

# Announced Premises Inspection Report 14 February 2017



## Orchard Grove

**Type of Service: Residential Care Home**  
**Address: 7 The Square, Clough, BT30 8RB**  
**Tel No: 02844811672**  
**Inspector: Kieran Monaghan**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced premises inspection of Orchard Grove Residential Care Home took place on 14 February 2017 from 10:30hrs to 12:35hrs.

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. Reference should be made 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. Reference should be made 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
<b>Total number of requirements and recommendations made at this inspection</b>	<b>1</b>	<b>4</b>

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Deirdre Burns, Registered Manager and Mr Mark Emerson who deals with the premises issues for the home, 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 most recent premises inspection on 20 August 2013.

## 2.0 Service Details

<b>Registered Providers:</b> Mr Craig Cecil Emerson and Mr Ian George Emerson	<b>Registered manager:</b> Ms Deirdre Burns
<b>Person in charge of the home at the time of inspection:</b> Ms Deirdre Burns, Registered Manager	<b>Date manager registered:</b> 01 April 2005
<b>Categories of care:</b> RC-LD, RC-LD(E), RC-MP, RC-MP(E)	<b>Number of Residents:</b> 19

## 3.0 Methods/processes

Prior to this premises inspection, the following records were reviewed:

- The report for the previous premises inspection on 20 August 2013 (reviewed during inspection)
- The notifications log
- The concerns log. (No concerns logged).

During this premises inspection discussions took place with the following people:

- Ms Deirdre Burns, Registered Manager
- Mr Mark Emerson who deals with the premises issues for the home.

During this premises inspection, the following records were reviewed:

- A range of service records and in-house records relating to the maintenance and upkeep of the premises
- The legionella bacteria risk assessment report
- The fire risk assessment report.

## 4.0 The Inspection

The most recent inspection of this residential care home was an unannounced care inspection IN025882 on 20 September 2016. The completed QIP for this inspection was returned to RQIA on 04 November 2016 and approved by the care inspector on 21 November 2016. This QIP will be validated by the care inspector at their next inspection.

## 4.2 Review of requirements and recommendations from the last premises inspection on 20 August 2013

Last premises inspection statutory requirements		Validation of compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 13(7) 27(2)(b) 27(2)(d)  <b>Stated:</b> First time	The laundry should be reviewed and the surfaces should be improved as required to ensure a clean and hygienic condition is achieved and maintained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Improvements had been made in the laundry. One area of the walls required some further attention and the floor should be covered with an impervious slip resistant covering. Subsequent to this premises inspection Mr Emerson confirmed to RQIA that arrangements had been made to refresh all of the paintwork in the laundry and to fit a new floor covering on 27 & 28 February 2017. Further confirmation of completion in relation to these works was also received from Mr Emerson.	
<b>Requirement 2</b>  <b>Ref:</b> Regulations 27(2)(j)  <b>Stated:</b> First time	A review of the two adjacent toilets on the ground floor of the premises should be completed and improvements should be implemented to achieve complete separation in line with current standards.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> These two toilets had been separated.	
<b>Requirement 3</b>  <b>Ref:</b> Regulations 14(2)(a) 14(2)(c) 27(2)(c)  <b>Stated:</b> First time	The Registered Manager should put in place a procedure for reviewing the Safety Bulletins on the Northern Ireland Adverse Incidents Centre website on a regular basis to ensure that appropriate action is being taken in relation to this specific home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A file was being kept for alert notices. The arrangements for dealing with alert notices have however changed recently. Further details in relation to this issue will be forwarded to the registered persons by RQIA.	

<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulations 14(2)(a) 14(2)(c) 27(2)(c)</p> <p><b>Stated:</b> First time</p>	<p>The current position in relation to the issue included in the report for the service of the passenger lift that was carried out on 24 June 2013 should be confirmed to RQIA.</p> <p><b>Action taken as confirmed during the inspection:</b> Mr Emerson confirmed that the issue in relation to the lift had been addressed. The most recent service and thorough examination of the lift was carried out on 06 January 2017. The report for the thorough examination identified an issue in relation to the ram seal which was being monitored.</p>	<p><b>Met</b></p>
<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulations 14(2)(a) 14(2)(c) 27(2)(q)</p> <p><b>Stated:</b> First time</p>	<p>The issues identified for attention (one code 3 issue and four code 4 issues) in the report for the inspection and test of the fixed wiring installation should be reviewed with the Engineer who completed the inspection and test to determine what action should be taken in relation to same. The outcome of this review should be confirmed to RQIA.</p> <p><b>Action taken as confirmed during the inspection:</b> The most recent inspection and test to the fixed wiring installation was completed on 14 September 2015. The report for this work confirmed that the installation was in a satisfactory condition. The report however identified two Code C3 issues for improvement consideration. The first of these issues related to the provision of residual current device (RCD) protection. Ms Burns confirmed that this issue did not present any significant risk to residents. The second issue related to two circuits that were not traced during the inspection and test. Mr Emerson confirmed that he would follow up this issue with the electrician.</p>	<p><b>Met</b></p>

<p><b>Requirement 6</b></p> <p><b>Ref:</b> Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)</p> <p><b>Stated:</b> First time</p>	<p>The issues identified for attention by the legionella risk assessment should be reviewed with the risk assessor to ensure that they have been addressed satisfactorily. The action plan in the risk assessment report should also be signed off by the Registered Manager.</p> <p><b>Action taken as confirmed during the inspection:</b> The issues identified for attention in the report for the legionella risk assessment that was completed in February 2013 had been signed off as complete with the exception of the issue in relation to the adjustments to the vent pipe to the hot water cylinder. Mr Emerson however checked this issue during this premises inspection with the maintenance person for the home who confirmed that it had been addressed. A further legionella risk assessment had also been carried out by a specialist company on 09 February 2017.</p>	<p><b>Met</b></p>
<p><b>Requirement 7</b></p> <p><b>Ref:</b> Regulations 13(7) 27(2)(b) 27(2)(d)</p> <p><b>Stated:</b> First time</p>	<p>Completion of the works to the store opposite the laundry should be confirmed to RQIA.</p> <p><b>Action taken as confirmed during the inspection:</b> The store opposite the laundry had been removed.</p>	<p><b>Met</b></p>
<p><b>Requirement 8</b></p> <p><b>Ref:</b> Regulations 14(2)(a) 14(2)(c)</p> <p><b>Stated:</b> First time</p>	<p>The method of controlling the window openings in the premises should be reviewed and altered as required to ensure compliance with the recent correspondence from RQIA in relation to this issue.</p> <p><b>Action taken as confirmed during the inspection:</b> The window controls were not fixed in position with tamper proof screws. The window controls in bedrooms 4 and 9 were also disconnected. A further review of the window controls should be carried out and they should be fixed with tamper proof screws. The robustness of the window controls should also be reviewed and improved as required (some of the chains were relatively light and the sliding sash windows had only one restrictor in place). Subsequent to this premises inspection Mr Emerson confirmed to RQIA that tamper proof screws had been ordered for the window restrictors. Reference should be made to requirement 1 in the attached Quality Improvement Plan.</p>	<p><b>Partially Met</b></p>

<p><b>Requirement 9</b></p> <p><b>Ref:</b> Regulations 14(2)(a) 14(2)(c) 27(2)(b)</p> <p><b>Stated:</b> First time</p>	<p>The corridor carpets on the first floor should be reviewed and refitted as required. The roof covering should be checked and remedial works should be carried out to ensure that any slipped or missing slates are attended to.</p> <p><b>Action taken as confirmed during the inspection:</b> New corridor carpets had been fitted throughout the first floor. Mr Emerson also confirmed that there were currently no issues in relation to the roof covering.</p>	<p><b>Met</b></p>
<p><b>Requirement 10</b></p> <p><b>Ref:</b> Regulations 27(4)(b) 27(4)(c) 27(4)(d)(iv)</p> <p><b>Stated:</b> First time</p>	<p>The door to the kitchen should be adjusted to latch fully with the self-closing device.</p> <p><b>Action taken as confirmed during the inspection:</b> Mr Emerson confirmed that the door to the kitchen had been adjusted following the last premises inspection. This door however required further minor adjustment to ensure that it latches fully each time it is closed. It was agreed that an overhead self-closing device would be fitted to this door to make it more reliable. Subsequent to this premises inspection Mr Emerson confirmed to RQIA that the overhead self-closing device had been fitted to this door.</p>	<p><b>Met</b></p>
<p><b>Requirement 11</b></p> <p><b>Ref:</b> Regulations 27(4)(a) 27(4)(b) 27(4)(c)</p> <p><b>Stated:</b> First time</p>	<p>A review should be carried out in relation to the adequacy of the different types of self-closing devices. The outcome of this review should be used to inform a programme of replacement to achieve compliance with current good fire safety practice. As part of this review consideration should also be given to the need to install appropriate hold open devices linked to the fire detection and alarm system in locations where these may be required to meet the needs of the residents and the operational needs of the home. The outcome of this review and the details of the action proposed to address this issue should be confirmed to RQIA. The action plan in the fire risk assessment should also be signed off.</p> <p><b>Action taken as confirmed during the inspection:</b> The standard of the fire doors throughout the premises was reviewed following the last premises inspection and improvements were made as considered necessary. Most of the doors are now</p>	<p><b>Met</b></p>



	fitted with overhead self-closing devices. It was agreed that an overhead self-closing device would also be fitted to the door of the kitchen to ensure that this door continues to latch fully. Subsequent to this premises inspection Mr Emerson confirmed to RQIA that an overhead self-closing device had been fitted to the kitchen door. A number of hold open devices had been fitted in the home. The most recent fire risk assessment was completed on 18 October 2016 in line with the guidance from RQIA in relation to the competency of fire risk assessors. The report for this fire risk assessment confirmed that no issues had been identified for attention.	
<b>Requirement 12</b>  Standard 29.6  <b>Stated:</b> First time	It is recommended that a separate report for each fire drill should be kept. These reports should identify any points of learning that should be carried forward into future practice and the details in relation to follow up action that may be required. The evacuation times should also be closely monitored to ensure that these remain adequate. In addition it is recommended that a matrix should be established to assist with monitoring staff attendance for the fire drills.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Reports were being kept for the fire drills and these included times. A fire drill was carried out on 21 June 2016. Mrs Burns also confirmed that a further fire drill with a satisfactory outcome was carried out on 24 January 2017 as part of the fire safety training provided by the fire risk assessor. It was agreed that the record for this most recent fire drill would be written up. Mrs Burns also monitors staff attendance at fire drills.	

#### 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 in line with the guidance issued by RQIA in relation to the competency of 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. One requirement made in last premises inspection on 20 August 2013 was partially met (see section 4.2 above). This is restated in the attached Quality Improvement Plan. See requirement 1 in the attached Quality Improvement Plan.
2. The most recent risk assessment for the prevention or control of legionella bacteria in water systems was carried out 09 February 2017. Action was ongoing in relation to the recommendations included in the report for this risk assessment. This included the removal of 'dead legs' in the system and cleaning the water storage tanks. In relation to the 'dead legs' it may not be possible to remove all of these. Any that cannot be removed should be flushed twice each week. In addition consideration should be given to testing water samples. Further advice should be obtained from the legionella risk assessor. Subsequent to this premises inspection Mr Emerson confirmed to RQIA that work in relation to the 'dead legs' was continuing in conjunction with the legionella risk assessor. Reference should be made recommendation 1 in the attached Quality Improvement Plan.
3. The details in relation to the servicing and ongoing maintenance of the thermostatic mixing valves were not presented for review during this premises inspection. These details should be confirmed to RQIA. Reference should be made to recommendation 2 in the attached Quality Improvement Plan.
4. There was a procedure in place for checking the hot and cold water temperatures each month. It was however agreed that this would be revised to include all of the hot water outlets at the baths and showers each month. In addition the hot water outlets at the wash basins would be checked in rotation.
5. The ceiling of the small cupboard opposite the shower room on the ground floor should be fire stopped. Reference should be made to recommendation 3 in the attached Quality Improvement Plan.
6. At present there are three residents who smoke. Mrs Burns confirmed that risk assessments in relation to smoking were in place with the care records (not reviewed). It was agreed that a fire blanket would be provided in the area that is used for smoking. Subsequent to this premises inspection Mr Emerson confirmed to RQIA that a fire blanket had been provided in this area.
7. It was agreed that it would be beneficial to check all of the resident's call facilities each month instead of sample checking.

8. The fire risk assessment for the complete premises was reviewed and updated on 18 October 2016 in line with the guidance issued by RQIA in relation to the competency of fire risk assessors. The report for this fire risk assessment confirmed that no issues were identified for attention. Ms Burns also confirmed that the most recent fire drill for the complete premises was carried out on 24 January 2017 along with the fire safety training which was provided by the fire risk assessor. In addition a new fully addressable fire detection and alarm system had been installed throughout the complete premises. The door to bedroom 7 required minor adjustment to ensure that it latched fully with the self-closing device. This was however adjusted during this premises inspection. Mr Emerson also agreed that the existing fire seal on the door to the hotpress would be replaced with a fire and smoke seal. Subsequent to this premises inspection Mr Emerson confirmed to RQIA that this issue had been addressed.
9. The tiles in the ensuite shower for bedroom 7A should be made good (joints stained). Subsequent to this premises inspection Mr. Emerson confirmed to RQIA that the issue in the ensuite shower for bedroom 7A has been addressed. It was also agreed that the flooring in the toilet at bedroom 7A would also be made good (uneven at wash basin).
10. The issue of handrails in the corridors was discussed briefly. Ms Burns confirmed that at present handrails were not considered to be necessary. This should be kept under review in relation to resident's dependency levels.

<b>Number of requirements</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>3</b>
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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.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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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.

Since the last premises inspection a number of improvements had been carried out to the premises. These included improvements in the bedrooms, the refurbishment of the shower room on the ground floor and the redecoration of the corridor areas.

Service users are consulted about decisions around décor and the private accommodation where appropriate.

This supports the delivery of compassionate care.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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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.

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. One issue from the last premises inspection had however only been partially addressed. Reference should be made to recommendation 4 in the attached Quality Improvement Plan.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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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 Deirdre Burns, Registered Manager and Mr Mark Emerson who deals with the premises issues 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](mailto: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:** Regulations  
14(2)(a)  
14(2)(c)

**Stated:** Second time

**To be completed by:**  
17 March 2017

A further review of the window controls should be carried out and they should be fixed with tamper proof screws. The robustness of the window controls should also be reviewed and improved as required.

**Response by registered provider detailing the actions taken:**

This has been actioned on the 10<sup>TH</sup> March 2017. Tamper proof screws on all windows - 2 restricters fitted to all sash windows. Chains replaced with window robust controls.

### Recommendations

#### Recommendation 1

**Ref:** Standard 28

**Stated:** First time

**To be completed by:**  
Ongoing

Any 'dead legs' in the plumbing system that cannot be removed should be flushed twice each week. In addition consideration should be given to testing water samples. Further advice should be obtained from the legionella risk assessor.

**Response by registered provider detailing the actions taken:**

Advice from Chemical treatment Services followed including removal of dead legs.

#### Recommendation 2

**Ref:** Standard 28

**Stated:** First time

**To be completed by:**  
17 March 2017

The details in relation to the servicing and ongoing maintenance of the thermostatic mixing valves should be confirmed to RQIA.

**Response by registered provider detailing the actions taken:**

Appropriate service carried out on 8<sup>th</sup> March 2017 by competent person. we can confirm this issue will be reviewed annually

#### Recommendation 3

**Ref:** Standard 29

**Stated:** First time

**To be completed by:**  
17 March 2017

The ceiling of the small cupboard opposite the shower room on the ground floor should be fire stopped.

**Response by registered provider detailing the actions taken:**

This has been actioned on the 10<sup>th</sup> March 2017

<b>Recommendation 4</b>  <b>Ref:</b> Standard 20  <b>Stated:</b> First time  <b>To be completed by:</b> 17 March 2017	The arrangements for ensuring that all of the issues in the RQIA Quality Improvement Plans are addressed within in the timescales should be reviewed and improved as required.  <b>Response by registered provider detailing the actions taken:</b> All issues now actioned
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*\*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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