ref: Regulation 27.-(4)(d)(iv) and (v)</p>	<p>The fire detection and alarm system should be tested and maintained in accordance with BS5839. It is recommended that the alarm system is maintained at least quarterly. Records should be maintained of all test and maintenance activity.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>There were up to date records of the weekly test of the fire alarm system and the record sheet has been amended to include identification of the test point used. An electrical contractor has provided certification relating to maintenance of the fire detection and alarm system carried out on 25 February 2016.</p>		
<p>Requirement 7</p> <p>Ref: Regulations 13.-(7) 27.-(2)(q) 14.-(2)(a) and(c)</p>	<p>As part of the legionella controls and for the delivery of safe hot water the thermostatic mixing valves should be maintained.</p> <p>Robust arrangements should be made to verify the satisfactory ongoing performance of the thermostatic mixing valves through regular checks of hot water temperatures at all outlets accessible to residents.</p> <p>Records should be maintained of all servicing and safety checks. Reference should be made to HSG274 Part 2 regarding the maintenance of thermostatic mixing valves.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>The inspector was provided with a record sheet showing that all thermostatic mixing valves were serviced in February 2016. Refer also to section 5.2 item 2 and recommendation 4 in quality improvement plan.</p>		

<p>Requirement 8</p> <p>Ref: Regulations 27.-(2)(c) 27.-(2)(q)</p>	<p>Gas Safe certificates should be obtained which verify that all the gas appliances and associated installations are in a safe and satisfactory condition. The gas barbecue should be checked for safety by a competent person before its next use.</p> <p>Action taken as confirmed during the inspection: Gas Safe certificates were obtained on 17 February 2016. The provider confirmed that the gas barbecue has been removed from the premises.</p>	Met
<p>Requirement 9</p> <p>Ref: Regulation 14.-(2)(a) and (c)</p>	<p>It should be ensured that all tall furniture is secured against toppling.</p> <p>Action taken as confirmed during the inspection: The provider confirmed that all tall furniture has been checked and secured as appropriate. A review of randomly selected rooms was carried out during the inspection.</p>	Met
<p>Requirement 10</p> <p>Ref: Regulation 14.-(2)(a) and (c)</p>	<p>The safety of the side hung window in room 42e should be reviewed in accordance with relevant safety alerts such as EFA/2013/002, EFA/2012/001, EFA/2014/003 issued by the Northern Ireland Adverse Incident Centre and the necessary action taken.</p> <p>Action taken as confirmed during the inspection: The restrictor on this window has been modified to prevent it being disconnected.</p>	Met
<p>Requirement 11</p> <p>Ref: Regulation 27.-(4)(c) and (d)(i)</p>	<p>The automatic closers on the doors to room 8 and the kitchen should be adjusted so that they close the door correctly to provide an effective fire seal.</p> <p>Action taken as confirmed during the inspection: On the day of inspection these doors were found to be closing effectively.</p>	Met

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 29	It is recommended that the records of fire drills be amended to include those participating, the circumstances of the drill, and the outcome of a post drill debrief.	Met
	Action taken as confirmed during the inspection: The provider confirmed that a separate form has now been created for evacuation drills and this will be completed for each evacuation and this includes information such as: Residents involved, staff members involved. In addition, a copy of the lesson plan for the 6 monthly Fire Training has now been received from the training provider and clearly sets out what is involved in the training sessions.	
Recommendation 2 Ref: Standard 27	The arrangements for maintaining estates records should be reviewed. Records should be kept of all maintenance and servicing work undertaken, and all required certificates and documents kept available for inspection.	Met
	Action taken as confirmed during the inspection: A review has been carried out and it is good to note that there has been a significant improvement in the range and quality of Estates records. During the course of the inspection the inspector made a number of relevant recommendations and suggestions.	

5.2 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.

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 legionella risk assessment has been reviewed. This was discussed with Mr Adam and the inspector recommended that it be expanded to include a description of the water system to clarify and support the assessment outcome. It was also recommended that the frequency of flushing little used outlets be reviewed.
Refer to recommendation 1 in quality improvement plan.
2. The record sheet relating to the maintenance of the thermostatic mixing valves was discussed with Mr Adam and recommendations were made.
Refer to recommendation 4 in quality improvement plan.

Number of Requirements	0	Number Recommendations:	2
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5.3 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 were identified during this inspection.

Number of Requirements	0	Number Recommendations:	0
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5.4 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.

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. Some of the bedroom doors which were reviewed during the inspection required adjustment so that they automatically close tight to the stops.
Refer to recommendation 2 in quality improvement plan.
2. It is recommended that the record system relating to the test and maintenance of the emergency lights is amended to ensure that the monthly function test is also suitably recorded.
Refer to recommendation 3 in quality improvement plan.

Number of Requirements	0	Number Recommendations:	2
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5.5 Additional Areas Examined

No additional areas were examined 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 Mr Brian Adam (Registered 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, 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/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	
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be Completed by: 14 April 2016</p>	<p>The legionella risk assessment should be expanded to include a description of the water system to clarify and support the assessment outcome. The assessment and action plan should be updated to take account of any new information arising from this. It is also recommended that the frequency of flushing little used outlets be reviewed taking account of the guidance in the code of practice document HSG274 Part 2.</p> <p>Response by Registered Manager Detailing the Actions Taken: This will be reviewed and amended where necessary.</p>
<p>Recommendation 2</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be Completed by: Ongoing</p>	<p>The operation of all bedroom doors should be checked to ensure that they reliably close automatically to provide an effective fire seal.</p> <p>Response by Registered Manager Detailing the Actions Taken: This has been checked and all doors reliably close automatically.</p>
<p>Recommendation 3</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be Completed by: 14 April 2016</p>	<p>The record system relating to the test and maintenance of the emergency lights should be amended to ensure that the monthly function test is also suitably recorded.</p> <p>Response by Registered Manager Detailing the Actions Taken: This paperwork will be reviewed and amended as necessary.</p>
<p>Recommendation 4</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be Completed by: 14 April 2016 and ongoing</p>	<p>In relation to the maintenance of the thermostatic mixing valves the records should be expanded to provide confirmation that the post maintenance set temperature for each valve is in line with good practice (refer to Health Guidance Note 'Safe' hot water and surface temperatures) and that, where fitted, the fail-safe arrangement has been checked for correct operation. The record system should also provide for the periodic check of safe water temperatures at resident accessible outlets to ensure the satisfactory ongoing performance of the thermostatic mixing valves.</p> <p>Response by Registered Manager Detailing the Actions Taken: Temperatures will be recorded on paperwork.</p>

Registered Manager Completing QIP	Lisa Harrison	Date Completed	29.3.16
Registered Person Approving QIP	Brian Adam	Date Approved	29.3.16
RQIA Inspector Assessing Response	C Muldoon	Date Approved	14/04/16

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