

Announced Premises Inspection Report 5 January 2017



Scrabo House

Type of Service: Residential Care Home
Address: 203 Scrabo Road, Newtownards, BT23 4SJ
Tel No: 028 9182 6384
Inspector: Colin Muldoon

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Scrabo House took place on 05 January 2017 from 10.30 to 13.40 hours.

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.

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	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Alexander Buchanan (Registered Responsible Person) and Mrs Elizabeth Buchanan (Registered 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 10 December 2014.

2.0 Service Details

Registered organisation/registered provider: Scrabo House/Mr Alexander Buchanan	Registered manager: Mrs Elizabeth Buchanan
Person in charge of the home at the time of inspection: Mrs Elizabeth Buchanan	Date manager registered: 01/04/2005
Categories of care: RC-I, RC-DE	Number of registered places: 17

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 Mr Alexander Buchanan (Registered Responsible Person) and Mrs Elizabeth Buchanan (Registered 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 Scrabo House was an unannounced care inspection. There were no requirements or recommendations arising from this inspection.

4.2 Review of requirements and recommendations from the last premises inspection dated 10 December 2014

Last premises inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 13.-(7) Stated: First time	The scheme for the control of legionella should be reviewed and updated as required. Reference should be made to the Health and Safety Executive document L8 <i>Legionnaires' disease - The control of legionella bacteria in water systems</i> with particular attention to HSG274 Part 2 (2014).	Met
	Action taken as confirmed during the inspection: A scheme is in place for the control of legionella. There were documents confirming that legionella was not found in samples of water tested in August 2016.	
Requirement 1 Ref: Regulation 27.-(4)(c) 27.-(4)(d)(i) Stated: First time	An automatic closing device, suitable for the needs of residents, should be fitted to the door of bedroom 14. If a closer control device, such as a magnetic hold back or a swing free closer, is fitted it should be installed and commissioned in accordance with BS7273. In the interim this door should be kept closed.	Met
	Action taken as confirmed during the inspection: An automatic closing device has been fitted to the door of room 14.	

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 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

1. The inspector discussed with the manager and responsible person the procedures in place for testing the fire alarm and checking sentinel outlet water temperatures and recommended that these be reviewed.
Refer to recommendation 1 in Quality Improvement Plan.
2. Although there were no records the manager and responsible person confirmed to the inspector that the thermostatic mixing valves are being maintained.
Refer to recommendation 2 in Quality Improvement Plan
3. An electrical condition report dated 2012 was presented during a previous premises inspection. This report confirmed that the electrical installation in the original part of the home was in satisfactory condition. At a subsequent premises inspection in 2014 electrical design, construction, inspection and testing documentation relating to a newly built extension was presented. The documents were not available on the day of inspection and it could not be confirmed if they are still valid.
Refer to recommendation 3 in Quality Improvement Plan.
4. The home has a through floor lift. On the day of inspection LOLER (Lifting Operations and Lifting Equipment Regulations (NI) 1999) thorough examination reports were not presented. The manager and responsible person confirmed to the inspector that a valid scheme of thorough examination is in place.
Refer to recommendation 4 in Quality Improvement Plan.

Number of requirements	0	Number of recommendations:	4
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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 Mr Alexander Buchanan (Registered Responsible Person) and Mrs Elizabeth Buchanan (Registered 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 for review 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	
Recommendations	
Recommendation 1 Ref: Standard 27 and 29 Stated: First time To be completed by: 05 January 2017	<p>The procedures in place for testing the fire alarm and checking sentinel outlet water temperatures should be reviewed and, where necessary, brought into line with good practice.</p> <p>Advice should be sought from the fire and legionella risk assessors and reference made to BS5839 and HSG274 Part 2.</p> <p>Response by registered provider detailing the actions taken: Procedures reviewed and updated.</p>
Recommendation 2 Ref: Standard 27 Stated: First time To be completed by: Ongoing	<p>Records should be kept of the maintenance of the thermostatic mixing valves. The service records should include confirmation of the cleaning of strainers, the satisfactory operation of the fail-safe arrangement, upstream and blended water temperatures etc.</p> <p>Reference should be made to HSG274 Part 2 and the manufacturer's recommendations.</p> <p>Response by registered provider detailing the actions taken: Maintenance records updated.</p>
Recommendation 3 Ref: Standard 27 Stated: First time To be completed by: 05 March 2017	<p>It should be confirmed that documentation verifying the satisfactory condition of the electrical installations is still valid.</p> <p>Response by registered provider detailing the actions taken: Validity confirmed by phone next day and posted to RQIA along with LOLER certificate on 16.1.17 by agreement with inspector. A further hard copy was hand delivered to RQIA 2.2.17 as the inspector stated he did not receive the posted copies prior to the issue of the report on 27.1.17.</p>
Recommendation 4 Ref: Standard 27 Stated: First time To be completed by: 05 March 2017	<p>It should be confirmed that there is a report on a valid LOLER thorough examination of the lift which verifies that the lift is safe to use.</p> <p>Response by registered provider detailing the actions taken: Inspector was informed on the day of inspection that 2 inspections had been paid for in May 2016. The insurance company confirmed by phone that the lift inspection had been delayed but would be completed within days. The inspector was informed of this by phone 6.1.17 and was again informed when the 2 items were posted to RQIA 16.1.17. A further hard copy was hand delivered to RQIA 2.2.17 as the inspector stated he did not receive the posted copies prior to the issue of the report on 27.1.17. (QIP posted 2.4.17 due to computer virus)</p>

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