

Announced Estates Inspection

of

Camphill Community, Glencraig

on

18 September 2015

1. Summary of Inspection

An announced estates inspection took place on 18 September 2015 from 10:25am to 1:45pm. . 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	9	1

The details of the QIP within this report were discussed with Mr. Stephen Todd, Facilities Manager (Health and Safety) for the Camphill Community, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: CAMPHILL COMMUNITY GLENCRAIG / Mr. Vincent Reynolds	Registered Manager: Mrs. Catherine Price
Person in Charge of the Home at the Time of Inspection: Mr. Vincent Reynolds, Registered Responsible Person	Date Manager Registered: 07 December 2012
Categories of Care: RC-LD, RC-LD(E)	Number of Registered Places: 48
Number of Residents Accommodated on Day of Inspection: 40	Weekly Tariff at Time of Inspection: £684.11 - £916.25

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 had 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 this inspection, the following records were analysed: The previous estates inspection report and the statutory notifications over the past 12 months.

Discussions with Mr. Stephen Todd, Facilities Manager (Health and Safety) for the Camphill Community.

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 announced care inspection on 27 May 2015. The completed QIP for this inspection was returned to RQIA on 09 July 2015 and approved by the care inspector on 10 July 2015.

5.2 Review of Requirements and Recommendations from the last Estates Inspection on 04 September 2014 (Dell O' Grace House)

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulations 27(1) 27(2)(a)	The interconnecting door to an adjacent room in the villager's bedroom on the first floor should be permanently closed up before this bedroom is occupied by a villager. The translucent glass panel to the door to the ground floor bathroom should be replaced with solid fully opaque panel. A copy of the most recent Housing Stock Condition Survey Report should be forwarded to RQIA.	Met
	Action taken as confirmed during the inspection: These issues had been addressed.	
Requirement 2 Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(b)	The paving to the path at the rear of the house should be checked and made good as required.	Partially Met
	Action taken as confirmed during the inspection: Remedial works had been carried out to the paving at the rear of the house. Further remedial works should however be completed to these paths. Reference should be made to requirement 1 in the attached QIP.	
Requirement 3 Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)	The legionella risk assessment should be reviewed and revised. Reference should be made to the APPROVED CODE OF PRACTICE AND GUIDANCE L8 Legionella bacteria in water systems available from the Health and Safety Executive. A copy of the most recent service report for the thermostatic mixers should also be forwarded to RQIA.	Met
	Action taken as confirmed during the inspection: The most recent review of the legionella risk assessment was completed by a specialist company on 20 March 2015. The most recent service of the thermostatic mixing valves was completed on 07 January 2015.	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 4 Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(q)	A copy of the most recent Periodic Inspection and Test report for the fixed wiring installation should be forwarded to RQIA.	Partially Met
	Action taken as confirmed during the inspection: Mr. Todd confirmed that there were no remedial works outstanding to the fixed wiring installation in this house. A copy of the most recent Periodic Inspection and Test Report for the fixed wiring installation should however be forwarded to RQIA. Reference should be made to requirement 2 in the attached QIP.	
Requirement 5 Ref: Regulations 14(2)(a) 14(2)(c)	Completion of the installation of the further guards to the radiators should be confirmed to RQIA. The support documentation for the new shower unit should be checked to ensure that it complies with the DO8 Type 3 fail-safe standard. If this new shower unit does not incorporate a DO8 Type 3 fail-safe thermostatic mixer, it should be changed to ensure compliance with this standard.	Met
	Action taken as confirmed during the inspection: Further guards had been fitted to the radiators. The guard for the radiator in the first floor bathroom in Dell O' Grace House had been made and it was in the house but it had not been fitted. Mr. Todd confirmed that the community had recently employed two carpenters to carry out remedial works and to complete any other works that may be required such as the installation of radiator guards. Subsequent to this estates inspection completion of this guard was confirmed to RQIA. Mr. Todd confirmed that the specification for the new thermostatic mixing valve had been checked and that it complied with the DO8 Type 3 specification.	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 6 Ref: Regulations 13(7) 14(2)(a) 14(2)(c)	A lockable cupboard for cleaning chemicals should be provided in the laundry. The laundry should also be tidied and any items of storage not required should be removed.	Partially Met
	Action taken as confirmed during the inspection: A lockable cupboard had been provided for cleaning chemicals in the laundry. The tidiness of laundry had been improved. There was however some storage in the laundry and further improvements could be made in relation to tidiness. Reference should be made to requirement 3 in the attached QIP.	
Requirement 7 Ref: Regulations 14(2)(a) 14(2)(c)	The window openings should be checked and additional controls should be installed as required. Reference should be made to the information available on the RQIA website in relation to this issue via the following link: http://www.rqia.org.uk/cms_resources/window%20restrictors.pdf	Met
	Action taken as confirmed during the inspection: Sample checks carried out during this estates inspection confirmed that additional window controls had been installed in Dell O' Grace House.	
Requirement 8 Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(d)	A check should be carried out to ensure that the flexible pipe final connection to the sanitary ware in the ground floor bathroom is WRAS approved and that it has the correct lining to prevent the buildup of a biofilm which would favour legionella bacteria proliferation. The outcome of this check should be confirmed to RQIA.	Partially Met
	Action taken as confirmed during the inspection: Confirmation that this connection is WRAS approved was provided to RQIA. The issue in relation to the linings is being taken forward as part of the legionella risk assessment issues. Reference should be made to requirement 4 in the attached QIP.	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 9 Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)	The decking at Bethany house should be washed down to remove fouling. A review of how the geese are managed should also be carried out to ensure that they remain within the enclosure provided. The outcome of this review should be confirmed to RQIA.	Met
	Action taken as confirmed during the inspection: These issues had been addressed.	
Requirement 10 Ref: Regulations 27(4)(a) 27(4)(b) 27(4)(c) 27(4)(d)(i)	The issues identified for attention in the reports for the most recent fire risk assessments should be addressed and the action plans should be signed off by the Registered Manager. The fire doors throughout the house should be inspected and any additional smoke seals required should be installed. The mattresses should be checked and replaced as required to ensure compliance with ignition sources 0 and 5.	Partially Met
	Action taken as confirmed during the inspection: The most recent fire risk assessments were carried out on 09 May 2015 and 07 September 2015. A new fire panel was installed recently and plans were in hand to install an additional smoke detector in the roof space of Dell O' Grace House. Completion of this work should be confirmed to RQIA. Sample checks carried out during this estates inspection confirmed that the smoke seals had been fitted and that the mattresses in Dell O' Grace House complied with the ignition sources 0 and 5 fire retardant standard. Mr. Todd also confirmed that a programme of mattress replacement was being implemented throughout the community to ensure full compliance with the ignition sources 0 and 5 fire retardant standard. Completion of this should be confirmed to RQIA. Reference should be made to requirement 5 in the attached QIP.	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 28.1	It is recommended that the National Health Service colour code for cleaning equipment should be implemented in the house.	Met
	Action taken as confirmed during the inspection: The National Health Service colour code for cleaning equipment had been adopted by the community.	

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.

No issues were identified for attention during this Estates inspection.

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.

No issues were identified for attention during this Estates inspection.

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.

One issue was however identified for attention during this Estates inspection. This is detailed in the 'areas for improvement' section below.

Areas for Improvement

1. The sealing at the baths and showers in some of the washing facilities required attention. The washing facilities should be reviewed and improved as required. Reference should be made to requirement 6 in the attached QIP.

Number of Requirements	1	Number Recommendations:	0
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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.

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. The electro-magnetic hold closed device on the final exit door from the first floor lounge in Dell O' Grace House was not working. Subsequent to this Estates inspection, RQIA received confirmation that this issue had been addressed.
2. Some of the houses such as Emmaus have roof windows. The roof windows should be checked to ensure that there are adequate opening controls in place. Reference should be made to requirement 7 in the attached QIP.
3. A sample check to the radiators in Samaria House indicated that the surfaces were very hot. The radiators in this house that are accessible to residents should be adequately guarded. Reference should be made to requirement 7 in the attached QIP.
4. The most recent service to the thermostatic mixing valves was carried out on 07 January 2015. The reports for this work should be reviewed and any issues identified for attention should be addressed. Reference should be made to requirement 7 in the attached QIP.

Areas for Improvement Continued

5. The most recent review of the legionella risk assessments was completed by a specialist company on 20 March 2015. Schematic drawings for the water systems in each house had been completed. The showers were also cleaned and disinfected on 18 August 2015. The issues identified for attention by the most recent legionella risk assessments should be addressed. Reference should be made to requirement 8 in the attached QIP.
6. The remaining remedial works to the fixed wiring installations in Emmaus House and Novallis House should be completed. Reference should be made to requirement 8 in the attached QIP.

Number of Requirements	2	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. The fire risk assessments were reviewed and updated on 07 September 2015 in line with the guidance from RQIA in relation to the competency of fire risk assessors. 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.

No issues were identified for attention during this Estates inspection.

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.

It is good to report that Mr. Todd confirmed that personal emergency evacuation plans were in place for all residents and these were cross referenced to the care plans. Four residents currently smoke. Mr. Todd confirmed that risk assessments had been carried out in relation to smoking and these were included in the care planning for the four residents. This supports the delivery of compassionate care.

No issues were identified for attention during this Estates inspection.

Areas for Improvement

1. The control panels for the fire detection and alarm system in Bethany House and Hermitage House had been replaced recently and plans were in place to renew the control panel in Kintyre House. Completion of this work should be confirmed to RQIA. Reference should be made to requirement 9 in the attached QIP.
2. The emergency lights were inspected and tested on 12 June 2015. Plans were in hand to upgrade the emergency lights in Hermitage House. Completion of this works should be confirmed to RQIA. Reference should be made to requirement 9 in the attached QIP.
3. The record for the fire drills should include a section which details the scenarios that are covered. Reference should be made to recommendation 1 in the attached QIP.

Number of Requirements	1	Number Recommendations:	1
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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 Mr. Stephen Todd, Facilities Manager (Health and Safety) for the Camphill Community, 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 14(2)(a) 14(2)(c) 27(2)(b) Stated: Second time To be Completed by: 17 December 2015	<p>Further remedial works should be completed to the paths for Dell O' Grace House.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: Will be met in specified time.</p>
Requirement 2 Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(q) Stated: Second time To be Completed by: 17 December 2015	<p>A copy of the most recent Periodic Inspection and Test Report for the fixed wiring installation in Dell O' Grace House should be forwarded to RQIA.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: Stephen Todd (Facilities manager) has received and will forward to RQIA..</p>
Requirement 3 Ref: Regulations 13(7) 14(2)(a) 14(2)(c) Stated: Second time To be Completed by: Ongoing	<p>Further improvements should be made in relation to tidiness of the laundry in Dell O' Grace House.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: Completed.</p>

Quality Improvement Plan	
Statutory Requirements	
Requirement 4 Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q) Stated: Second time To be Completed by: 20 November 2015	<p>Completion of the action to be taken in relation to the linings to the flexible plumbing connections should be confirmed to RQIA.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: All water management to comply with Legionella risk assessment has been forwarded to (HBE) for all management risks. CHA have been informed and action will be taken. Will not be completed within time scales but will liase with Registered Manager re same.</p>
Requirement 5 Ref: Regulations 27(4)(b) 27(4)(d)(i) Stated: First time To be Completed by: 20 November 2015	<p>Completion of the installation of the additional smoke detector in the roof space of Dell O' Grace House should be confirmed to RQIA. Completion of the mattress replacement programme should also be confirmed to RQIA.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: Will be completed within timescale by CHA. Mattress replacement programme has been met.</p>
Requirement 6 Ref: Regulations 13(7) 27(2)(b) Stated: First time To be Completed by: 20 November 2015	<p>The washing facilities should be reviewed and improved as required.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: Completed.</p>

Quality Improvement Plan

Statutory Requirements

<p>Requirement 7</p> <p>Ref: Regulations 14(2)(a) 14(2)(c)</p> <p>Stated: First time</p> <p>To be Completed by: 16 October 2015</p>	<p>The roof windows should be checked to ensure that there are adequate opening controls in place. The radiators in Samaria House that are accessible to residents should be adequately guarded. The reports for the most recent service of the thermostatic mixing valves should be reviewed and any issue identified for attention should be addressed.</p> <p>Response by Registered Manager Detailing the Actions Taken: Will be met within given timescales by CHA.</p>
<p>Requirement 8</p> <p>Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)</p> <p>Stated: First time</p> <p>To be Completed by: 17 December 2015</p>	<p>The issues identified for attention by the most recent legionella risk assessments should be addressed. The remaining remedial works to the fixed wiring installations in Emmaus House and Novallis House should be completed.</p> <p>Response by Registered Manager Detailing the Actions Taken: Legionella risk assessments have been forwarded to HBE and programme now in place. Novalis work has been completed. Emmaus house in progress. Will be met within given time scales.</p>
<p>Requirement 9</p> <p>Ref: Regulations 27(4)(b) 27(4)(d)(i)</p> <p>Stated: First time</p> <p>To be Completed by: 17 December 2015</p>	<p>Completion of the work to install the new fire detection and alarm control panel in Kintyre House should be confirmed to RQIA. Completion of the works to upgrade the emergency lights in Hermitage House should be confirmed to RQIA.</p> <p>Response by Registered Manager Detailing the Actions Taken: New fire detection and alarm control panel has been approved and ordered and will be completed within given time scales. Hermitage emergency lights will be met by CHA within given timescales.</p>

Quality Improvement Plan			
Recommendations			
Recommendation 1 Ref: Standard 29.6 Stated: First time To be Completed by: Ongoing	The record for the fire drills should include a section which details the scenarios that are covered. Response by Registered Manager Detailing the Actions Taken: Completed.		
Registered Manager Completing QIP	Catherine Price	Date Completed	02/11/15
Registered Person Approving QIP	Vincent Reynolds	Date Approved	11/11/15
RQIA Inspector Assessing Response	K. Monaghan	Date Approved	*19/11/15

* 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