

Announced Premises Inspection Report 24 May 2016



GARRYDUFF HOUSE

Type of Service: Residential

**Address: 2 Garryduff Road,
Ballymoney, BT53 7AF**

Tel No: 028 2766 6220

Inspector: Colin Muldoon

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Garryduff House took place on 24 May 2016 from 10:20 to 14:05hrs

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 person. 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	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Jacqueline Peacock (Registered Manager) and Judith Pattison (Team Leader) 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 last inspection.

2.0 Service Details

Registered organisation/registered person: Triangle Housing Association	Registered manager: Jacqueline Peacock
Person in charge of the home at the time of inspection: Jacqueline Peacock and Judith Pattison	Date manager registered: 01 April 2005
Categories of care: RC-LD, RC-LD(E)	Number of registered places: 7

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 Jacqueline Peacock (Registered Manager) and Judith Pattison (Team Leader).

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 home was an unannounced care inspection which took place on 05 May 2016. The completed QIP is to be returned and assessed by the care inspector. Validation of this QIP when returned will be undertaken by the care team at the next inspection.

4.2 Review of requirements and recommendations from the last premises inspection dated 04/06/2013

Last premises inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 27(2)(q)</p> <p>Stated: First time</p>	<p>It must be confirmed that any defects in the electrical installation have been rectified and that the installation has been restored to a satisfactory condition.</p> <hr/> <p>Action taken as confirmed during the inspection: The last condition report on the fixed wiring installation is dated August 2014. The installation was considered to be in satisfactory condition.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulation 14(2)(c)</p> <p>Stated: First time</p>	<p>The legionella risk assessment should be reviewed. The outcome of the review must be an updated scheme for the effective control of legionella. The scheme must be fully implemented. Reference should be made to HSE document L8 <i>Legionnaires' disease. The control of legionella bacteria in water systems</i> and Health Technical Memorandum 04-01 <i>The control of Legionella, hygiene, "safe" hot water, cold water and drinking water systems</i>.</p> <hr/> <p>Action taken as confirmed during the inspection: A legionella risk assessment was carried out by a specialist contractor in August 2014. There are actions in place towards the control of legionella and a specialist contractor carries out monthly monitoring of the control measures.</p>	

<p>Requirement 3</p> <p>Ref: Regulation 14(2)(c)</p> <p>Stated: First time</p>	<p>It must be ensured that the actions and monitoring measures in the current scheme for the control of legionella are being fully implemented and kept up to date.</p> <p>The reason for the unblended hot water temperature being lower than expected for the effective control of legionella must be investigated and rectified.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The records of the monthly legionella controls monitoring carried out by the specialist contractor indicate that the unblended water temperatures are in line with good practice. The records also indicate that the scheme of control is being kept up to date.</p>		
<p>Requirement 4</p> <p>Ref: Regulation 27(4)(e)</p> <p>Stated: First time</p>	<p>It should be confirmed that the content and level of the fire safety training is in line with the recommendations made by the fire risk assessor. Reference should be made to the fire risk assessment and Firecode document NIHTM84</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Documentation shows that fire training for all staff was carried out in January 2016 and covered prevention, evacuation and extinguishers. A fire risk assessment was carried out by an accredited fire risk assessor in March 2016. The overall risk was considered tolerable and the assessment confirms that staff are given adequate refresher training at suitable intervals although the assessor comments that he was not able to confirm the content of the training.</p>		
<p>Requirement 5</p> <p>Ref: Regulation 27(4)(a)</p> <p>Stated: First time</p>	<p>The dependency level of residents must be kept under review and staff numbers managed accordingly to ensure that effective evacuation can be carried out at any time. Reference should be made to the fire risk assessment.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There is an evacuation procedure and the evacuation plans for each resident were updated in May 2016. Practice evacuations have been carried out, the most recent being in April 2016.</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 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. Although there was no documentation available on site the provider's facilities management staff confirmed to the inspector that there are arrangements in place to service the thermostatic mixing valves.
Refer to recommendation 1 in Quality Improvement Plan.
2. The last reports on LOLER (Lifting Operations and Lifting Equipment Regulations (NI) 1999) thorough examinations of the hoists were dated February 2016. The reports do not identify any serious defects but did identify some category B issues.

On the day of inspection there were no LOLER reports for the hoist slings presented for inspection, although the manager confirmed that they have been thoroughly examined. Refer to recommendation 2 in Quality Improvement Plan.

Number of requirements	0	Number of recommendations:	2
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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.

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 Jacqueline Peacock (Registered Manager) and Judith Pattison (Team Leader) as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 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.team@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	
<p>Recommendation 1</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 24 June 2016</p>	<p>It should be confirmed that the thermostatic mixing valves are being maintained and set in accordance with HSG274 Part 2* (HSG 274 Part 2 is a guidance document supporting the code of practice for the control of legionella – L8)</p> <p>Response by registered person detailing the actions taken: I have attached evidence of the control of legionella. The scheme is issued in accordance with HSC approved Code of Practice L8 fourth Edition, and HSG274 Part 2</p>
<p>Recommendation 2</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 24 June 2016 and within timescales acceptable to the LOLER examiner.</p>	<p>The defects identified in the reports on the last thorough examination of the hoists should be followed up and the appropriate action taken. It should be confirmed that there are valid LOLER thorough examination reports for the hoist slings which verify that the equipment is safe to use.</p> <p>Response by registered person detailing the actions taken: I can report that the defects that were identified on the last examination of the hoists were attended to on the 1/3/16. Triangle changed contract with regard to examination of the slings. I have attached an email that was sent to the present inspectors dated the 26/5/16 also that the slings will be valid LOLER reports.</p>



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