

Announced Premises Inspection Report 02 June 2016



Hollygate Lodge

Type of Service: Residential
21 Hollygate Park, Carryduff, Belfast, BT8 8DZ
Tel No: 028 9081 3243
Inspector: Gavin Doherty

1.0 Summary

An announced premises inspection of Hollygate Lodge took place on 02 June 2016 from 10:30 to 13:30.

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. However one issue was identified for attention by the registered provider. Refer to section 4.3 for further information.

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	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Sharon Boyd, registered manager, and Ian Emerson, registered provider 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 previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service Details

Registered organisation/registered provider: Hollygate Care Services Ltd	Registered manager: Sharon Boyd
Person in charge of the home at the time of inspection: Sharon Boyd	Date manager registered: 14 October 2015
Categories of care: RC-MP, RC-LD(E), RC-DE, RC-I	Number of registered places: 38

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.

Discussions were held with Sharon Boyd, registered manager and Ian Emerson, registered provider for the home.

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, and fire risk assessment.

4.0 The Inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 29 October 2015. The completed QIP was returned and approved by the care inspector on 1 December 2015. 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 6 March 2014

Last premises inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 27 (2) Stated: First time	Refurbish the 'Care Station' on the ground floor main corridor.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that suitable work had been completed at the time of inspection.	

<p>Requirement 2</p> <p>Ref: Regulation 14 (2)</p> <p>Stated: First time</p>	<p>Ensure that all required actions highlighted within the home's risk assessment for the 'control of legionella bacteria' are fully implemented, with suitable records maintained and available for inspection.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed that suitable control measures were in place, and records were maintained and available and up to date at the time of inspection.</p>		
<p>Requirement 3</p> <p>Ref: Regulation 14 (2)</p> <p>Stated: First time</p>	<p>Ensure that all windows throughout the home are surveyed and suitable restrictors fitted where necessary. These restrictors should ensure that window openings are controlled to a safe point of opening of no more than 100mm and cannot be overridden by residents.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed that windows were suitably restricted at the time of inspection.</p>		
<p>Requirement 4</p> <p>Ref: Regulation 14 (2)</p> <p>Stated: First time</p>	<p>Provide a suitable replacement for the barrier which currently secures access to the top of the staircase leading to the rear section of the home.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed that a new barrier, which did not restrict access to the staircase had been installed at the time of inspection.</p>		
<p>Requirement 5</p> <p>Ref: Regulation 14 (2)</p> <p>Stated: First time</p>	<p>Suitably seal all bare wood and the concrete floor in the Laundry to ensure that is capable of being easily wiped clean in accordance with current infection control best practice.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed that all surfaces had been suitably sealed at the time of inspection.</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 which was carried out by a risk assessor holding professional body registration for fire risk assessors. This supports the delivery of safe care.

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

Areas for improvement

1. A risk assessment with regards to the 'control of legionella bacteria in the Home's hot and cold water systems' was undertaken in February 2013. The recommended control measures have been implemented and records relating to these were in place and viewed at the time of the inspection. However, significant new guidance relating specifically to care homes has subsequently been issued by the Health and Safety Executive in the form of, 'HSG274 part 2: the control of legionella bacteria in hot and cold water systems' (<http://www.hse.gov.uk/pubns/priced/hsg274part2.pdf>).

It is therefore important that this risk assessment is reviewed in light of this guidance to ensure that the current control measures remain suitable and sufficient. These control measures include increased temperature of hot water storage and the regular servicing of thermostatic mixing valves were installed.

(Refer to Recommendation 1 in the attached Quality Improvement Plan).

Number of requirements	0	Number of recommendations:	1
-------------------------------	----------	-----------------------------------	----------

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.

No areas for improvement were identified during the inspection.

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.

No areas for improvement were identified during the inspection.

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.

Arrangements are in place for managing premises related incidents/notifiable events and Medical Device and Equipment Alerts.

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.

No areas for improvement were identified during the inspection.

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 Sharon Boyd, registered manager and Ian Emerson, registered provider 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 (Insert Service Type). 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.team@rqia.org.uk for review 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

Recommendation 1

Ref: Standard 27.8

Stated: First time

To be completed by:
28 July 2016

Review the current risk assessment for the 'control of legionella bacteria in the Home's hot and cold water systems' in conjunction with the latest available best practice guidance, 'HSG274 part 2 the control of legionella bacteria in hot and cold water systems' (<http://www.hse.gov.uk/pubns/priced/hsg274part2.pdf>). Ensure that the current control measures remain suitable and sufficient, and that any required actions are completed within the stipulated timescales.

Response by registered provider detailing the actions taken:

A maintenance schedule is now in place where the on-site maintenance person is required to test and record the temperatures in the hot and cold water systems.

Hot and cold water temperatures will be recorded monthly. If any temperatures are not within the recommended range this will be addressed within the required timescale.



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

Assurance, Challenge and Improvement in Health and Social Care