



**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No:	18641
Establishment ID No:	1631
Name of Establishment:	Loughview Fold Housing with Care
Date of Inspection:	22 May 2014
Inspector's Name:	Colin Muldoon

1.0 GENERAL INFORMATION

Name of Home:	Loughview Fold Housing With Care
Address:	159a High Street, Holywood. BT18 9HU
Telephone Number:	028 90 425117
Registered Organisation/Provider:	Fold Housing Association Mrs Fiona McAnespie
Registered Manager:	Ms Deirdre Carr
Person in Charge of the Home at the time of Inspection:	Ms Deirdre Carr
Other person(s) consulted during inspection:	N/A
Type of establishment:	Residential Care Home
Categories of Care	RC-I, RC-DE, RC-PH
Number of Registered Places:	28
Date and time of inspection:	22 May 2014 10.35 – 15.35
Date of Previous Estates inspection	30 June 2011
Name of Inspector:	Colin Muldoon accompanied by Ms Gemma Mulholland (RQIA Estates Support Officer)

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes.

This is a report of an unannounced inspection to assess the quality of the premises and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. The report details the extent to which the standards measured during inspection were met.

3.0 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the premises and grounds were safe, well maintained and remain suitable for their stated purpose in compliance with legislative requirements and current minimum standards. This was achieved through a process of evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards.

The aims of the inspection were to examine the estates related policies, practices and monitoring arrangements for the provision of Residential Care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- Residential Care Homes Minimum Standards (DHSSPS, 2011)

Other published standards which guide best practice may also be referenced during the Inspection process.

4.0 METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with Ms Deirdre Carr.
- Examination of records
- Inspection of the home internally and externally. Residents' private bedrooms were only inspected when unoccupied and permission was granted.
- Evaluation and feedback

Any other information received by RQIA about this Registered Provider has also been considered by the Inspector in preparing for this inspection.

5.0 CONSULTATION PROCESS

During the course of the inspection, the Inspector spoke to Ms Deirdre Carr.

6.0 INSPECTION FOCUS

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards and to assess progress with the issues raised during and since the previous Estates inspection on 30 June 2011:

Standards inspected:

- Standard 27 - Premises and grounds
- Standard 28 - Safe and healthy working practices
- Standard 29 - Fire Safety

7.0 PROFILE OF SERVICE

Loughview Fold is a purpose built residential home based on a housing with care concept. Accommodation for residents is in the form of individual flatlets each having en-suite toilet, wash hand basin and shower facilities. A small kitchen unit, complete with refrigerator and sink is also part of each flatlet. Each floor has a dining room and a main lounge is located on the ground floor. There is communal garden space with seating available.

The home is in Holywood town and is very convenient to shops, post office and local amenities.

8.0 SUMMARY

There was good evidence of maintenance activities and the home appeared well presented and comfortable.

Following the Estates Inspection of Loughview on 22 May 2014 improvements are required to comply with the Residential Care Homes Regulations (Northern Ireland) 2005 and the criteria outlined in the following standards:

- Standard 27 - Premises and grounds
- Standard 28 - Safe and healthy working practices
- Standard 29 - Fire Safety

This resulted in seven requirements and three recommendations. These are outlined in the Quality Improvement Plan appended to this report.

The Estates Inspector would like to acknowledge the assistance of Ms Deirdre Carr during the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 **Recommendations and requirements from previous inspection**

It is good to note that action has been taken on issues raised during the previous Estates inspection on 30 June 2011.

9.2 **Standard 27 - Premises and grounds** - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

9.2.1 On the day of inspection it could not be confirmed if the thermostatic mixing valves are being maintained.
(Item 1 in Quality Improvement Plan)

9.2.2 The home has a passenger lift and a number of hoisting devices. The reports on the LOLER (Lifting Operations and Lifting Equipment Regulations (NI) 1999) thorough examination of the lift and one of the hoists identified some category B defects. It should be confirmed that the Trixie hoist is being thoroughly examined in accordance with LOLER
(Item 2 in Quality Improvement Plan)

The issues identified for attention in relation to this standard are detailed in the section of the attached Quality Improvement Plan titled '**Standard 27 - Premises and grounds**'.

9.3 **Standard 28 - Safe and healthy working practices** - *The home is maintained in a safe manner*

9.3.1 The home has a current legionella risk assessment. It is understood that a contractor carries out legionella control and monitoring tasks. On the day of inspection there were no records on site in relation to this. The manager subsequently provided records relating to the disinfection of showers during February 2014.
(Item 3 in Quality Improvement Plan)

9.3.2 At present there are no arrangements to carry out periodic function tests of the staff call system.
(Item 4 in Quality Improvement Plan)

The issues identified for attention in relation to this standard are detailed in the section of the attached Quality Improvement Plan titled '**Standard 28: Safe and healthy working practices**'.

9.4 Standard 29: Fire safety - *Fire safety precautions are in place that reduce the risk of fire and protect residents, staff and visitors in the event of fire.*

- 9.4.1 The fire risk assessment available on the day of inspection was dated April 2013. The manager confirmed that a new fire risk assessment had been carried out very recently but had not yet been received. The manager subsequently emailed the new assessment to the inspector on 26 May. The new assessment confirms that the assessor considers the overall fire risk to be tolerable but did identify some matters requiring attention.
(Item 5 in Quality Improvement Plan)
- 9.4.2 The fire detection and alarm system is being maintained and the inspector was provided with documentation relating to the weekly testing of the alarm system. The procedure for testing should be reviewed to ensure it is in line with the relevant code of practice.
(Item 6 in Quality Improvement Plan)
- 9.4.3 On the day of inspection the inspector was provided with documentation which confirmed that the emergency lights are being maintained by a specialist contractor. Other documentation available on the day of inspection and information subsequently emailed to the inspector related to function testing of the emergency lights. The procedure for testing should be reviewed to ensure it is in line with the relevant code of practice.
(Item 7 in Quality Improvement Plan)
- 9.4.4 On the day of inspection it was observed that the laundry door requires adjustment.
(Item 8 in Quality Improvement Plan)
- 9.4.5 The home has two emergency stairways, one of which is in the supported living side of the building. Evacuation mattresses have been provided in the housing with care side staircase and therefore it is recommended that the other staircase is similarly equipped.
(Item 9 in Quality Improvement Plan)
- 9.4.6 The practice fire drills were discussed. It is understood that all staff have participated in at least one drill in the last year. It is recommended that the records of each drill be expanded to include the outcome of on-the-spot debriefs and that learning points are included in fire safety training and reviews of procedures.
(Item 10 in Quality Improvement Plan)

The issues identified for attention in relation to this standard are detailed in the section of the attached Quality Improvement Plan titled '**Standard 29: Fire safety**'.

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Ms Deirdre Carr as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the Quality Improvement Plan.

11.0 Enquiries

Enquiries relating to this report should be addressed to:

**Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT**

Quality Improvement Plan

- for -

Announced Estates Inspection

- of -

Loughview Fold Housing with Care

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22 May 2014

QIP Position Based on Comments from Registered Persons (for RQIA use only)			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.					
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.					
C.	Clarification or follow up required on some items.	√		√	C Muldoon	29/09/2014

NOTES:

The details of the Quality Improvement Plan were discussed with Ms Deirdre Carr as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the residential home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the Quality Improvement Plan.

The Quality Improvement Plan is to be completed by the registered provider and registered manager and returned to estates@rqia.org.uk.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Deirdre Carr
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Fiona McAnespie

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Assurance, Challenge and Improvement in Health and Social Care

Standard 27 - Premises and grounds

The following requirements and recommendations should be noted for action in relation to Standard 27 - Premises and grounds

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
1	Regulation 27.-(2)(q)	It should be confirmed that the thermostatic mixing valves are being serviced, set and fail safe tested in accordance with the manufacturer's instructions. (Item 9.2.1 in report)	1 Month	I can confirm that the TMV's are being serviced in accordance with manufacturer's instructions.
2	Regulation 27.-(2)(c) 27.-(2)(q)	It should be confirmed that the defects identified in the LOLER thorough examination reports on the lift and hoisting devices have been addressed. It should be confirmed that the Trixie hoist is being thoroughly examined in accordance with LOLER and is free from defects. (Item 9.2.2 in report)	1 Month	The Category B defects are currently with the Maintenance department. I can confirm that the trixie hoist is being thoroughly examined in accordance LOLER.

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Standard 28 – Safe and Healthy Working Practices

The following requirements and recommendations should be noted for action in relation to Standard 28 – Safe and Healthy Working Practices

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
3	Regulation 13.-(7) 14.-(2)(a) and (c)	<p>In relation to legionella it should be confirmed that:</p> <ol style="list-style-type: none"> 1. the recommendations and requirements in the risk assessment have been fully addressed <p>and that</p> <ol style="list-style-type: none"> 2. the scheme of control in the risk assessment is being fully implemented. (Item 9.3.1 in report) 	1 Month	Actioned
Item	Standard	Recommendations	Timescale	
4	Standard 28	It is recommended that the each staff call point is periodically function tested. (Item 9.3.2 in report)	Ongoing	Monthly testing is completed and documentation to reflect same is held on site.

Standard 29 - Fire Safety

The following requirements and recommendations should be noted for action in relation to Standard 29 - Fire Safety

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
5	Regulation 27.-(4)(a)	The issues in the fire risk assessment action plan should be fully addressed within the timescales set by the fire risk assessor. (Item 9.4.1 in report)	Ongoing	Actioned
6	Regulation 27.-(4)(d)(v)	The procedure for testing the fire alarm system should be reviewed. It should be confirmed that weekly function testing is being carried out in accordance BS5839 and that all manual call points are included in the cycle of testing. (Item 9.4.2 in report)	1 Month	The weekly function test is completed and determined by using a loop system to ensure all manual call points are tested regularly.
7	Regulation 27.-(4)(d)(v)	It should be confirmed that all the emergency lights are being function tested monthly in accordance with BS5266. (Item 9.4.3 in report)	1 Month	Action completed and ongoing
8	Regulation 27.-(4)(c) 27.-(4)(d)(i)	The door to the laundry should be adjusted so that it closes tight to form an effective fire seal. (Item 9.4.4 in report)	1 Month	This has been forwarded to the Maintenance department for works order and completion of same.

Item	Standard	Recommendations	Timescale	
9	Standard 29	It is recommended that evacuation mattresses are provided in the stairway on the supported living side of the building and the use of the mattresses is practiced. The advice of the fire safety advisor should be sought. (Item 9.4.5 in report)	3 Months	Mattresses have been ordered. It has been arranged that when next fire awareness training takes place, the Fire Safety Advisor will assist the staff in the use and practice for evacuation.
10	Standard 29	It is recommended that the records of each drill be expanded to include the outcome of on-the-spot debriefs and that learning points are included in fire safety training and reviews of procedures. (Item 9.4.6 in report)	Ongoing	On the spot debriefs are being listed and learning recorded and documented.

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