



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No:	IN020373
Establishment ID No:	1642
Name of Establishment:	Owenvale Court Residential Care Home, Belfast
Date of Inspection:	07 July 2014
Inspector's Name:	K. Monaghan

1.0 GENERAL INFORMATION

Name of Home:	Owenvale Court Residential Care Home
Address:	607 Springfield Road Belfast BT12 7FN
Telephone Number:	(028) 9041 2030
Registered Responsible Person:	Mr. Ciaran Sheehan, Care Circle Limited
Registered Manager:	Mrs. Paula Marie Kennedy
Person in Charge of the Home at the time of Inspection:	Mrs Paula Marie Kennedy, Registered Manager
Other person(s) present during inspection:	Mr. Ciaran Sheehan, Registered Responsible Person
Type of establishment:	Residential Care Home
Categories of Care:	RC-I, RC-SI, RC-A, RC-DE, RC-PH
Conditions of Registration:	On 25 June 2012, RQIA deregistered St John of God Association (SJOGA) as care provider at Owenvale Court. Care Circle has taken over management of the home. Inspections and enforcement prior to this date relate to its management under SJOGA.
Number of Residents:	47
Date and time of inspection:	07 July 2014 (12:20pm – 1:15pm.)
Date of previous Estates inspection:	09 June 2014
Name of Inspector:	K. Monaghan

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 announced 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:

- Discussions with Mrs. Paula Marie Kennedy, Registered Manager and Mr. Ciaran Sheehan, Registered Responsible Person
- Examination of records
- Evaluation and feedback

Any other information received by RQIA about this regulated establishment has also been considered by the Inspector in preparing this inspection report.

5.0 CONSULTATION PROCESS

During the course of the inspection the Inspector spoke to Mrs. Paula Marie Kennedy, Registered Manager and Mr. Ciaran Sheehan, Registered Responsible Person.

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:

Standards inspected:

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

This Estates inspection focused on a specific issue in relation to the procedure to be followed in the event of the fire alarm activating and a small number of other issues from the Quality Improvement Plan for the announced Estates inspection for the previous Estates inspection to the home that was carried out on 09 June 2014.

7.0 PROFILE OF SERVICE

Owenvale Court is a purpose built home located on the Upper Springfield Road in Belfast. The home accommodates 47 residents.

The facility is a two storey building with private car parking facilities. Each flat-let has an ensuite toilet/shower and mini kitchen facilities. The communal areas include assisted bathrooms, sitting rooms, dining rooms, kitchenettes, a hairdressing salon and therapy/activity rooms.

Mr. Ciaran Sheehan, CARE CIRCLE LIMITED is the registered Responsible Person and Mrs. Paula Marie Kennedy is the Registered Manager.

8.0 SUMMARY

Following this Estates Inspection of Owenvale Court Residential Care Home in Belfast on 07 July 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 four requirements. These are outlined in the quality improvement plan appended to this report.

The Estates Inspector would acknowledge the assistance of Mrs. Paula Marie Kennedy, Registered Manager and Mr. Ciaran Sheehan, Registered Responsible Person, throughout the inspection.

9.0 INSPECTION FINDINGS

9.1 Recommendations and requirements from the previous Estates inspection on 09 June 2014:

- 9.1.1 The previous Estates inspection to this home was carried out on 09 June 2014. This Estates inspection had a specific focus. With the exception of the following, the issues included in the Quality Improvement Plan for the previous Estates inspection that was carried out on 09 June 2014 were not reviewed.
- 9.1.2 Mr. Sheehan confirmed that all of the window controls had been checked and repaired as required. In addition it had been agreed with Helm Housing Association that a new more robust type of window restrictor would be fitted as a more permanent solution to the method of controlling the opening window openings. Mrs. Kennedy also confirmed that there was a procedure in place for assessments to be completed for all residents in relation to the risks associated with opening windows. No residents were currently considered to be at significant risk in relation to opening windows. The staff also check the opening windows each night to ensure that the restrictors remain in place. The issues in relation to window openings should continue to be closely monitored. The Registered Persons should also confirm to RQIA when the new window restrictors are to be fitted throughout the premises. Reference should be made to item 2 in the Quality Improvement Plan.
- 9.1.3 Mrs. Kennedy confirmed that improvements in relation to the call system had been made with the use of the mobile telephones (one for the ground floor and one for the first floor). The list of room numbers and the corresponding number for the mobile telephones should be revised and updated as required. In addition RQIA should be kept up to date with the plans to replace the existing call system with a new system that is based on a more traditional residential care home model. Reference should be made to item 3 in the Quality Improvement Plan.
- 9.1.4 Mr. Sheehan confirmed that an Architect had visited the home and tender documents including drawings for the proposed drawing new toilets were being drawn up. A copy of the proposal drawing for the new toilets should be forwarded to RQIA. The position regarding a variation application for these proposals should also be confirmed. Reference should be made to item 1 in the Quality Improvement Plan.

9.0 INSPECTION FINDINGS CONTINUED

9.1 Recommendations and requirements from the previous Estates inspection on 09 June 2014:

9.1.5 In addition to the above issues Mr. Sheehan agreed to provide an update in relation to each of the items included in the Quality Improvement Plan for the previous Estates inspection that was carried out on 09 June 2014. Subsequent to this Estates inspection this update was received by RQIA.

9.1.6 The above issues are restated as appropriate in the relevant sections of the attached Quality Improvement Plan.

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 This Estates inspection focused on a small number of specific issues. No additional issues were identified for attention in relation to this standard during this Estates inspection.

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

9.3.1 This Estates inspection focused on a small number of specific issues. No additional issues were identified for attention in relation to this standard during this Estates inspection.

9.0 INSPECTION FINDINGS CONTINUED

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

9.4.1 This Estates inspection focused on one specific fire safety issue. This related to the procedure to be followed when the fire alarm activates, particularly at night. Following the discussions in relation to this issue the Registered Persons will review and revise the existing procedure as required to ensure that the following points are clearly reflected:

1. As soon as the fire alarm activates the Northern Ireland Fire and Rescue Service will be called
2. A minimum of two staff will proceed to the source of the alarm activation. Additional staff if available and if directed to do so by the person in charge will also proceed to this location to offer assistance
3. One person will remain at the main fire detection and alarm control panel
4. 'Walkie-talkie' communication will be maintained between the person at the main fire detection and alarm control panel and the staff investigating the source of the alarm activation

Reference should be made to item 4 in the Quality Improvement Plan

9.4.2 The above issue is detailed in the section of the attached Quality Improvement Plan entitled 'Standard 29: Fire safety'

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement plan appended to this report were discussed with Mrs. Paula Marie Kennedy, Registered Manager and Mr. Ciaran Sheehan, Registered Responsible Person, 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.

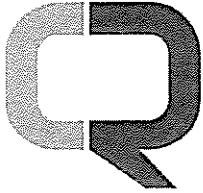
Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the nursing home to improve the quality of life experienced by residents.

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**



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Announced Estates Inspection

Owenvale Court Residential Care Home, Belfast RQIA ID 1642

07 July 2014

QIP Position Based on Comments from Registered Persons <i>& further information provided by care circle Group. from 17th October 2014.</i>			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.	✓	✓	-	<i>A. Monaghan</i>	<i>17 Oct 2014</i>
C.	Clarification or follow up required on some items.					

NOTES:

The details of the quality improvement plan were discussed with Mrs. Paula Marie Kennedy, Registered Manager and Mr. Ciaran Sheehan, Registered Responsible Person.


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 signed below by the registered provider and registered manager and returned to:

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	
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	

Standard 27 – Premises and grounds

The following requirements should be noted for action in relation to Standard 27 – Premises and Grounds

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
1.	Regulations 13(7) 27(2)(a) 27(2)(b)	The proposal drawing for the new toilets should be forwarded to RQIA for consideration. The position regarding a variation application for these proposals should also be confirmed. Reference should be made to paragraph 9.1.4 in the Report.	1 Month & Ongoing	Revised plans for the proposal drawings in accordance with building control for the new toilets have been forwarded to the RQIA on the 01/09/2014

Standard 28 - Safe and healthy working practices

The following requirements should be noted for action in relation to Standard 28 - Safe and healthy working practices:

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
2.	Regulations 14(2)(a) 14(2)(c)	Proposals to replace the existing window restrictors with a more robust type of restrictor should be finalised and confirmed to RQIA. In the meantime the windows should be closely monitored to ensure that any further remedial works are identified and completed. Reference should be made to paragraph 9.1.2 in the Report.	1 Month & Ongoing	A total of 12 tamper proof restricters have been replaced on the top floor. An addition 30 restricters have been ordered and will be fitted by 12/09/2014. In the intrim all relevent window restricters will be closely monitored by staff. Risk assessment remain in place.
3.	Regulations 14(2)(a) 14(2)(c) 27(2)(c)	RQIA should be kept up to date with the plans to replace the existing call system with a new system that is based on a more traditional residential care home model. Reference should be made to paragraph 9.1.3 in the Report.	Ongoing	Call bell system is working with the use of hand held mobiles , there is no longer a delay on alert and calls are being answered promptly .Notices are clearly visable with instructions of how call bell works . There is also clear signage in each zone .

Standard 29 – Fire safety

The following requirements should be noted for action in relation to Standard 28 – Fire Safety:

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
4.	Regulations 27(4)(b)	<p>The Registered Persons should review and revise as required, the existing procedure in relation to the action to be taken when the fire alarm activates to ensure that the following points are clearly reflected:</p> <ol style="list-style-type: none"> 1. As soon as the fire alarm activates the Northern Ireland Fire and Rescue Service will be called 2. A minimum of two staff will proceed to the source of the alarm activation. Additional staff if available and if directed to do so by the person in charge will also proceed to this location to offer assistance 3. One person will remain at the main fire detection and alarm control panel 4. 'Walkie-talkie' communication will be maintained between the person at the main fire detection and alarm control panel and the staff investigating the source of the alarm activation <p>Reference should be made to paragraph 9.4.1 in the Report.</p>	1 Week	<p>The fire policy has now been ammended with clear instructions in the event of fire alarm activation . A copy has been enclosed .</p>