

Announced Premises Inspection Report 26 September 2016



Hawthorn Lodge

Type of Service: Residential Care Home

Address: 277 Killaughey Road, Ballyhay, Donaghadee, BT21 0ND

Tel No: 028 9188 3009

Inspector: C Muldoon

1.0 Summary

An announced premises inspection of Hawthorn Lodge took place on 26 September 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	7

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Isabelle Bustard (Registered Manager and Responsible Person) and Mr Kevin Quinn (Maintenance 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 17 December 2013.

2.0 Service Details

Registered organisation/registered provider: Hawthorn Lodge Ms Isabelle Bustard	Registered Manager: Ms Isabelle Bustard
Person in charge of the home at the time of inspection: Ms Isabelle Bustard	Date manager registered: 1 April 2005
Categories of care: RC-LD, RC-LD(E) RC-DE, RC-I, RC-MP(E)	Number of registered places: 14

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 Ms Isabelle Bustard (Registered Manager and Responsible Person) and Mr Kevin Quinn (Maintenance 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 21 June 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the specialist inspector. This QIP will be validated by the specialist inspector at their next inspection.

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

Last premises inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 14.-(2)(a) and (c)</p> <p>Stated: First time</p>	<p>The safety of the first floor windows should be reviewed. The review and subsequent actions should be in line with safety alert. MDEA(NI)2007/100</p> <p>Action taken as confirmed during the inspection: External brackets have been fitted to restrict the opening of the first floor windows.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulations 13.-(7) 14.-(2)(a) and (c)</p> <p>Stated: First time</p>	<p>The legionella risk assessment should be reviewed. The outcome of the review should be a scheme of actions and procedures for the effective control of legionella in the home. It should be ensured that the scheme is fully implemented. Reference should be made to HSE approved code of practice and guidance L8 <i>Legionnaires's disease – the control of legionella bacteria in water systems</i> and Health Technical Memorandum 04-01 <i>The control of Legionella, hygiene, "safe" hot water, cold water and drinking water systems</i>. These documents include helpful checklists.</p> <p>Action taken as confirmed during the inspection: A new legionella risk assessment was carried out by an external safety adviser in December 2014. There are actions and monitoring measures in place towards the control of legionella. Refer also to section 4.3 item 1 and recommendation 1 in Quality Improvement Plan.</p>	Met

<p>Requirement 3</p> <p>Ref: Regulation 27.-(2)(q)</p> <p>Stated: First time</p>	<p>Arrangements should be made which will facilitate the test and maintenance of currently inaccessible thermostatic mixing valves.</p> <p>Action taken as confirmed during the inspection: The water safety adviser has considered the inaccessibility of TMV's at baths in the water risk assessment. The inspector was informed that the baths in question are not used so the hot water tap has been disabled to eliminate scald risk but the maintenance officer has the facility to flush the outlets twice weekly. Refer also to section 4.3 item 1 and recommendation 1 in Quality Improvement Plan.</p>	<p>Met</p>
<p>Requirement 4</p> <p>Ref: Regulation 27.-(4)(a)</p> <p>Stated: First time</p>	<p>The emergency plan should be posted at the fire panel. It should be ensured that the procedures in the plan are in line with current good practice and take account of the findings and recommendations arising from the Rosepark Inquiry. It should be ensured that all staff are trained in the implementation of the plan.</p> <p>Action taken as confirmed during the inspection: The fire plan is posted at the fire panel.</p>	<p>Met</p>
<p>Last premises inspection recommendations</p>		<p>Validation of compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 29</p> <p>Stated: First time</p>	<p>It is recommended that certificates are obtained which verify that the fire detection and alarm system is being maintained in accordance with BS 5839.</p> <p>Action taken as confirmed during the inspection: The report on the service of the fire alarm system confirms that it is carried out in accordance with BS5839.</p>	<p>Met</p>

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 actions and monitoring measures being taken towards the control of legionella were discussed with the manager and maintenance officer. The inspector advised that the procedure for checking sentinel outlet water temperatures should be extended to include hot outlets. The inspector was informed that the maintenance of the thermostatic mixing valves includes a check of the fail-safe arrangement although this is not recorded. Refer to recommendation 1 in Quality Improvement Plan.
2. The fire risk assessment was reviewed by a specialist contractor in February 2016. The status of the assessor in relation to the accreditation recommended by RQIA could not be confirmed. Refer to recommendation 2 in Quality Improvement Plan.
3. Fire training was carried out by a fire safety specialist in February 2016. The manager informed the inspector that arrangements have been made to carry out refresher training and drills for all staff within the next six weeks. Refer also to recommendation 3 in Quality Improvement Plan.
4. There was a condition report for the electrical installation. The report records that the installation was in satisfactory condition, although, it also notes that a number of items required improvement. Refer to recommendation 4 in Quality Improvement Plan.
5. During the walk round it was observed that the final escape door in the laundry area requires a key to open it. This was discussed and it was confirmed to the inspector that the on duty officer in charge carries the key. It could not be confirmed that the fire risk assessor had given consideration to this arrangement. Refer to recommendation 5 in Quality Improvement Plan.
6. A contractor's service sheet confirms that LOLER (Lifting Operations and Lifting Equipment Regulations (NI) 1999) thorough examination of the lifting equipment took place in May 2016 and that the equipment was found to be in good working order. The inspector recommended that the LOLER schedule 1 certificate for the examination be obtained. Refer to recommendation 6 in Quality Improvement Plan.

7. During the walk round it was observed that an electrical cupboard in one of the bedrooms was closed but unlocked.

Refer to recommendation 7 in Quality Improvement Plan.

Number of requirements	0	Number of recommendations:	7
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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 this QIP were discussed with Ms Isabelle Bustard (Registered Manager and Responsible Person) and Mr Kevin Quinn (Maintenance 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

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 26 October 2016 and Ongoing</p>	<p>The procedure for checking sentinel outlet water temperatures should be extended to include hot outlets and the checking of the fail- safe arrangement on the thermostatic mixing valves should be recorded along with the other maintenance tasks relating to the thermostatic mixing valves.</p> <p>Response by registered provider detailing the actions taken: <i>New schedules + paperwork now in place.</i></p>
<p>Recommendation 2</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: By anniversary of current fire risk assessment</p>	<p>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.</p> <p>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</p> <p>Response by registered provider detailing the actions taken: <i>Hawthorn have reviewed the Fire Risk Assessor qualifications + are happy that he is very competent.</i></p>
<p>Recommendation 3</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: 07 November 2016 and Ongoing</p>	<p>It should be ensured that all staff participate in refresher fire training and drills as planned and that records are maintained.</p> <p>Response by registered provider detailing the actions taken: <i>New record keeping in place</i></p>
<p>Recommendation 4</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 26 October 2016</p>	<p>It should be confirmed that the issues in the electrical condition report which were identified as requiring improvement have been addressed.</p> <p>Response by registered provider detailing the actions taken: <i>Following discussion with the electrician all issues have been addressed.</i></p>

Quality Improvement Plan

<p>Recommendation 5</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: 26 October 2016</p>	<p>It should be confirmed that the fire risk assessor has considered the current arrangement for securing the final exit door from the laundry area and finds it acceptable.</p> <p>Response by registered provider detailing the actions taken: Arrangements have been reviewed + key is readily accessible to all staff at all times.</p>
<p>Recommendation 6</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 26 October 2016</p>	<p>The LOLER schedule 1 certificate should be obtained for the last thorough examination of the lifting equipment.</p> <p>Response by registered provider detailing the actions taken: Certificate now in place.</p>
<p>Recommendation 7</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: Ongoing</p>	<p>It should be ensured that all electrical cupboards are kept locked.</p> <p>Response by registered provider detailing the actions taken: All cupboards are now locked</p>

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