

Announced Estates Inspection

of

Lawnfield House Residential Care Home

on

16 October 2015

1. Summary of Inspection

An announced estates inspection took place on 16 October 2015 from 11:30am. to 2:05pm. 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 Ms. Isobel Leslie, Registered Manager and Ms. Maureen McKibbin, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Presbyterian Board of Social Witness / Mrs. Linda May Wray	Registered Manager: Ms. Isobel Leslie
Person in Charge of the Home at the Time of Inspection: Ms. Isobel Leslie, Registered Manager	Date Manager Registered: 02 April 2015
Categories of Care: RC-SI, RC-I, RC-LD, RC-LD(E), RC-PH, RC-PH(E)	Number of Registered Places: 20
Number of Residents Accommodated on Day of Inspection: 12	Weekly Tariff at Time of Inspection: £470.00 - £528.00

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 included 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 Ms. Isobel Leslie, Registered Manager and Ms. Maureen McKibbin.

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 primary care inspection IN022796 on 09 June 2015. The completed QIP for this inspection was returned to RQIA on 17 July 2015. This completed QIP has not yet been approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Estates Inspection on 12 March 2015

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)	Confirmation in relation to compliance with the current standards for legionella bacteria control should be provided for the alterations and extensions to the plumbing system. Confirmation that the new wash basin, hairdressing basin and shower are fitted with DO8 Type 3 fail-safe thermostatic mixing valves should also be provided.	Met
	Action taken as confirmed during the inspection: These confirmations were provided to RQIA as part of the follow up in relation to the last estates inspection to the home.	
Requirement 2 Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)	A check should be carried out to ensure that any flexible plumbing connections are WRAS approved	Met
	Action taken as confirmed during the inspection: Ms. Leslie confirmed that the plumbing connections had been checked and that they were WRAS approved.	
Requirement 3 Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(q)	The position in relation to Building Control approval for the works to the new ensuite for bedroom 19 should be clarified. A certificate for the alterations and extensions to the fixed wiring installation in connection with the new ensuite facilities for bedroom 19 should also be obtained.	Met
	Action taken as confirmed during the inspection: These issues had been addressed as part of the follow up to the last estates inspection to the home.	
Requirement 4 Ref: Regulations 14(2)(a) 14(2)(c)	The doors to all stores and the laundry should be kept locked. A new lock and self-closing device should also be fitted to the door of the maintenance store on the first floor.	Met
	Action taken as confirmed during the inspection: These issues had been addressed.	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 5 Ref: Regulation 27(2)(n)	The residents' call system in the new ensuite facility for bedroom 19 should be extended so that a call point is available at the shower.	Met
	Action taken as confirmed during the inspection: This issue had been addressed.	
Requirement 6 Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(a)	The new shower has a small step in. This issue should be considered when assessing the suitability of the residents to be accommodated in this room.	Met
	Action taken as confirmed during the inspection: Ms. Leslie confirmed that a needs assessment was completed for each resident prior to the occupation of bedroom 19.	
Requirement 7 Ref: Regulations 27(4)(b) 27(4)(d)(i)	The fire risk assessment for the home should be reviewed, updated and actioned as required. The following issues should be considered during this review: <ul style="list-style-type: none"> a) The fire protection measures for the new hairdressing facility on the ground floor; b) The compartmentation in the roof spaces; c) The drawing for the fire detection and alarm system. Each zone should be marked with a different colour and the detail in relation to the fire detection in the roof void should also be included/ 	Met
	Action taken as confirmed during the inspection: These issues were reviewed with the fire risk assessor and issues a) and b) were considered to be satisfactory. A new drawing had been provided for the fire detection and alarm panel.	

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.

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.

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 areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. 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 the dining room had been redecorated and a new floor covering had also been fitted in this room. This is to be commended. Although the décor in the premises was generally reasonable, some of the bedrooms would benefit from repainting. The shower room on the ground floor opposite bedroom 1 was also in need of refurbishment. It is good to report that Ms. Leslie confirmed that a programme of redecoration was being planned for the bedrooms. Subsequent to this estates inspection Ms. Leslie also confirmed that a quality improvement plan had been drawn up for the general upgrading of the premises.
2. One of the ceiling tiles in the bath/shower room on the ground floor was stained. Subsequent to this estates inspection RQIA received confirmation that this issue was being addressed.

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. A resident's call facility should be provided in the ensuite shower room for bedroom 11a. Reference should be made to requirement 1 in the attached Quality Improvement Plan.
2. The fixed wiring installation was inspected and tested in June 2015. The report for this work identified a number of issues for attention. Subsequent to this estates inspection RQIA received confirmation that these issues had been discussed with the electrician and costs had been requested. Completion of the work to address these issues should be confirmed to RQIA. Reference should be made to requirement 2 in the attached Quality Improvement Plan.
3. The passenger lift was serviced on 27 April 2014 and a thorough examination was also completed on 15 April 2015. The reports for the service and the thorough examination identified some issues for attention. Subsequent to this estates inspection RQIA received confirmation that all recommendations made had been approved and were with the service maintenance company to be actioned.
4. A water risk assessment was carried out on 01 February 2013 and reviewed again in February 2014. In addition to the risk assessment a basic schematic drawing should be provided for the water systems in the premises. Reference should be made to requirement 3 in the attached Quality Improvement Plan.

Areas for Improvement Continued

5. The temperatures noted during the monthly checks to the unblended hot water, blended hot water and cold water should be recorded. A schedule should be drawn up for any infrequently used water outlets and the showers should be descaled, cleaned and disinfected on a quarterly basis. Reference should be made to requirement 3 in the attached Quality Improvement Plan.
6. The washer/disinfection in the sluice should be serviced. Reference should be made to requirement 3 in the attached Quality Improvement Plan.

Number of Requirements	3	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. Some minor fire stopping was required to the ceiling in the cleaner's store. Sequent to this estates inspection RQIA received confirmation that this issue was being addressed.

Areas for Improvement Continued

2. There was a metal filing cabinet stored in the electrical switchgear room. The electrical switchgear room should be kept clear. Subsequent to this estates inspection RQIA received confirmation that this filing cabinet had been removed.
3. It is good to report that a fire risk assessment was completed for the home on 25 March 2015 in accordance with the guidance from RQIA in relation to the competency of fire risk assessors. This is to be commended. The report for this fire risk assessment identified a number of issues for attention. Some of these had been addressed and action was ongoing in relation to the remaining issues. RQIA should be kept up to date with progress in relation to these remaining issues. Reference should be made to requirement 4 in the attached Quality Improvement Plan.
4. The documentation to support the most recent inspection and service to the fire detection and alarm system was not presented for review during this Estates inspection. A copy of this report should be forwarded to RQIA. Reference should be made to requirement 4 in the attached Quality Improvement Plan.

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 Ms. Isobel Leslie, Registered Manager and Ms. Maureen McKibbin, 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 persons 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 persons with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

Requirement 1 Ref: Regulations 27(2)(n) Stated: First time To be Completed by: 18 December 2015	<p>A resident's call facility should be provided in the ensuite shower room for bedroom 11a.</p> <p>Response by Registered Manager Detailing the Actions Taken: The Manager can confirm the above call Facility has now been extended to the ensuite shower room for bedroom 11A</p>
Requirement 2 Ref: Regulation 27(2)(q) Stated: First time To be Completed by: 15 January 2016	<p>Completion of the work to address the issues identified for attention in relation to the fixed wiring installation should be confirmed to RQIA.</p> <p>Response by Registered Manager Detailing the Actions Taken: The recommendations raised by the electrician on the completion of the fixed wiring installation ,are currently being reviewed by an independent electrician . Following this review all recommendations will be completed ,and the home manager will ensure RQIA inspector is fully updated, and documentation will be maintained in the Home to reflect this</p>
Requirement 3 Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(c) 27(2)(q) Stated: First time To be Completed by: Ongoing	<p>In addition to the water risk assessment, a basic schematic drawing should be provided for the water systems in the premises. The temperatures noted during the monthly checks to the unblended hot water, blended hot water and cold water should be recorded. A schedule should be drawn up for any infrequently used water outlets and the showers should be descaled, cleaned and disinfected on a quarterly basis. The washer/disinfection in the sluice should be serviced.</p> <p>Response by Registered Manager Detailing the Actions Taken: The Manager can confirm there are now systems in place to manage and record temperatures of unblended hot water blended hot and cold water. The schedule for monitoring infrequent used water outlets and the quarterly descaling ,cleaning , and disinfecting of showers are in place. A date has been arranged (30/11/15) for the plumber to complete a basic schematic drawing for all the water systems within the home. The washer /disinfection machine is obsolete resulting in the supplier unable to provide parts . The manager is currently sourcing estimates /costings for a replacement .</p>

Quality Improvement Plan

Statutory Requirements

Requirement 4 Ref: Regulations 27(4)(a) 27(4)(d)(iv) Stated: First time To be Completed by: Ongoing	<p>RQIA should be kept up to date with progress in relation to the remaining issues to be addressed from the fire risk assessment that was completed on 25 March 2015. The documentation to support the most recent inspection and service to the fire detection and alarm system should be forwarded to RQIA.</p>
	<p>Response by Registered Manager Detailing the Actions Taken:</p> <p>.The Home Manager can confirm with regard to point (1) the areas discussed ground floor bathroom and bedrooms are on the Lawnfield QIP to undergo redecoration and general upgrade .(2) All Items that had been stored in the Electrical switchgear room have now been removed (3) The Home manager can confirm in relation to requirement 4 all high risk areas such as the stores , Laundry room are kept locked .This is further monitored during In House Health & Safety Inspections. The Manager can confirm a new lock and self-closing device has been fitted to the maintenance store on the first floor. The identified recommendations following a service of the passenger Lift is currently been reviewed, and all action will be taken to ensure the lift is inline with requirements . Documentation to support the most recent service to the fire detection and alarm system is now in place and the manager can confirm all recommendations will be actioned on the 17/11/15. The Home Manager has forwarded this report to the inspector. The home Manager can confirm all action has been taken in all issues raised on the day of inspection and a additional report was forwarded to the inspector to support this.</p>

Registered Manager Completing QIP	All Items Isobel Leslie	Date Completed	18/11/15
Registered Person Approving QIP	Linda Wray	Date Approved	23/11/2015
RQIA Inspector Assessing Response	K. Monaghan	Date Approved	*25/11/15

* 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****