

Premises Inspection Report

04 August 2016



Stewart Lodge

Type of service: Residential Care Home
**Address: 1 Ballyharry Heights,
Newtownards, BT23 7GE**
Tel No: 028 9182 1263
Inspector: C Muldoon

www.rqia.org.uk

1.0 Summary

An announced premises inspection of Stewart Lodge took place on 04 August 2016 from 10:00 to 13:15hrs.

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	0	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Janet Stewart (Registered Responsible Person and Registered Manager), as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent premises inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 04 August 2016.

2.0 Service details

Registered organisation/registered person: Stewart Lodge Mrs Janet Stewart	Registered manager: Mrs Janet Stewart
Person in charge of the home at the time of inspection: Mrs Janet Stewart	Date manager registered: 1 April 2005
Categories of care: RC-I, RC-DE	Number of registered places: 8

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 Janet Stewart (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.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 04 July 2016

The most recent inspection of the home was an unannounced care inspection on 04 July 2016. When it is returned the completed QIP will be assessed by the specialist inspector and validated at their next inspection.

4.2 Review of requirements and recommendations from the last premises inspection dated 17 September 2013.

Last premises inspection statutory requirement		Validation of compliance
Requirement 1 Ref: Regulation 27.-(4)(d)(iv) Stated: First time	The fire detection and alarm system should be maintained in accordance with the code of practice BS5839 – <i>Fire detection and fire alarm systems for buildings – Part 1: Code of practice for system design, installation, commissioning and maintenance</i> which indicates that the recommended period between service visits should not exceed six months.	Met
	Action taken as confirmed during the inspection: There was contractor's documentation confirming the servicing of the fire alarm system to BS5839 at six monthly intervals. There were no recommendations noted on the last service certificate.	

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 are actions and measures in place towards the control of legionella. In 2013 a contractor who specialises in legionella control assessed the home as low risk. Since then the Health and Safety Executive has issued a suite of guidance documents (HSG274) to support the code of practice for the control of legionella. Some of this guidance is particularly relevant to care homes.
Refer to recommendation 1 in Quality Improvement Plan.
2. There was a service record sheet from a contractor relating to the maintenance of the thermostatic mixing valves. This was discussed with the manager and the inspector recommended that it be confirmed that the scope of the maintenance included, for example, the cleaning of filters and a check of the fail-safe arrangement where fitted. Subsequent to the inspection the manager provided this confirmation from the servicing contractor.
3. The inspector recommended that an assessment of tall furniture be carried out and that items such as free standing wardrobes are secured against toppling.
Refer to recommendation 2 in Quality Improvement Plan.
4. During the walk round it was observed that some windows are restricted and some were not. The inspector recommended that the restriction of windows be reviewed.
Refer to recommendation 3 in Quality Improvement Plan.

Number of requirements	0	Number of recommendations:	3
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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.

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

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Janet Stewart (Registered Responsible Person and Registered Manager) 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 service. 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 provider 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 provider/manager 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 and recommendations stated. The registered provider should confirm that these actions have been completed and return the 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

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 04 October 2016</p>	<p>The legionella risk assessment should be reviewed by a competent person. The action plan and scheme of control arising from the assessment should be fully implemented within timescales acceptable to the risk assessor.</p> <p>Reference should be made to HSG274 Part 2.</p> <p>Response by registered provider detailing the actions taken:</p>
<p>Recommendation 2</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 04 September 2016</p>	<p>An assessment of tall furniture should be carried out and items such as free standing wardrobes secured against toppling.</p> <p>Response by registered provider detailing the actions taken:</p>
<p>Recommendation 3</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 04 September 2016</p>	<p>The restriction of opening windows should be reviewed. The review and subsequent actions should be in line with relevant guidance such as the Health and Safety Executive Health Services Information Sheet No 5 (HSIS5)</p> <p>Other relevant safety alerts such as EFA-2014-003 and EFA-2013-002 which are available on the Northern Ireland Adverse Incident Centre website should also be referred to.</p> <p>Response by registered provider detailing the actions taken:</p>

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



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