

Announced Premises Inspection Report 21 September 2016



York House

Type of Service: Residential Care Home
Address: 13 – 14 Lansdown Crescent, Portrush, BT56 8AY
Tel No: 028 7082 3567
Inspector: P Cunningham

1.0 Summary

An announced premises inspection of York House took place on 21 September 2016 from 10:00 to 12:30hrs.

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	1	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Hazel Walker, Home 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 14 January 2014.

2.0 Service Details

Registered organisation/registered provider: Presbyterian Council of Social Witness	Registered manager: Hazel Walker
Person in charge of the home at the time of inspection: Hazel Walker	Date manager registered: 01 April 2005
Categories of care: RC-DE, RC-PH(E), RC-I, RC-MP(E)	Number of registered places: 32

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 Hazel Walker, Home 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 the residential care home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the specialist inspector at their next inspection.

4.1 Review of requirements and recommendations from the most recent inspection dated 19 April 2016

The most recent inspection of York House was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the specialist inspector at their next

4.2 Review of requirements and recommendations from the last premises inspection dated 14 January 2014

Last premises inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 27 (2)(n)	Provide handrails to the rear bedroom corridor areas and to other circulation spaces in the home as appropriate.	Met
	Action taken as confirmed during the inspection: Handrails provided.	
Requirement 2 Ref: Regulation 14(2)(c)	Provide suitable instruction and training to the maintenance man in relation to the prevention and control of legionellae bacteria in the domestic water system and his role in carrying out routine checks to same. This will be best delivered by the legionellae risk assessor.	Met
	Action taken as confirmed during the inspection: Training provided to the maintenance man.	
Requirement 3 Ref: Regulation 14(2)(c)	Undertake appropriate remedial works to address the recommendations of the legionellae risk assessment including consideration of complete removal of unused domestic water distribution pipework.	Met
	Action taken as confirmed during the inspection: Manager confirmed that the action plan of the assessment had been addressed and that the assessment had been reviewed in the week prior to the inspection. See 4.3.1 item 2 below.	

Requirement 4 Ref: Regulation 27(2)(c)	Obtain and retain relevant certification and documentation at the home relating to the servicing of the gas installation and commissioning of the new gas cooker. A copy of this should be forwarded to RQIA.	Met
	Action taken as confirmed during the inspection: Certification presented relating to the servicing of the gas installation and equipment.	
Requirement 5 Ref: Regulation 14(2)(c)	Carry out a risk assessment and provide suitable restrictors to window openings as necessary. Reference should be made to the correspondence circulated by RQIA in December 2010 which can be found at http://www.rqia.org.uk/cms_resources/window%20restrictors.pdf	Partially Met
	Action taken as confirmed during the inspection: Manager stated that works had been undertaken to provide restrictors to areas of the home as deemed appropriate. The inspector found several windows at upper levels which opened unrestricted without the use of a special tool or key. The maintenance man stated that restricting devices were on order for these windows. See 4.3.item 1 below.	
Last premises inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 29.2	Ensure that all service activities and user checks to fire safety equipment are documented and records retained at the home for reference purposes.	Met
	Action taken as confirmed during the inspection: Records presented confirming servicing to fire equipment.	

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 found several windows at upper levels which opened unrestricted without the use of a special tool or key. The maintenance man stated that restricting devices were on order for these windows. See requirement 1 in the attached QIP.
2. The manager stated that the legionella risk assessment was reviewed in the week previous to the inspection although the report of the review had not yet been received. See recommendation 1 in the attached QIP.
3. The manager stated that fire safety awareness training was delivered by a senior manager in the organisation. See recommendation 2 in the attached QIP.
4. Records indicate that the flushing of seldom used water outlets is undertaken weekly. Latest guidance gives that this should be carried out twice weekly in health care settings. See recommendation 3 in the attached QIP.
5. The manager stated that servicing of the thermostatic mixing valves was due to be carried out within coming weeks. See recommendation 4 in the attached QIP.
6. Records indicate that regular practice fire drills are undertaken in the home. The manager outlined details of the drills explaining that they did not always include simulation of the evacuation procedures in the home. See recommendation 5 in the attached QIP.

Number of requirements	1	Number of recommendations:	5
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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 Hazel Walker, Home 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 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: Regulation 14 (2)(c) Stated: Second time To be completed by: 16 November 2016	<p>The registered provider must ensure that windows are controlled appropriately to ensure that they do not open unrestricted without the use of a special tool or key. A suitable risk assessment should be carried out and recorded in this respect.</p> <hr/> <p>Response by registered provider detailing the actions taken: The window restrictors have now been fitted to all appropriate windows and also detailed on appropriate risk assessments.</p>
Recommendations	
Recommendation 1 Ref: Standard 28.5 Stated: First time To be completed by: As determined by the legionella risk assessor	<p>The registered provider should ensure that the findings of the legionella risk assessment are addressed appropriately and that any remedial actions are put in place in line with the recommendations of the assessor.</p> <hr/> <p>Response by registered provider detailing the actions taken: There were no issues raised on the inspection on 7.10.16</p>
Recommendation 2 Ref: Standard 29.4 Stated: First time To be completed by: At the next fire safety awareness training and regularly thereafter	<p>The registered provider should consider the use of a person possessing specialist fire safety experience and knowledge to deliver fire safety awareness training in the home.</p> <hr/> <p>Response by registered provider detailing the actions taken: Our Training Officer from Head office is completing the IFE Fire Safety Course on Monday 14th & Tuesday 15th November 2016.</p>
Recommendation 3 Ref: Standard 27.8 Stated: First time To be completed by: Ongoing at twice weekly intervals	<p>The registered provider should review the frequency of the flushing of seldom used water outlets so that it is carried out twice weekly.</p> <hr/> <p>Response by registered provider detailing the actions taken: Frequency of flushing of seldom used water outlets carried out twice weekly from 30.9.16 and recorded.</p>

<p>Recommendation 4</p> <p>Ref: Standard 27.8</p> <p>Stated: First time</p> <p>To be completed by: 16 November 2016</p>	<p>The registered provider should ensure that servicing of the thermostatic mixing valves is completed as planned.</p> <hr/> <p>Response by registered provider detailing the actions taken: This was carried out on 7.4.16. Details had been put by mistake on file with invoice.</p>
<p>Recommendation 5</p> <p>Ref: Standard 29.6</p> <p>Stated: First time</p> <p>To be completed by: At time of next practice fire evacuation drill</p>	<p>The registered provider should ensure that the practice fire evacuation drills simulate the evacuation procedures for the home.</p> <hr/> <p>Response by registered provider detailing the actions taken: Fire evacuation practice will be part of next Fire Safety training/drill on 24.11.16.</p>

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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