

Announced Premises Inspection Report

31 August 2016



Kensington

Type of Service: Residential Care Home
Address: 2 Groomsport Road, Bangor, BT20 5LN
Tel No: 028 9145 9047
Inspector: C Muldoon

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Kensington Residential Care Home took place on 31 August 2016 from 10.15 to 13.45hrs.

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	1	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Joanne Glendinning (Registered Manager), 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 last inspection.

2.0 Service Details

Registered organisation/registered provider: Kensington Mr Sathrouhun Bogun	Registered manager: Ms Joanne Glendinning
Person in charge of the home at the time of inspection: Ms Joanne Glendinning	Date manager registered: 28 May 2010
Categories of care: RC-I, RC-MP(E)	Number of registered places: 7

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 Joanne Glendinning (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

4.0 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 09 July 2013

Last premises inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 27.-(2)(c) Stated: Second time	The stair lift and bath hoist must be subject to periodic thorough examination in accordance with LOLER (NI) 1999.	Met
	Action taken as confirmed during the inspection: There were valid LOLER thorough examination reports for the stair lift and the bath hoist.	
Requirement 2 Ref: Regulation 27.-(2)(c) 27.-(2)(q) Stated: First time	It must be ensured that any issues identified during the forthcoming test and inspection of the electrical installation and appliances are fully addressed and that the installation and appliances are maintained in a satisfactory condition.	Met
	Action taken as confirmed during the inspection: There was an electrical condition report dated 29 July 2013. The report records that the installation was in satisfactory condition but also identified a number of issues requiring attention. The portable electrical appliances were checked on 23 September 2015. The tester recommended a retest in one year. Refer also to section 4.3 item 1.	
Requirement 3 Ref: Regulation 27.-(2)(b) Stated: First time	The glazing to bedroom 1 should be replaced.	Met
	Action taken as confirmed during the inspection: Addressed	

Requirement 4 Ref: Regulation 27.-(2)(b) Stated: First time	The responsible person must review the laundry facility. The laundry should be in a sound, dedicated and appropriately equipped room which has adequate storage space, an impermeable washable floor and washable wall surfaces. In the meantime the structure of the existing building must be checked, sealed and made good as necessary.	Met
	Action taken as confirmed during the inspection: The laundry has been improved with the installation of new units and worktops and the clearance of stored items.	
Requirement 5 Ref: Regulation 27.-(2)(b) Stated: First time	The responsible person should ensure that the ongoing program to refurbish rooms used by residents is maintained.	Partially Met
	Action taken as confirmed during the inspection: All rooms were clean and the décor was generally sound. Refer also to section 4.3 item 2 and requirement 1 and recommendation 1 in Quality Improvement Plan.	
Requirement 6 Ref: Regulation 14.-(2)(c) Stated: First time	It should be ensured that all the legionella control and monitoring actions set out in the risk assessment are being fully addressed.	Met
	Action taken as confirmed during the inspection: There were records of measures in place towards the control of legionella. The legionella risk assessor carried out a review of the legionella risk assessment and operating procedures at the end of January 2016.	
Requirement 7 Ref: Regulation 27.-(4)(f) Stated: First time	It must be ensured that all staff participate in practice fire drills.	Met
	Action taken as confirmed during the inspection: There are arrangements in place for staff to receive fire training from a specialist contractor twice a year. The manager confirmed that drills are carried out as part of each training session. Refer also to section 4.3 item 3 and recommendation 2 in Quality Improvement Plan.	

Requirement 8 Ref: Regulation 27.-(4)(a) Stated: First time	<p>The fire action plan should be reviewed to ensure it is in line with current good practice and takes account of the findings and recommendations arising from the Rosepark Inquiry. Staff must be trained and drilled in the operation of the revised plan which should be posted at the alarm panel.</p> <p>Action taken as confirmed during the inspection: The fire procedure is posted beside the fire panel.</p>	Met
Last premises inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 27. Stated: First time	<p>The external paintwork should be maintained.</p> <p>Action taken as confirmed during the inspection: The paintwork on the external roughcast walls is generally in good condition. The paint on contrasting banding around windows and doors is peeling. The manager confirmed to the inspector that arrangements have been made for the banding to be redecorated.</p>	Met

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. On the day of inspection it could not be confirmed that the issues identified in the electrical condition report had been addressed. The manager subsequently emailed the inspector with confirmation from the electrical contractor that the issues identified in the condition report had been addressed.
2. Although the paint on the external walls of bedroom 1 was intact there was significant evidence of damp within the wall structure.
The condition of the fabric and fixtures in general should be kept under review. For example, some of the floor covering is coming towards the end of its life and the bathroom suite on the first floor is dated with the finish on the bath being dull and worn.
Refer to requirement 1 and recommendation 1 in Quality Improvement Plan.
3. Practice fire drills were discussed with the manager and the inspector recommended that a program of drills be implemented to confirm that all staff, particularly those on low hours, bank and night duty, can carry out an effective evacuation at any time.
Refer to recommendation 2 in Quality Improvement Plan.
4. The contractor's last service report on the emergency lights indicates that some remedial work was required. On the day of inspection it could not be verified that the remedial work had been completed. The manager subsequently emailed the inspector with confirmation from the electrical contractor that all the emergency lights are working satisfactorily.
5. The contractor's last service report on the nurse call system notes that faults were found and recommends that a new system be installed.
Refer to recommendation 3 in quality improvement Plan.
6. During the walk round a random selection of window restrictors were reviewed. It was found that some could be disengaged.
Refer to recommendation 4 in Quality Improvement Plan.

Number of requirements	1	Number of recommendations:	4
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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.

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.

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 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 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 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 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	
Statutory requirements	
Requirement 1 Ref: Regulation 27.-(2)(b) Stated: First time To be completed by: 30 September 2016	<p>The evidence of a damp issue in the wall of bedroom 1 should be investigated by a competent person and effective remedial action taken.</p> <p>Response by registered provider detailing the actions taken: A professional has assessed the issue of damp in room1 and found the damp was a result of a break in the lead flashing on the roof area above this bedroom, this matter has since been addressed.</p>
Recommendations	
Recommendation 1 Ref: Standard 27 Stated: First time To be completed by: Ongoing	<p>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.</p> <p>Response by registered provider detailing the actions taken: The registered person would like to assure the inspector that it is his intention to review and upgrade all areas of the home.</p>
Recommendation 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>Response by registered provider detailing the actions taken: A staff meeting has been held following the inspectors visit which included all staff especially the nightstaff taking part in fire drills, evacuation procedures and the testing of all fire equipment. Fire training with an outside company is scheduled for 02/11/16 for all staff.</p>
Recommendation 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>Response by registered provider detailing the actions taken: This matter is currently being addressed.</p>

<p>Recommendation 4</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 30 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) which can be accessed through the following link. http://www.hse.gov.uk/pubns/hsis5.pdf</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: This matter has been addressed and action taken.</p>
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