

Announced Premises Inspection Report 13 October 2016



De La Cour House

Type of Service: Residential Care Home
Address: 48 Woodcot Avenue, Belfast BT5 5JB
Tel No: 028 9073 9848
Inspector: C Muldoon

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of De La Cour House took place on 13 October 2016 from 10.00 to 13.00hrs.

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.

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	6	6

Details of the Quality Improvement Plan (QIP) within this report were discussed with Danielle Dawson (Senior Carer), Joanne Robinson (Clanmil Response Maintenance Officer) and Kieran O'Neill (Clanmil Asset Officer), 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 23 January 2014.

2.0 Service Details

Registered organisation/registered provider: Clanmil Housing Association Ms C I McCarty	Registered manager: Ms Maureen Corry
Person in charge of the home at the time of inspection: Ms Maureen Corry and Ms Danielle Dawson	Date manager registered: 21 November 2013
Categories of care: RC-I	Number of registered places: 13

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 Maureen Corry (Registered Manager), Danielle Dawson (Senior Carer), Joanne Robinson (Clanmil Response Maintenance Officer) and Kieran O'Neill (Clanmil Asset Officer).

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 15/07/16

The most recent inspection of De La Cour House was an unannounced care inspection on 15 July 2016. The completed QIP will be assessed by the care inspector and validated at their next inspection.

4.2 Review of requirements and recommendations from the last premises inspection dated 23/01/2014

Last premises inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 27.-(2)(q) Stated: Second time	The scope of the last test and inspection of the electrical installation should be clarified. A competent electrically qualified person should confirm that the extent of the last test and inspection is satisfactory in relation to the nature of the premises and current good practice.	Met
	Action taken as confirmed during the inspection: An electrical installation periodic inspection report was presented. The report is dated 2012 and confirms that it covers the entire installation. No observations or recommendations were made and the next inspection and test is recommended to be in 2017.	
Requirement 2 Ref: Regulation 27.-(2)(b) Stated: Second time	The date when the refurbishment scheme is to be carried out (including the lights) should be confirmed.	Met
	Action taken as confirmed during the inspection: A refurbishment scheme has been completed.	
Requirement 3 Ref: Regulations 27.-(2)(c) 27.-(2)(q) Stated: First time	It should be confirmed that a commissioning certificate was obtained to verify that the new gas cooker is safe to use and was installed in accordance with good practice and the manufacturer's instructions.	Met
	Action taken as confirmed during the inspection: This was confirmed by the provider following the last inspection.	

<p>Requirement 4</p> <p>Ref: Regulations 13.-(7) 14.-(2)(a) 14.-(2)(c)</p> <p>Stated: First time</p>	<p>It should be confirmed that all the remedial works identified in the legionella risk assessment have been completed. The current risk rating should be clarified and its acceptability reviewed in relation to the use of the premises.</p> <p>Action taken as confirmed during the inspection: Following the last premises inspection the provider verified that the legionella risk assessor had confirmed that all necessary remedial actions had been completed. Refer also to section 4.3 item 1 and recommendation 1 in Quality Improvement Plan.</p>	<p>Met</p>
<p>Requirement 5</p> <p>Ref: Regulations 13.-(7) 14.-(2)(a) 14.-(2)(c)</p> <p>Stated: First time</p>	<p>It should be confirmed that all ongoing actions and monitoring which are necessary for the effective control of legionella are being fully implemented. It should be ensured that records of control and monitoring measures are kept up to date.</p> <p>Action taken as confirmed during the inspection: There were records of actions and monitoring measures being taken towards the control of legionella. It is understood that a specialist contractor carries out monthly monitoring of the legionella controls. Refer also to section 4.3 item 2.</p>	<p>Met</p>
<p>Requirement 6</p> <p>Ref: Regulation 27.-(2)(c)</p> <p>Stated: First time</p>	<p>Arrangements should be made which will ensure that all portable electrical appliances are safe.</p> <p>Action taken as confirmed during the inspection: Portable electrical appliances in communal areas and the fridges in each flat were checked in May 2016. Refer also to section 4.3 item 3 and requirement 1 in Quality Improvement Plan.</p>	<p>Partially Met</p>

<p>Requirement 7</p> <p>Ref: Regulation 27.-(4)(f)</p> <p>Stated: First time</p>	<p>Arrangements should be made which will ensure that all staff participate in realistic practice fire drills which are in compliance with the emergency action plan. The drills should confirm that an effective evacuation of the building can be carried out at any time and when the minimum number of staff are on duty.</p> <p>Reference should be made to Northern Ireland Firecode document Health Technical Memorandum <i>84 Fire risk assessment in residential care premises.</i></p>	<p>Partially Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A number of practice fire drills have been carried out over the last year although it could not be confirmed that all staff participated.</p> <p>Refer also to section 4.3 item 4 and requirement 2 in Quality Improvement Plan.</p>		
<p>Requirement 8</p> <p>Ref: Regulations 27.-(4)(c) 27.-(4)(d)(i)</p> <p>Stated: First time</p>	<p>The laundry door should be repaired and adjusted so that it closes tight to provide an effective fire seal.</p> <p>The fire stopping in the switch room should be made good.</p>	<p>Partially Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>It was confirmed to the inspector that these issues were addressed following the last inspection.</p> <p>Refer also to section 4.3 item 5 and requirement 3 in Quality Improvement Plan.</p>		
<p>Requirement 9</p> <p>Ref: Regulation 27.-(4)(d)(iv)</p> <p>Stated: First time</p>	<p>It should be confirmed that the fire detection and alarm system is being maintained in accordance with BS 5839.</p>	<p>Not Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>This could not be confirmed on the day of inspection.</p> <p>Refer also to section 4.3 item 6 and requirement 4 in Quality Improvement Plan.</p>		

Last premises inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 27 Stated: First time	The cooker in the snack kitchen should be removed and the kitchen refurbished.	Met
	Action taken as confirmed during the inspection: Following the last premises inspection the need for the cooker was reviewed. It was decided to retain the cooker and the necessary repairs were carried out to the kitchen.	
Recommendation 2 Ref: Standard 27 Stated: First time	The light switch in the ground floor toilet should be changed to an external switch or automatic sensor.	Met
	Action taken as confirmed during the inspection: Addressed.	
Recommendation 3 Ref: Standard 27 Stated: First time	It should be confirmed that the thermostatic mixing valves are being serviced and set in accordance with the manufacturer's instructions and the Health Guidance Note ' <i>Safe hot water and surface temperatures</i> '.	Partially Met
	Action taken as confirmed during the inspection: Documentation was presented confirming servicing of the thermostatic mixing valves in June 2016 to TMVA code of practice. Refer also to section 4.3 item 7 and requirement 5 in Quality Improvement Plan.	
Recommendation 4 Ref: Standard 29 Stated: First time	The extract ductwork in the kitchen should be periodically cleaned.	Partially Met
	Action taken as confirmed during the inspection: It was confirmed to the inspector that the duct work was cleaned following the last premises inspection but may not have been cleaned since. Refer also to section 4.3 item 8 and recommendation 2 in Quality Improvement Plan.	

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

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. The legionella risk assessment was reviewed by a specialist contractor in February 2015. The action plan arising from this review included a number of recommendations. On the day of inspection it could not be confirmed that these issues had been addressed. The 2015 review included a recommendation that a further review be carried out in one year. Refer to recommendation 1 in Quality Improvement Plan.
2. The records relating to legionella control indicate that the temperature of the water at some hot and cold outlets may be outside the parameters recommended for the effective control of legionella; for example, some colds were recorded as 23⁰c and the laundry hot was 47⁰c. This was discussed and the inspector advised that the advice of the legionella specialist should be sought and followed.
3. The current arrangement for checking the safety of portable electrical appliances does not cover all such equipment on the premises. This was discussed and the inspector was informed that arrangements would be made for all portable electrical appliances to be tested and inspected within one month and for the relevant policy and procedure to be reviewed and revised.
Refer to requirement 1 in Quality Improvement Plan.
4. Although practice fire drills have been carried out it could not be confirmed that all staff participated. The benefits of using a matrix type of recording system were discussed. The emergency action plan sets out the procedure for staff to follow on the outbreak of fire. The inspector recommended that the plan be reviewed to ensure there is clarity about the action staff should take when the fire alarm is activated and before a fire is confirmed.
Refer to requirement 2 in Quality Improvement Plan.

5. On the day of inspection it was found that the laundry door was not automatically closing tight to the stops.
Refer to requirement 3 in Quality Improvement Plan.
6. Whether the fire detection and alarm system is being maintained in accordance with BS5839 could not be confirmed on the day of inspection. The inspector was informed that the frequency of servicing should be quarterly although the records indicate that the actual visits may be less frequent.
Refer to requirement 4 in Quality Improvement Plan.
7. The report on the last service of the thermostatic mixing valves notes that the fail safe arrangement on about 20 devices was not working. On the day of inspection it could not be confirmed that this had been addressed.
Refer to requirement 5 in Quality Improvement Plan.
8. Arrangements should be made for the periodic cleaning of the kitchen extract system.
Refer to recommendation 2 in Quality Improvement Plan.
9. The fire risk assessment was reviewed in January 2016 by the Business Improvement Manager.
RQIA strongly recommend that fire risk assessments for residential care homes are carried out by accredited assessors.
Refer to recommendation 3 in Quality Improvement Plan.
10. The records presented indicate that a contractor carries out quarterly function tests of the emergency lighting. There were no records of yearly maintenance or monthly function testing of the installation.
Refer to recommendation 4 in Quality Improvement Plan.
11. The inspector was informed that procedures have been put in place to check that furniture being brought in by residents is suitably fire retardant. The fire safety of furniture which was in place prior to this procedure was discussed.
Refer to recommendation 5 in Quality Improvement Plan.
12. During the walk round it was observed that free standing wardrobes are not secured to the wall.
Refer to recommendation 6 in Quality Improvement Plan.
13. During the walk round it was observed that the window restrictor in room 3 was broken and that the restrictors in general could be disengaged.
Refer to requirement 6 in Quality Improvement Plan.

Number of requirements	6	Number of recommendations:	6
-------------------------------	----------	-----------------------------------	----------

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
-------------------------------	----------	-----------------------------------	----------

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
-------------------------------	----------	-----------------------------------	----------

4.6 Is the service well led?

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

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
-------------------------------	----------	-----------------------------------	----------

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Danielle Dawson (Senior Carer), Joanne Robinson (Clanmil Response Maintenance Officer) and Kieran O’Neill (Clanmil Asset Officer) 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 Estates.Mailbox@rqia.org.uk 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	
Requirement 1 Ref: Regulation 27.-(2)(c) Stated: Second time To be completed by: 13 November 2016	<p>The management of portable electrical appliances should be reviewed and arrangements made which will ensure the safety of all such equipment.</p> <p>Response by registered provider detailing the actions taken: All tenants portable electrical appliances have now been tested on 09.12.16.</p>
Requirement 2 Ref: Regulation 27.-(4)(f) Stated: Second time To be completed by: Ongoing	<p>Arrangements should be made which will ensure that all staff participate in realistic practice fire drills which are in compliance with the emergency action plan. The drills should confirm that an effective evacuation of the building can be carried out at any time and when the minimum number of staff are on duty.</p> <p>Reference should be made to Northern Ireland Firecode document Health Technical Memorandum <i>84 Fire risk assessment in residential care premises</i></p> <p>The emergency action plan should be reviewed to ensure there is clarity about the action staff should take when the fire alarm is activated before a fire is confirmed.</p> <p>Response by registered provider detailing the actions taken: The next fire drill is due by the end of January 2017. A system is now in place to ensure that all staff, including night staff, take part in drills. Plan in place to ensure fire drill documents reflect the actions taken during the drill. Eg:- scenario of how 'fire occurred' etc.</p>
Requirement 3 Ref: Regulations 27.-(4)(c) 27.-(4)(d)(i) Stated: Second time To be completed by: 13 November 2016	<p>The laundry door should be repaired or adjusted so that it reliably closes automatically to the stops.</p> <p>Response by registered provider detailing the actions taken: Order has been raised for a new door and frame to be fitted as easing and adjusting the existing door is not satisfactory given the condition of the door 00264333 due by 6/1/17 to allow for the 6 week lead in for door and frame to be manufactured.</p>

<p>Requirement 4</p> <p>Ref: Regulation 27.-(4)(d)(iv)</p> <p>Stated: Second time</p> <p>To be completed by: 13 November 2016</p>	<p>In relation to the maintenance of the fire detection and alarm system it should be confirmed that the installation is being maintained in accordance with BS5839 and the frequency of service visits should be reviewed.</p>
<p>Requirement 5</p> <p>Ref: Regulation 27.-(2)(c)</p> <p>Stated: Second time</p> <p>To be completed by: 13 November 2016</p>	<p>It should be confirmed that the fail safe arrangement on the thermostatic mixing valves is now working correctly.</p> <p>Response by registered provider detailing the actions taken: Fire alarm is tested quarterly , records held in head office and engineers web portal. Arrangements to be put in place to ensure managers have access to the information</p>
<p>Requirement 6</p> <p>Ref: Regulation 14.-(2)(a) and (c)</p> <p>Stated: First time</p> <p>To be completed by: 13 November 2016</p>	<p>The restriction of windows should be reviewed using guidance such as HSIS5 issued by the HSE and relevant safety alerts available on the Northern Ireland Adverse Incident Centre website. It should be ensured that the necessary action is taken within an appropriate timescale.</p> <p>Response by registered provider detailing the actions taken: Guidance was sought from HSE and NI Adverse Incident Centre website and given a risk assessment of the type of user and type of restrictors existing it is the maintenance officers recommendation to fit lockable window restrictors to the windows in place of the ones that could to be released by a tenant. Even on a ground floor there is a risk of a resident getting out of the property without being detected and not just a fall/injury risk. Order 00264344 raised 28/11/16 and due by 2/12/16 to determine what is needed/cost etc and then order to be raised for them to be fitted. Quote received and order raised on 16/12/16 for the lockable restrictors. Anticipate these being fitted by 13/1/17.</p>
<p>Recommendations</p>	
<p>Recommendation 1</p> <p>Ref: Standard 27</p> <p>Stated: First time</p>	<p>The recommendations, including the date of review, made in the last legionella risk assessment should be revisited and actioned as necessary. The action plan should be marked up.</p> <p>Response by registered provider detailing the actions taken: New risk assessment to be carried out in Feb 2017 this will supersede</p>

To be completed by: 13 November 2016 and ongoing	existing risk assessment and ensure all actions are up to date.
Recommendation 2 Ref: Standard 29 Stated: Second time To be completed by: 13 November 2016	Arrangements should be made to have the kitchen extract ductwork periodically cleaned. The advice of the fire risk assessor and environmental health advisor should be sought regarding the frequency of cleaning. Response by registered provider detailing the actions taken: Order 00264349 raised to Contractor and added to be done twice a year and this clean is due by 13/1/17.
Recommendation 3 Ref: Standard 29 Stated: First time To be completed by: By anniversary of current fire risk assessment	RQIA recommend that the person carrying out reviews of the fire risk assessment should hold 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 31 January 2013 and 02 April 2015 and the guidance contained in: 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 Response by registered provider detailing the actions taken: Agreed this review will be completed by a risk assessor holding a professional body registration or third party certification for fire risk assessment and registered accordingly with the relevant body.
Recommendation 4 Ref: Standard 29 Stated: First time To be completed by: 13 November 2016	The testing and maintenance of the emergency lighting system should be reviewed and brought into line with good practice. Reference should be made to BS5266. Response by registered provider detailing the actions taken: Agreed, currently carried out every three months and annually but will now be carry out monthly function checks. The Registered Home Manager will be updated each month.
Recommendation 5 Ref: Standard 29 Stated: First time To be completed by: 13 November 2016	The advice of the fire safety advisor should be sought and followed regarding the fire safety of existing furniture which has been brought in by residents. Response by registered provider detailing the actions taken: The advice of the fire risk assessor will be sought regarding the fire safety of existing furniture which has been brought in by residents by 6/1/17
Recommendation 6 Ref: Standard 27	A survey and risk assessment of tall furniture should be carried out and, where appropriate, items should be secured to the wall.

<p>Stated: First time</p> <p>To be completed by: 13 November 2016</p>	<p>Response by registered provider detailing the actions taken: Order 00264351 due by 12/12/16 to fix tall furniture to the walls as per recommendation. This work was completed on 29/11/16.</p>
--	--

Please ensure this document is completed in full and returned to Estates.Mailbox@rqia.org.uk from the authorised email address



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)