

Unannounced Premises Inspection Report

8 June 2017



Kensington

Type of service: Residential Care Home
Address: 2 Groomsport Road, Bangor, BT20 5LN
Tel No: 028 9145 9047
Inspector: Gavin Doherty

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home with seven beds that provides care for older people or people who experience mental ill health.

3.0 Service details

Registered organisation/registered person: Kensington / Mr Sathrouhun Bogun	Registered manager: Mrs Joanne Glendinning
Person in charge of the home at the time of inspection: Ms Emma Mitchell, senior care assistant	Date manager registered: 28 May 2010
Categories of care: I - Old age not falling within any other category MP (E) - Mental disorder excluding learning disability or dementia – over 65 years	Number of registered places: 7

4.0 Inspection summary

An unannounced premises inspection took place on 8 June 2017 from 10:00 to 13:00.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

The inspection assessed progress with any areas for improvement identified during and since the last premises inspection and to determine if the service was delivering safe, effective and compassionate care and if the service was well led.

Residents spoken to stated that they were pleased with the recent improvements made with the décor and furnishings of the home.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	0

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Joanne Glendinning, 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.

4.2 Action/enforcement taken following the most recent premises inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 23 November 2016.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- recent inspection reports and returned QIPs
- recent correspondence with the service
- establishment related incidents reported to RQIA since the last premises inspection

The following records were examined during the inspection:

- service records and in-house log books relating to the maintenance and upkeep of the building and engineering services
- fire risk assessment

During the inspection the inspector met with five residents, the person in charge and one visiting professional. No residents' visitors/representatives were present.

Areas for improvements identified at the last premises inspection were reviewed and the assessment of compliance recorded as partially met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 31 August 2016

The most recent inspection of the service was an announced premises inspection.

The completed QIP was returned and approved by the estates inspector.

6.2 Review of areas for improvement from the last premises inspection dated 31 August 2016

Areas for improvement from the last premises inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27.-(2)(b) Stated: First time To be completed by: 30 September 2016	The evidence of a damp issue in the wall of bedroom 1 should be investigated by a competent person and effective remedial action taken.	Not met
	Action taken as confirmed during the inspection: No work had been undertaken in relation to this issue.	
	Further action is required to ensure compliance with this regulation and it is therefore stated for the second time.	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).		Validation of compliance
Area for improvement 1 Ref: Standard 27 Stated: First time To be completed by: Ongoing	The condition and appearance of the fabric and fixtures should be kept under review. It is recommended that a prioritised program of upgrade is drawn up and actioned.	Met
	Action taken as confirmed during the inspection: Significant work had been undertaken within the home to upgrade the building fabric and fixtures. However several further issues regarding the building fabric are identified within this report and attached Quality Improvement Plan.	

Area for improvement 2 Ref: Standard 29 Stated: First time To be completed by: Ongoing	<p>A program of fire drills should be implemented to ensure that anyone working in the home understands the fire procedure and can carry out an effective evacuation.</p> <p>Action taken as confirmed during the inspection: Records pertaining to fire drills held in the home were available and up to date at the time of inspection.</p>	Met
Area for improvement 3 Ref: Standard 27 Stated: First time To be completed by: 30 September 2016	<p>The recommendations in the contractor's last service report on the nurse call system should be followed up and any necessary action taken to maintain the installation in satisfactory condition.</p> <p>Action taken as confirmed during the inspection: A service inspection certificate dated 5 June 2017 was available for inspection. This certificate stated that the system was fully operational and no remedial works were identified.</p>	
Area for improvement 4 Ref: Standard 27 Stated: First time To be completed by: 30 September 2016	<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) which can be accessed through the following link. http://www.hse.gov.uk/pubns/hsis5.pdf 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>Action taken as confirmed during the inspection: All windows that were inspected were suitably restricted in accordance with the above guidance at the time of inspection.</p>	Met

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

A range of documentation in relation to the maintenance and upkeep of the establishment 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 establishments installations and engineering services was also presented for review during this premises inspection.

A range of fire protection measures are in place for the establishment. This includes a fire detection and alarm system, emergency lighting installation, 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 establishment 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

These measures support the delivery of safe care.

Areas of good practice

Substantial improvements had been undertaken throughout the home at the time of the inspection. The lounge, dining room, kitchen and main hallways had been redecorated with new floor finishes fitted as required. The guttering and downpipes had been repaired and replaced as necessary and the issues regarding damp penetration had been largely resolved (refer to restated requirement 1).

Areas for improvement

Some work had been undertaken in the refurbishment of the home's Laundry facility which is located in an outbuilding adjacent to the home. However, further significant work remains to be carried out in this area with regards to infection control best practice. The outstanding matters include the sealing of the existing concrete floor and the provision of suitable wall and ceiling finishes which can be easily cleaned and maintained.

The floor finish in the 1st floor toilet was in unacceptable condition and should be replaced. Also the paint finish applied to the wall tiles was flaking and should be made good.

The cold tap in ground floor staff toilet was damaged and should be replaced.

The boast tiles at the base of the shower tray in the shower room should be made good along with the rusted support bracket at the wash hand basin.

The laminated flooring in Bedroom 6 was in unacceptable condition and should be replaced with a suitable slip resistant floor finish.

Several double glazed units in the conservatory and main lounge were found to be damaged. These should be replaced in a timely manner. Also several handles were found to be missing from opening lights throughout the home. These windows should be identified and suitable replacement handles installed.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

There are arrangements in place for routine premises management and upkeep, as well as timely breakdown/repair maintenance. Residents are involved where appropriate in decisions around the upkeep of the establishment.

This supports the delivery of effective care.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The areas of the establishment reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit. Residents are consulted about decisions around décor and their private accommodation where appropriate.

This supports the delivery of compassionate care.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of residents in order to deliver safe, effective and compassionate care.

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.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Mrs Joanne Glendinning, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 nursing 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP to estates.team@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27(2) Stated: Second time To be completed by: 31 August 2017	The registered person shall ensure that the evidence of damp in the wall of bedroom 1 is investigated by a competent person and effective remedial action taken to resolve the same. Ref: 6.1
	Response by registered person detailing the actions taken: The registered person is actively addressing this matter as a priority.
Area for improvement 2 Ref: Regulation 27(2) Stated: First time To be completed by: 31 August 2017	The registered person shall ensure that the remedial actions referred to in the 'Areas of Improvement' of Section 6.4 are suitably addressed in a timely manner. Ref: 6.4
	Response by registered person detailing the actions taken: The registered person is actively addressing these issues.

**Please ensure this document is completed in full and returned to estates.team@rqia.org.uk*



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