

Announced Premises Inspection Report 05 July 2016



River House

Type of Service: Residential Care Home
Address: 131 Central Promenade, Newcastle, BT33 0EU
Tel No: 028 4372 3206
Inspector: Kieran Monaghan

1.0 Summary

An announced premises inspection of River House Residential Care Home took place on 05 July 2016 from 10:25 to 13:20hrs.

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.

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	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs. Alison Kernaghan, Registered Manager, 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 last inspection.

2.0 Service Details

Registered organisation/registered provider: Presbyterian Board of Social Witness / Mrs. Linda May Wray	Registered manager: Mrs. Alison Kernaghan
Person in charge of the home at the time of inspection: Mrs. Alison Kernaghan, Registered Manager	Date manager registered: 03 March 2014
Categories of care: RC-DE, RC-I	Number of registered places: 29

3.0 Methods/processes

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

- The previous premises inspection report
- The statutory notifications over the past 12 months
- The duty call log.

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

- Mrs. Alison Kernaghan, Registered Manager
- The plumber for the home (legionella issues only).

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 home was an unannounced care inspection IN025615 on 27 April 2016. The completed QIP for this inspection was returned to RQIA on 29 June 2016 and approved by the care inspector on the same day. 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 on 16 May 2013

Last premises inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulations 27(2)(b) 27(2)(p) Stated: First time	The wall surface at the pipework in the shower room opposite the sluice on the ground floor should be made good. The extract fans should be checked and repaired or replaced as required.	Met
	Action taken as confirmed during the inspection: These issues had been addressed.	
Requirement 2 Ref: Regulation 27(2)(b) Stated: First time	The details for the planned environmental improvement scheme for car parking / garden area to the front of the home should be forwarded to RQIA. This environmental improvement scheme should also include external repainting to the front entrance area of the home and making good the paintwork to the area at the rear kitchen door.	Met
	Action taken as confirmed during the inspection: The environmental scheme had been completed. The outside of the premises had also been redecorated. The grounds were very well presented and provide a valuable amenity for the residents. This is to be commended.	

Last premises inspection statutory requirements		Validation of compliance
<p>Requirement 3</p> <p>Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)</p> <p>Stated: First time</p>	<p>The risk assessment in relation to the prevention or control of legionella bacteria in the water systems should be reviewed, updated and actioned as required. The two 'dead legs' in the laundry room should be removed. The temperature of the unblended hot water should also be closely monitored to ensure that it remains within the standards for the prevention or control of legionella bacteria in water systems.</p> <p>Action taken as confirmed during the inspection: The legionella risk assessment was reviewed and updated in July 2015. The dead legs in the laundry had been removed and the temperature of the unblended hot water was being monitored each month with the most recent check having been carried out on 28 June 2016. Reference should also be made to section 4.3.5 in this report for further details in relation to the legionella controls.</p>	Met
<p>Requirement 4</p> <p>Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(q)</p> <p>Stated: First time</p>	<p>The documentation to fully support the remedial works to the fixed wiring installation identified in the report for the most recent routine periodic inspection and test should be obtained.</p> <p>Action taken as confirmed during the inspection: This documentation was presented for review during this premises inspection.</p>	Met
<p>Requirement 5</p> <p>Ref: Regulation 13(7)</p> <p>Stated: First time</p>	<p>The four colours in the NHS colour coding system for the cleaning equipment should be used with the green coloured equipment being used in the catering facilities and the yellow coloured equipment being used in accordance with current infection control practice.</p> <p>Action taken as confirmed during the inspection: This issue had been addressed.</p>	Met

Last premises inspection statutory requirements		Validation of compliance
Requirement 6 Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q) Stated: First time	The maintenance arrangements for the filter on the incoming mains water to the premises should be clarified.	Met
	Action taken as confirmed during the inspection: During the discussions with the plumber it was confirmed that there are two sets of water filters on the mains water and these are replaced on a quarterly basis.	
Requirement 7 Ref: Regulations 14(2)(a) 14(2)(c) Stated: First time	The method of restricting the window openings should be reviewed and altered as required to ensure that all window openings are controlled to a safe point of opening with a maximum clear opening of 100mm. Restrictors should not be easy to disconnect without the use of a key or a specialist tool. Reference should be made to the recent correspondence from RQIA in relation to this issue.	Partially Met
	Action taken as confirmed during the inspection: The window restrictors had been reviewed and improved. The need to fix the window controls with tamper proof screws should however be reviewed. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.	
Requirement 8 Ref: Regulations 13(7) 27(2)(k) 27(2)(l) Stated: First time	The arrangements for the storage of cleaning equipment and cleaning materials should be reviewed with the aim of providing separate cleaning facilities in line with current good infection control practice. The outcome of this review should be confirmed to RQIA.	Met
	Action taken as confirmed during the inspection: A new cleaner's store had been provided.	
Requirement 9 Ref: Regulations 14(2)(a) 14(2)(c) Stated: First time	All cupboards for the storage of hazardous agents should be kept locked.	Met
	Action taken as confirmed during the inspection: A cupboard with a key pad lock had been fitted in the first floor sluice.	

Last premises inspection statutory requirements		Validation of compliance
<p>Requirement 10</p> <p>Ref: Regulations 27(4)(b)</p> <p>Stated: First time</p>	<p>The issue in relation to the alignment of fire alarm zones with the fire sub-compartments should be discussed further with the Fire Risk Assessor and the Fire Alarm Engineers. The outcome of these discussions should be confirmed to RQIA.</p> <p>Action taken as confirmed during the inspection: This issue had been addressed. It is good to report that a new fire alarm control panel had been installed and the system is now fully addressable. A new zone plan had also been provided for the system. This is to be commended.</p>	Met
<p>Requirement 11</p> <p>Ref: Regulations 27(4)(b) 27(4)(d)(iv)</p> <p>Stated: First time</p>	<p>The corridor door on the ground floor adjacent to bedroom 10 should be adjusted or replaced to ensure that it closes correctly into the frame and that it provides an effective smoke seal.</p> <p>Action taken as confirmed during the inspection: This issue had been addressed.</p>	
<p>Requirement 12</p> <p>Ref: Regulations 27(4)(b) 27(4)(d)(i)</p> <p>Stated: First time</p>	<p>The glove covering the fire detector in the vegetable preparation room and double adaptor in the staff kitchen should be removed. Combustible material should not be placed close to sub-mains electrical switchgear in stores.</p> <p>Action taken as confirmed during the inspection: These issues had been addressed.</p>	Met

Last premises inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 28.1 Stated: First time	It is recommended that the gas installation in the kitchen should be upgraded to the latest gas safety standards.	Met
	Action taken as confirmed during the inspection: The most recent gas safety inspection was completed on 21 September 2015 with no issues being identified for attention.	
Recommendation 2 Ref: Standard 29.2 Stated: First time	It is recommended that a fire detector should be installed in the lift plant room.	Met
	Action taken as confirmed during the inspection: This issue had been addressed.	

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 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. It is good to report that a copy of Health Technical Memorandum 84 is retained in the home as a fire safety reference source. The most recent review of the fire risk assessment was also completed on 20 April 2016 in line with the guidance from RQIA in relation to fire risk assessors. The report for this review identified six issues for attention. Five of these issues had been addressed and arrangements had been made to fit a fire detector in the kitchen store to address the remaining issue.
2. The lift was thoroughly examined on 12 June 2015. The report for this thorough examination identified one issue for attention. This issue had been addressed. The report for the most recent thorough examination of the lift should be followed up and retained in the home available for review during future inspections. Subsequent to this premises inspection, Mrs. Kernaghan forwarded a copy of the report for the most recent thorough examination of the lift to RQIA.
3. It is good to report that the premises are equipped with a permanent standby electricity generator. This was serviced on 23 November 2015 and it is tested each month. There is currently an issue to be resolved in relation to the replacement of the engine block heater. This work is being followed up (price submitted).
4. At the time of this premises inspection there was an ongoing issue in relation to the gas solenoid valve in the kitchen. Arrangements had however been made to address this issue.
5. A schematic drawing should be obtained for the water systems in the premises. The thermostatic mixing valves should be serviced and fail-safe tested as required on a regular basis. Consideration should be given to improving the condition of the water tanks. The remaining issues from the legionella risk assessment report should be addressed (fill and outlet pipework adjustments, new lids, overflow screen check). Subsequent to this premises inspection, Mrs. Kernaghan confirmed to RQIA that arrangements had been made to meet with the plumber, week commencing 25 July 2016 to address the outstanding issues. Completion of these issues should be confirmed to RQIA. Reference should be made to recommendation 2 in the attached Quality Improvement Plan.
6. Mrs. Kernaghan confirmed that the residents call system is checked weekly and it is currently working satisfactorily. In addition plans are being taken forward for the replacement of the existing residents call system with a completely new system.

Number of requirements	0	Number of recommendations:	1
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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 Mrs. Alison Kernaghan, Registered Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered persons 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 persons 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 in respect of this home. 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 persons meet the legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and 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 persons may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered responsible person should confirm that these actions have been completed and return completed QIP to Estates.Mailbox@rqia.org.uk and assessed 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 persons 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 persons with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

Recommendation 1

Ref: Standard 28

Stated: First time

To be completed by:
09 September 2016

The need to fix the window controls with tamper proof screws should be reviewed.

Response by registered provider detailing the actions taken:

The company who supplied the window restrictor controls had been contacted and the installation of the tamper proof screws is scheduled for week commencing 29/8/16.

Recommendation 2

Ref: Standard 28

Stated: First time

To be completed by:
30 October 2016

A schematic drawing should be obtained for the water systems in the premises. The thermostatic mixing valves should be serviced and fail-safe tested as required on a regular basis. Consideration should be given to improving the condition of the water tanks. The remaining issues from the legionella risk assessment report should be addressed (fill and outlet pipework adjustments, new lids, overflow screen check).

Response by registered provider detailing the actions taken:

The schematic drawing for River House will be completed within the next month September 16.

The plumber has been booked to complete the thermostatic mixing valves service and this will be completed fully in the coming week (w/c/29/8/16). Fail-safe testing will continue to be completed weekly within the Home.

In relation to the legionella risk assessments, the fill and outlet pipework adjustments have been completed, the lids have been repaired and now are securely fitting and the overflow screen check and pipework has been altered as to specifications.

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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