

Announced Premises Inspection Report 13 February 2017



Kirk House

Type of Service: Residential Care Home
Address: 110 Kings Road, Belfast, BT5 7BX
Tel No: 028 9040 2938
Inspector: Colin Muldoon

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Kirk House took place on 13 February 2017 from 10.00 to 15.50.

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. However one issue was identified for attention by the registered provider. Refer to section 4.6.

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	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Andrea Selby (Registered Manager) and Nigel Emery (Estates 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 most recent premises inspection dated 14 January 2014.

2.0 Service Details

Registered organisation/registered provider: Belfast Central Mission Mr B Burns	Registered manager: Andrea Selby
Person in charge of the home at the time of inspection: Andrea Selby	Date manager registered: 7 January 2015
Categories of care: RC-DE, RC-I, RC-PH, RC-PH(E)	Number of registered places: 46

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 Andrea Selby (Registered Manager) and Nigel Emery (Estates 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

The most recent inspection of Kirk House was an unannounced care inspection on 07 June 2016. There were no requirements or recommendations arising from that inspection.

4.1 Review of requirements and recommendations from the last premises inspection dated 14 January 2014

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 27.- (2)(c) Stated: First time	To comply with LOLER (Lifting Operations and Lifting Equipment Regulations (NI) 1999) the thorough examination of the hoists should be brought up to date. The report on the thorough examination should be in accordance with schedule 1 of LOLER. (Item 9.2.1 in report)	Met

	<p>Action taken as confirmed during the inspection: There was a report on a valid thorough examination of the hoisting equipment. No defects were identified.</p>	
<p>Requirement 2 Ref: Regulation 27.- (2)(c) Stated: First time</p>	<p>The direct ventilation in the kitchen should be upgraded to the satisfaction of a competent person on the Gas Safe register. (Item 9.2.1 in report)</p> <p>Action taken as confirmed during the inspection: Direct ventilation has been installed in the kitchen. The current Gas Safe certificate confirms that the ventilation is satisfactory.</p>	Met
<p>Requirement 3 Ref: Regulation 27.- (2)(b) Stated: First time</p>	<p>The toilet seat in the ground floor staff toilet should be replaced. (Item 9.2.1 in report)</p> <p>Action taken as confirmed during the inspection: Addressed.</p>	Met
<p>Requirement 4 Ref: Regulation 27.- (2)(d) Stated: First time</p>	<p>A routine should be established to periodically clean all extract fans. (Item 9.2.1 in report)</p> <p>Action taken as confirmed during the inspection: A planned maintenance routine is in place.</p>	Met
<p>Requirement 5 Ref: Regulation 14.- (2)(a) Stated: First time</p>	<p>An electrically qualified competent person should confirm that the arrangement of the electrical outlets in the flatlet kitchen facilities is safe. (Item 9.2.1 in report)</p> <p>Action taken as confirmed during the inspection: The provider confirmed that two electrical contractors have verified that the arrangement of the electrical outlets in the flatlet kitchens is safe.</p>	Met
<p>Requirement 6 Ref: Regulation 27.- (2)(l) Stated: First time</p>	<p>In relation to the proposal to reconfigure storage on the ground floor the advice of the fire risk assessor should be sought regarding the new position of the food trollies and the opportunity should be taken to install a hand wash basin for the domestic staff. (Item 9.2.1 in report)</p>	Met

	<p>Action taken as confirmed during the inspection: This proposed change was reviewed and did not take place.</p>	
<p>Requirement 7 Ref: Standard 27 Stated: First time</p>	<p>A competent person on the Gas Safe register should assess the condition of the supply pipe from the bulk gas tank. (Item 9.2.1 in report)</p> <p>Action taken as confirmed during the inspection: Following the last premises inspection a gas contractor surveyed the gas installation and recommended upgrade of the gas supply system including the underground pipe to the tank. The Estates Manager verified that this work has been completed.</p>	Met
<p>Requirement 8 Ref: Standard 27 Stated: First time</p>	<p>The condition of the staff call system should be reviewed. (Item 9.2.1 in report)</p> <p>Action taken as confirmed during the inspection: The Estates Manager verified that the nurse call system had been upgraded following the last Premises inspection and was proving to be reliable.</p>	Met
<p>Requirement 9 Ref: Standard 27 Stated: First time</p>	<p>The storage arrangements in the laundry should be reviewed. (Item 9.2.1 in report)</p> <p>Action taken as confirmed during the inspection: The laundry was tidy on the day of inspection.</p>	Met
<p>Requirement 10 Ref: Regulation 13.-(7) 14.-(2)(a) 14.-(2)(c) Stated: First time</p>	<p>It should be confirmed that there is a current legionella risk assessment and that the scheme of control available on site is the outcome of the current risk assessment. It should be confirmed that the flushing and disinfection routines are in line with the scheme of control. (Item 9.3.1 in report)</p> <p>Action taken as confirmed during the inspection: A current legionella risk assessment was presented and there are measures in place towards the control of legionella which includes flushing and the disinfection of showers.</p>	Met

	Refer also to section 4.3 item 1 and recommendation 1 in Quality Improvement Plan.	
<p>Requirement 11</p> <p>Ref: Regulation 14.- (2)(a) 14.- (2)(c) 27.- (2)(q)</p> <p>Stated: First time</p>	<p>Until the thermostatic mixing valves are serviced and set by a competent person their performance should be closely monitored through frequent checks of the temperature of the hot water accessible to residents. Documentation should be obtained to confirm that the thermostatic mixing valves have been serviced and set in accordance with the manufacturer's instructions. Reference should be made to the Health Guidance Note '<i>Safe hot water and surface temperatures</i>' (Item 9.3.1 in report)</p> <p>Action taken as confirmed during the inspection: There was a service record dated June 2015 relating to the thermostatic mixing valves. The Estates Manager confirmed that a further service was carried out in November 2016. Refer also to section 4.3 item 2 and recommendation 2 in Quality Improvement Plan.</p>	Partially Met
<p>Requirement 12</p> <p>Ref: Regulation 27.- (2)(l)</p> <p>Stated: First time</p>	<p>The oxygen cylinder in the treatment room should be secured against toppling. (Item 9.3.1 in report)</p> <p>Action taken as confirmed during the inspection: There were no oxygen cylinders on the day of inspection.</p>	Met
<p>Recommendation 13</p> <p>Ref: Standard 28</p> <p>Stated: Second time</p>	<p>In order to reduce the risk of tripping on trailing leads, the provider should consider the installation of additional socket outlets. (Item 9.1.1 in report)</p> <p>Action taken as confirmed during the inspection: The inspector was informed that there is a program to install additional fixed sockets where required. On the day of inspection there were no trailing leads observed in the rooms inspected.</p>	Met
<p>Requirement 14</p> <p>Ref: Regulation 27.- (4)(c) 27.- (4)(d)(i)</p>	<p>All fire doors should be surveyed and the necessary repairs and adjustments made so that they close correctly and provide an effective fire seal. (Item 9.1.2 in report)</p>	Met

<p>Stated: Second time</p>	<p>Action taken as confirmed during the inspection: Following the last premises inspection the provider confirmed that arrangements were made to address this matter. On the day of inspection random doors were reviewed and found to work correctly.</p>	
<p>Requirement 15 Ref: Regulation 27.- (4)(d)(i) and (iii) Stated: First time</p>	<p>The drawings of the fire zones should be updated. It is recommended that the new drawings are posted beside the fire panel. (Item 9.4.1 in report)</p> <p>Action taken as confirmed during the inspection: The Estates manager confirmed this had been completed.</p>	Met
<p>Requirement 16 Ref: Regulation 27.- (4)(f) Stated: First time</p>	<p>Arrangements should be made which will ensure that all staff participate in realistic practice fire drills which are in compliance with the emergency action plan. The drills should confirm that an effective evacuation of the building can be carried out at any time and when the minimum number of staff are on duty. Reference should be made to Northern Ireland Firecode document Health Technical Memorandum <i>84 Fire risk assessment in residential care premises</i> (Item 9.4.1 in report)</p> <p>Action taken as confirmed during the inspection: There have been seven practice fire drills over the last year and have included the participation of residents. The manager confirmed that there is a matrix recording system in place which is used to manage staff participation.</p>	Met
<p>Requirement 17 Ref: Regulation 27.- (4)(d)(v) Stated: First time</p>	<p>It should be ensured that the management of unwanted fire alarms is kept under continuous review. Consideration should be given to the complacency induced by unwanted alarms. (Item 9.4.1 in report)</p> <p>Action taken as confirmed during the inspection: The inspector was informed that this is kept under review and that the removal of toasters from individual flatlets has had a significant impact on the incidence of unwanted alarms.</p>	Met

<p>Requirement 18</p> <p>Ref: Regulation 27.- (4)(d)(v)</p> <p>Stated: First time</p>	<p>It must be ensured that the function test of the emergency lights is carried out monthly in accordance with BS5266. (Item 9.4.1 in report)</p>	<p style="text-align: center;">Met</p>	
<p>Action taken as confirmed during the inspection: Addressed.</p>	<p style="text-align: center;">Met</p>		
<p>Requirement 19</p> <p>Ref: Regulation 27.- (4)(c) 27.- (4)(d)(i)</p> <p>Stated: First time</p>		<p>The practice of propping open the bedroom fire doors must be discontinued. If the doors are required to be kept open for operational reasons then stand open devices linked to the fire alarm system must be fitted. Reference should be made to the requirements of the Northern Ireland Fire and Rescue Service regarding door closers (available on the RQIA website). (Item 9.4.1 in report)</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection: The bedroom doors are fitted with closers and hold open devices.</p>	<p style="text-align: center;">Met</p>		
<p>Requirement 20</p> <p>Ref: Regulation 27.- (4)(c)</p> <p>Stated: First time</p>		<p>It should be confirmed that the electronic lock on the front door is linked to the fire alarm system and operates in accordance with BS7273. The automatic release of this door should be checked during the weekly test of the alarm system. (Item 9.4.1 in report)</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection: The response to the last premises inspection QIP confirms that this lock is linked to the fire alarm system. A weekly check is carried out to ensure that the lock releases on activation of the alarm.</p>	<p>Requirement 21</p> <p>Ref: Regulation 27.- (4)(b)</p> <p>Stated: First time</p>	<p>It should be ensured that the new policy of no smoking in the home is implemented as soon as possible. In the interim period the measures being taken regarding fire safety in the flatlet where smoking is allowed should be strictly maintained. (Item 9.4.1 in report)</p>	
<p>Action taken as confirmed during the inspection: There is now a policy of no smoking within the home.</p>	<p style="text-align: center;">8</p>		

Recommendation 22 Ref: Standard 29	Plans should be made to replace the discoloured illuminated emergency signs. (Item 9.1.3 in report)	Met
Stated: Second time	Action taken as confirmed during the inspection: There has been a program to replace and upgrade lighting.	

4.2 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

- Some legionella control measures are carried out by staff on site. It is understood that a specialist contractor also carries monthly monitoring and other legionella control tasks. On the day of inspection there were no records to confirm the scope of the work being carried out by the contractor or the outcome of their monthly monitoring visits.

Some issues in the legionella risk assessment action plan have been assigned to the landlord.

Refer to recommendation 1 in Quality Improvement Plan
- From the information available it could not be confirmed that the servicing of the thermostatic mixing valves includes the cleaning of associated filters and a check of the fail safe arrangements. There is a procedure for staff to carry out a monthly check that water from outlets accessible to residents is at a safe temperature. The result of the February check was that the water from a number of outlets was found to be higher than recommended in good practice guidance. The manager and Estates manager confirmed that this had been reported to the maintenance provider and that arrangements were in place to prevent these outlets being used.

Refer to recommendation 2 in Quality Improvement Plan.

3. On the day of inspection a report on a valid thorough examination of the lift was not available.
Refer to requirement 1 in Quality Improvement Plan.
4. The inspector was informed that test and inspection of the electrical installation was completed on 10 February 2017. The report on this had not been provided by the day of inspection.
Refer to recommendation 3 in Quality Improvement Plan.
5. The records show that a contractor carried out a one hour duration test of the emergency lights in September 2016. This was discussed and it was agreed that it should be confirmed that the contractor is also carrying out a yearly 3 hour duration service at alternate 6 monthly visits.
Refer to recommendation 4 in Quality Improvement Plan.
6. The test and inspection of portable electrical appliances was carried out in May 2015 and was being done on the day of this inspection. The checking of portable electrical appliances was discussed and the inspector made reference to guidance published by the Health and Safety Executive.
7. The inspector drew attention to the last service report for the oil boiler which included a recommendation that ventilation to the boiler house be improved.

Number of requirements	1	Number of recommendations:	4
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4.3 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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4.4 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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4.5 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.

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. Currently there is no system in place to obtain and action relevant premises safety alerts. Refer to recommendation 5 in Quality Improvement Plan.

Number of requirements	0	Number of recommendations:	1
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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 Andrea Selby (Registered Manager) and Nigel Emery (Estates 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 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 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)(c) and (q) Stated: First time To be completed by: 13 March 2017	<p>It should be confirmed that there is a report on a valid LOLER (Lifting Operations and Lifting Equipment (NI) 1999) thorough examination of the lift. The report should verify that the lift is without defects.</p> <p>Response by registered provider detailing the actions taken: LOLER report is now completed and on site. The report recommends that the lift needs to be upgraded. On the 21st March 2017 CHOICE HA Asset Management attended Kirk House to draw up an action plan for the recommendation to be implemented.</p>
Recommendations	
Recommendation 1 Ref: Standard 27 Stated: First time To be completed by: 13 March 2017 and ongoing	<p>The arrangements for managing legionella should be reviewed to ensure that all necessary actions in an effective scheme of control are being carried out in accordance with good practice. It is recommended that records of the tasks and monitoring measures being carried out by the specialist contractor are retained and reviewed on site by the provider.</p> <p>It should be ensured that the landlord has arrangements in place to address the issues in the legionella risk assessment action plan which have been assigned to them.</p> <p>Response by registered provider detailing the actions taken: CHOICE HA are currently reviewing the Contractor's procedure to enable BCM to access their legionella checks from their portal.</p>
Recommendation 2 Ref: Standard 27 Stated: Second time To be completed by: 13 March 2017	<p>The arrangements for maintaining the thermostatic mixing valves should be reviewed. The review should cover the frequency and scope of the servicing which should include the cleaning of associated filters and a test of the fail safe arrangement. Reference should be made to HSG274 Part 2.</p> <p>Response by registered provider detailing the actions taken: BCM have given CHOICE HA a deadline (7 April 2017) for TMV servicing records, outlining all above.</p>
Recommendation 3 Ref: Standard 27 Stated: First time To be completed by: 13 March 2017	<p>The report on the recent test and inspection of the electrical installation should be obtained. The provider should ensure that appropriate arrangements are in place to address any work which has been found to be necessary in order to restore the installation to a satisfactory condition.</p> <p>Response by registered provider detailing the actions taken: BCM have given CHOICE HA a deadline (7 April 2017) for supplying the PET test report. Testing was completed Feb 2017.</p>

<p>Recommendation 4</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: 13 March 2017</p>	<p>The arrangements for maintaining the emergency lighting system should be clarified. It should be ensured that the installation is being maintained in accordance with good practice. Reference should be made to BS5266.</p> <p>Response by registered provider detailing the actions taken: BCM have requested a copy of the contract from CHOICE HA to confirm the above complies with BS5266. BCM have requested certification that shows that a full 3hr discharge test was completed.</p>
<p>Recommendation 5</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 13 March 2017</p>	<p>A procedure should be established for a responsible person to visit the NIAIC (Northern Ireland Adverse Incident Centre) website weekly and action any relevant safety alerts.</p> <p>Response by registered provider detailing the actions taken: This is currently in place and records are retained in Kirk House.</p>

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



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