



The Regulation and  
Quality Improvement  
Authority

REGULATION AND QUALITY

01 MAR 2017

IMPROVEMENT AUTHORITY

## Announced Premises Inspection Report 15 December 2016



### Sir Samuel Kelly Memorial Eventide Home

**Type of Service: Residential Care Home**

**Address: 39 Bangor Road, Holywood, BT18 0NE**

**Tel No: 028 9042 2293**

**Inspector: C Muldoon accompanied by G Mulholland (RQIA Estates Support Officer)**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced premises inspection of Sir Samuel Kelly Memorial Eventide Home took place on 15 December 2016 from 10.30 to 15.45hrs.

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
<b>Total number of requirements and recommendations made at this inspection</b>	<b>3</b>	<b>4</b>

Details of the Quality Improvement Plan (QIP) within this report were discussed with Linda Hook (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 28 January 2014.

## 2.0 Service Details

<b>Registered organisation/registered provider:</b> The Salvation Army Mrs Elaine Cobb	<b>Registered manager:</b> Mrs Linda Hook
<b>Person in charge of the home at the time of inspection:</b> Mrs Linda Hook	<b>Date manager registered:</b> 30 September 2008
<b>Categories of care:</b> RC-I, RC-DE, RC-TI, RC-MP	<b>Number of registered places:</b> 40

## 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 Linda Hook (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 Sir Samuel Kelly Memorial Eventide Home was an unannounced care inspection on 25 October 2016. The completed QIP will be assessed by the specialist inspector and validated at their next inspection.

**4.2 Review of requirements and recommendations from the last premises inspection dated 28/01/2014**

<b>Last premises inspection statutory requirements</b>		<b>Validation of compliance</b>
<p><b>Requirement 1</b>  <b>Ref: Regulation 27.-(2)(q)</b>  <b>Stated: First time</b></p>	<p>It should be confirmed that the thermostatic mixing valves are being serviced and set in accordance with the manufacturer's instructions.</p> <p><b>Action taken as confirmed during the inspection:</b>                      There were records relating to maintenance of the plumbing installation.                      However, it could not be confirmed that there is a planned maintenance program in place for the thermostatic mixing valves.                      Refer to section 4.3 item 1 and requirement 1 in Quality Improvement Plan.</p>	<b>Not Met</b>
<p><b>Requirement 2</b>  <b>Ref: Regulations 27.-(2)(c) 27.-(2)(q)</b>  <b>Stated: First time</b></p>	<p>Valid Gas Safe certificates should be obtained which verify that the kitchen and laundry gas appliances and pipework installations are in a safe and satisfactory condition.</p> <p><b>Action taken as confirmed during the inspection:</b>                      Valid Gas Safe certification was presented for the catering installation but not the laundry installation.                      Refer also to section 4.3 item 2 and requirement 2 in Quality Improvement Plan.</p>	
<p><b>Requirement 3</b>  <b>Ref: Regulations 13.-(7) 14.-(2)(a) 14.-(2)(c)</b>  <b>Stated: First time</b></p>	<p>The legionella risk assessment should be reviewed to ensure it is sufficient and suitable and in line with good practice.                      The outcome of the risk assessment should be a scheme for the effective control of legionella.                      The scheme should be fully implemented.                      Reference should be made to The Health and Safety Executive approved code of practice L8 - <i>Legionnaires' disease. The control of legionella bacteria in water systems.</i></p> <p><b>Action taken as confirmed during the inspection:</b>                      The legionella risk assessment was reviewed by a specialist contractor in September 2015.                      There are actions and monitoring measures in place towards the control of legionella.</p>	<b>Met</b>

<p><b>Requirement 4</b></p> <p>Ref: Regulations 27.(4)(c) 27.(4)(d)(i)</p> <p>Stated: First time</p>	<p>The provider should confirm their plans to comply with the expectations of the Northern Ireland Fire and Rescue Service regarding the fitting of automatic door closers on bedroom doors. (Reference should be made to the relevant NIFRS correspondence on the RQIA website)</p> <p><b>Action taken as confirmed during the inspection:</b> There are automatic closers on bedroom doors.</p>	<p><b>Met</b></p>
<p><b>Requirement 5</b></p> <p>Ref: Regulations 27.(4)(c) 27.(4)(d)(i)</p> <p>Stated: First time</p>	<p>The doors to the laundry and kitchen should be adjusted so that they close correctly to provide an effective fire seal.</p> <p><b>Action taken as confirmed during the inspection:</b> The manager confirmed that these doors were adjusted following the last inspection. On the day of inspection the laundry door was automatically closing but not tight to the stops. Refer also to section 4.3 item 3 and requirement 3 in Quality Improvement Plan.</p>	<p><b>Partially Met</b></p>
<p><b>Last premises inspection recommendations</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Recommendation 1</b></p> <p>Ref: Standard 27</p> <p>Stated: First time</p>	<p>Consideration should be given to the recommendations in the reports on the servicing and thorough examination of the lifts.</p> <p><b>Action taken as confirmed during the inspection:</b> There were valid reports on LOLER thorough examinations of the lifts. The reports confirm that the lifts were without defects.</p>	<p><b>Met</b></p>
<p><b>Recommendation 2</b></p> <p>Ref: Standard 27</p> <p>Stated: First time</p>	<p>The electrical contractor who last tested the fixed installation should be asked to confirm the next test date.</p> <p><b>Action taken as confirmed during the inspection:</b> There was a valid condition report relating to the electrical installation. The report confirmed that the installation was in satisfactory condition. The report recommends that the next inspection be carried out by November 2019.</p>	<p><b>Met</b></p>

### 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 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. There should be a planned maintenance program for the thermostatic mixing valves. The scope of work should include the cleaning of any associated filters and a check of the fall safe arrangement. Some safe hot water checks are being included with the water temperature checks.  
Refer to requirement 1 in Quality Improvement Plan.
2. All gas installations should have valid and satisfactory Gas Safe certification.  
Refer to requirement 2 in Quality Improvement Plan.
3. The door to the laundry should be adjusted so that it reliably closes to the stops under force of the closer. It is recommended that the correct operation of doors to fire hazard rooms is checked regularly.  
Refer to requirement 3 in Quality Improvement Plan.
4. A review of the fire risk assessment was carried out by the manager in October 2016. The review was based on an assessment carried out by a contractor in August 2015. The manager confirmed that there was no action plan arising out of the 2016 review. The standard referenced in the 2015 assessment and the accreditation of the assessor could not be confirmed on the day of inspection. The inspector discussed this with the manager and drew attention to the RQIA recommendation that fire risk assessments in residential care homes should be carried out by accredited assessors and that it should be ensured that relevant Firecode documents such as NIHTM84 are referenced in the assessment (the manager does not have the recommended fire risk assessor accreditation).  
Refer to recommendation 1 in Quality Improvement Plan.

5. There is a procedure in place for carrying out a weekly function test of the fire alarm system. The record of this doesn't include a note of which alarm point is used on each occasion.  
Refer to recommendation 2 In Quality Improvement Plan.
6. There are measures in place towards the control of legionella. These were discussed and the inspector made some recommendations.  
Refer to recommendation 3 In Quality Improvement Plan.
7. During the walk round the security of random freestanding wardrobes was reviewed. The item in room 37 was found to require re-securing.  
Refer to recommendation 4 In Quality Improvement Plan.
8. Fire training and practice drills were discussed and the manager confirmed that a matrix system is used to manage participation to ensure that all staff are up to date with training and practice drills.

<b>Number of requirements</b>	<b>3</b>	<b>Number of recommendations:</b>	<b>4</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.

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.

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>0</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 Linda Hook (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 **Regulation and Quality Improvement Authority, Hilltop, Tyrone and Fermanagh Hospital, Omagh, BT79 0NS** 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**

<p><b>Requirement 1</b></p> <p>Ref: Regulations 14.-(2)(a) and (c) 27.-(2)(q)</p> <p>Stated: Second time</p> <p>To be completed by: 15 February 2017 and ongoing</p>	<p>As part of the legionella controls and to help ensure the delivery of safe hot water the thermostatic mixing valves should be maintained in accordance with the Health and Safety Executive document HSG274 Part 2.</p> <p>It is recommended that the arrangement for checking safe water temperatures is amended and formalised to ensure that the temperature of hot water from all outlets accessible to residents is regularly monitored to ensure the thermostatic mixing valves are working effectively and that the temperature of the hot water is in line with the Health Guidance Note 'Safe' hot water and surface temperatures.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>The above had been carried out in March 16, but previous. Admin manager did not file report into records. Certificate now in file.</p>
<p><b>Requirement 2</b></p> <p>Ref: Regulation 27.-(2)(c) and (q)</p> <p>Stated: Second time</p> <p>To be completed by: 15 January 2017</p>	<p>Gas Safe certification should be obtained for the laundry installation. The certificate should verify that the appliances and pipework are safe to use.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>This is now in place in the file Jan 17 for future reference.</p>
<p><b>Requirement 3</b></p> <p>Ref: Regulation 27.-(4)(c) and (d)(i)</p> <p>Stated: Second time</p> <p>To be completed by: 29 December 2016</p>	<p>The door to the laundry should be adjusted so that it reliably closes to the stops under force of the closer. It is recommended that the correct operation of doors to fire hazard rooms is regularly checked.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>This has now been corrected.</p>

<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 29</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Ongoing</p>	<p>1. RQIA recommend that the person carrying out reviews of the fire risk assessment should hold professional body registration or third party certification for fire risk assessment and be registered accordingly with the relevant body.</p> <p>Reference should be made to correspondence issued by RQIA to all registered homes on 31 January 2013 and 02 April 2015 and the guidance contained in:</p> <p><a href="http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf">http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf</a>  <a href="http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf">http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf</a></p> <p>2. It should be confirmed that appropriate Firecode documents such as NIHTM84 (Fire risk assessment in residential care premises) was referenced during the current fire risk assessment.</p> <p><b>Response by registered provider detailing the actions taken:</b>  The above has been shared with Senior Management within the Salvation Army</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 29</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 January 2017</p>	<p>Each fire alarm call point should be uniquely identified and the weekly test record system updated to show that all points are tested in rotation.</p> <p><b>Response by registered provider detailing the actions taken:</b>  We had been testing random points list now in place.  Home Manager or Maintenance Person will commence check &amp; tests from 30-1-17.</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 27</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 January 2017</p>	<p>In relation to the control of legionella it is recommended that the arrangement for checking the calorifier and hot sentinel water temperatures is reviewed as the records indicate that the results being obtained are inconsistent.</p> <p><b>Response by registered provider detailing the actions taken:</b>  Boilers have been checked and gages. Appliance used also for checking the pipe temp check &amp; batteries changed. Handy person aware if any anomaly to speak to management team to ensure the discrepancy is checked by plumbers.</p>

<p><b>Recommendation 4</b></p> <p><b>Ref: Standard 27</b></p> <p><b>Stated: First time</b></p> <p><b>To be completed by:</b> <b>Ongoing</b></p>	<p>It is recommended that a regular check is carried out to ensure that tall furniture is appropriately secured against toppling.</p> <p><b>Response by registered provider detailing the actions taken:</b> Wardrobe belonging to new resident now attached to wall.</p>
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<b>Name of Registered Manager/Person Completing QIP:</b>	Linda Hook		
<b>Signature of Registered Manager/Person Completing QIP:</b>		<b>Date completed:</b>	25-1-17
<b>Name of Registered Provider Approving QIP:</b>	Elliott Lisa ELLIOTT ASST DIRECTOR		
<b>Registered Provider Approving QIP:</b>		<b>Date approved:</b>	24.2.17.
<b>RQIA Inspector Assessing Response</b>		<b>Date:</b>	