



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No: IN017995
Establishment ID No: 1697
Name of Establishment: Karuna Home
Date of Inspection: 27 January 2015
Inspector's Name: Colin Muldoon

1.0 GENERAL INFORMATION

Name of Home:	Karuna Home
Address:	3-5 Minorca Drive, Ellis Street, Carrickfergus, BT38 8WP
Telephone Number:	028 9336 0665
Registered Organisation/Provider:	The Cedar Foundation Ms Eileen Thompson (Responsible Person)
Registered Manager:	Mrs Heather Wright
Person in Charge of the Home at the time of Inspection:	Mrs Heather Wright
Other person(s) consulted during inspection:	N/A
Type of establishment:	Residential Care Home
Categories of Care	RC-LD, RC-LD(E)
Number of Registered Places:	9
Date and time of inspection:	27 January 2015 10.30am – 2.45pm
Date of previous inspection:	26 September 2011
Name of Inspector:	Colin Muldoon

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes.

This is a report of an announced inspection to assess the quality of the premises and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. The report details the extent to which the standards measured during inspection were met.

3.0 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the premises and grounds were safe, well maintained and remain suitable for their stated purpose in compliance with legislative requirements and current minimum standards. This was achieved through a process of evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards.

The aims of the inspection were to examine the estates related policies, practices and monitoring arrangements for the provision of Residential Care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- Residential Care Homes Minimum Standards (DHSSPS, 2011).

Other published standards which guide best practice may also be referenced during the Inspection process.

4.0 METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with Mrs Heather Wright.
- Examination of records
- Inspection of the home internally and externally. Residents' private bedrooms were only inspected when unoccupied and permission was granted
- Evaluation and feedback.

Any other information received by RQIA about this Registered Provider has also been considered by the Inspector in preparing for this inspection.

5.0 CONSULTATION PROCESS

During the course of the inspection, the Inspector spoke to Mrs Heather Wright.

6.0 INSPECTION FOCUS

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards and to assess progress with the issues raised during and since the previous Estates inspection on 26 September 2011.

Standards inspected:

- Standard 27 - Premises and grounds
- Standard 28 - Safe and healthy working practices
- Standard 29 - Fire Safety.

7.0 PROFILE OF SERVICE

Karuna Home is a relatively modern single storey home set a short distance from the centre of Carrickfergus. The home was purpose built and in addition to the single bedrooms there is a range of living and activity rooms which are accessed by wide corridors. The home has pleasant and relatively private outdoor space. There are car parking spaces close to the main entrance.

8.0 SUMMARY

There was good evidence of maintenance activities and the home was well presented although some matters relating to the environment were identified. Therefore, following the Estates Inspection of Karuna Home on 27 January 2015 improvements are required to comply with the Residential Care Homes Regulations (Northern Ireland) 2005 and the criteria outlined in the following standards:

- Standard 27 - Premises and grounds
- Standard 29 - Fire Safety.

This resulted in seven requirements and one recommendation. These are outlined in the Quality Improvement Plan appended to this report.

The Estates Inspector would like to acknowledge the assistance of Mrs Heather Wright during the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from previous Estates inspection on 26 September 2011.

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
9.1.1	Regulation 14.-(2)(c)	<p>There was no legionella risk assessment available on the day of inspection. It is understood that a contractor provides a monitoring service in relation to the prevention and control of legionella. However the service sheets appear to be intermittent and the tasks recorded and the level of detail is variable. There are comprehensive records relating to checks staff carry out on the water used in the therapy pool. The manager should arrange for a competent person to carry out a suitable and sufficient legionella risk assessment. From the assessment a scheme of action should be</p>	<p>There was a legionella risk assessment which was carried out by a specialist contractor in August 2014. Mrs Wright confirmed that there is an arrangement for the same contractor to carry out legionella control and monitoring measures such as shower disinfection.</p> <p>It was also confirmed that the water hygiene remedial works identified in the risk assessment are to be completed by 13 February 2015.</p> <p>There were records of blended and unblended water temperatures.</p> <p>The log sheets relating to the legionella control and monitoring measures carried out by the contractor are held on-line and were not available for inspection.</p> <p>The home has a therapy pool and there are in-house arrangements for maintaining the water quality.</p> <p>Mrs Wright informed the inspector that the legionella risk assessment contractor is currently reviewing the scheme of legionella control for</p>	<p>It should be confirmed that the scheme for the control of legionella is being fully implemented and that all the necessary actions and monitoring results are up to date and in line with the Health and Safety Executive document L8 <i>Legionnaires' disease. The control of legionella bacteria in water systems</i> with particular reference to <i>HSG274 Part 2</i></p> <p>It should be confirmed that the review of the scheme for the control of legionella in the therapy pool is completed and that the updated scheme is being fully implemented.</p> <p>(Item 1 in Quality Improvement Plan)</p>

		prepared and implemented for the control and prevention of legionella. (QIP item 1 in previous report)	the therapy pool.	
9.1.2	Regulation 27.-(4)(b)	The advice of the fire safety advisor should be sought in relation to the possible malicious ignition of the bins. (QIP item 2 in previous report)	Addressed	N/A
9.1.3	Regulation 27.-(4)(d)(iv)	The service contractor for the emergency lights has recorded that the battery date is January 2010. This should be followed up and the necessary action taken. (QIP item 3 in previous report)	The inspector was informed that new emergency light fittings were installed in March 2014.	N/A
9.1.4	Regulation 27.-(4)(a)	It is understood that the fire risk assessment has been reviewed recently. The manager should ensure that the reviewed assessment is obtained and actioned. (QIP item 4 in previous	A fire risk assessment was carried out by a specialist and accredited contractor in July 2014. The fire risk assessor considered the overall fire risk to be tolerable. Three issues were identified for action.	The two issues in the fire risk assessment which remain outstanding should be followed up. (Item 6 in Quality Improvement Plan)

		report)		
9.1.5	Regulation 27.-(4)(f)	Practice fire drills were discussed with the manager and it was agreed that arrangements would be made which will ensure that all staff on all shifts participate at least once a year. (QIP item 5 in previous report)	There have been several practice fire drills carried out over the last year and most regular staff appear to have participated. There are also some bank staff who work at the home on an ad-hoc basis.	Arrangements should be made for the bank staff to participate in practice fire drills. (Item 7 in Quality Improvement Plan)
9.1.6	Regulation 27.-(4)(d)(i)	It was observed that there are excessive gaps around a number of fire doors. All fire doors should be surveyed and the necessary repairs carried out so that the doors provide an effective fire seal. (QIP item 6 in previous report)	Mrs Wright confirmed that repairs were carried out following the last Estates inspection. Random doors were reviewed during this inspection.	N/A

	Standard	Recommendations	Action taken - as confirmed during this inspection	Inspector's Comments
9.1.7	Standard 29.	Although it may have been done more recently the last recorded update of the personal emergency evacuation plans (PEEPs) was 2009. It should be ensured that the PEEPs have been reviewed and that the date of all reviews is recorded. (QIP item 7 in previous report)	Addressed	N/A
9.1.8	Standard 29.	The frequency of function testing the emergency lights should be increased to monthly. (QIP item 8 in previous report)	Addressed	N/A

9.2 Standard 27 - Premises and grounds - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

- 9.2.1 There were no records relating to the maintenance of the thermostatic mixing valves. It is understood that the contractor employed to carry out the legionella control tasks is also to maintain the TMV's.
(Item 2 in Quality Improvement Plan)
- 9.2.2 The report on the last test and inspection of the electrical installation in 2012 notes that it was in satisfactory condition. The report also recommended a further test and inspection in January 2015.
(Item 3 in Quality Improvement Plan)
- 9.2.3 There was documentation relating to the servicing of the boiler although it was not a Gas Safe certificate confirming the safety of the installation. There is also a gas barbecue on site.
(Item 4 in Quality Improvement Plan)
- 9.2.4 Throughout the home there are blinds with untethered loop cords. These should be upgraded in line with safety alert EFA/2015/001.
(Item 5 in Quality Improvement Plan)

These issues are detailed in the section of the attached Quality Improvement Plan titled '**Standard 27 - Premises and grounds**'.

9.3 Standard 28 - Safe and healthy working practices - *The home is maintained in a safe manner*

- 9.3.1 No issues.

9.4 Standard 29: Fire safety - *Fire safety precautions are in place that reduce the risk of fire and protect residents, staff and visitors in the event of fire.*

- 9.4.1 It was observed that the laundry and a corridor door required to be adjusted so that they close tight to provide an effective fire seal. Mrs Wright informed the inspector that these defects had been identified and that repairs had been arranged.
- 9.4.2 The fire risk assessment was carried out in July 2014 by an accredited fire risk assessor. All subsequent fire risk assessments should also be carried out by accredited fire risk assessors.
(Item 8 in Quality Improvement Plan)

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10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Heather Wright as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the Quality Improvement Plan.

11.0 Enquiries

Enquiries relating to this report should be addressed to:

**Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT**

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Quality Improvement Plan
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QIP Position Based on Comments from Registered Persons (for RQIA use only)			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.					
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.	x	x		C Muldoon	29/04/2015
C.	Clarification or follow up required on some items.					

NOTES:

The details of the Quality Improvement Plan were discussed with Mrs Heather Wright as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety’s minimum standards for registration and inspection, promote current good practice and should be considered by the management of the residential home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the Quality Improvement Plan.

The quality improvement plan is to be completed by the registered provider and registered manager and returned to estates@rqia.org.uk.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Heather Wright
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Eileen Thomson

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Standard 27 - Premises and grounds

The following requirements and recommendations should be noted for action in relation to Standard 27 - Premises and grounds

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (s)
1	Regulation 13.-(7)	<p>It should be confirmed that the scheme for the control of legionella is being fully implemented and that all the necessary actions and monitoring results are up to date and in line with the Health and Safety Executive document L8 <i>Legionnaires' disease. The control of legionella bacteria in water systems</i> with particular reference to <i>HSG274 Part 2</i>.</p> <p>It should be confirmed that the review of the scheme for the control of legionella in the therapy pool is completed and that the updated scheme is being fully implemented in line with the Health and Safety Executive document L8 <i>Legionnaires' disease. The control of legionella bacteria in water systems</i> with particular reference to <i>HSG274 Part 2 and HSG274 Part 3</i>. (Item 9.1.1 in report)</p>	One Month	All works highlighted in legionella risk assessment have been completed by Coral Environmental Services. The therapy pool has been emptied and is currently being de-commissioned until use is re-instated. A legionella testing programme will be re-instated at this time.
2	Regulation 27.-(2)(q)	It should be verified that the thermostatic mixing valves are being serviced, set and tested in accordance with the manufacturer's instructions. (Item 9.2.1 in report)	One Month	Coral Environmental Services are contracted to service Thermostatic Mixing valves and have assessed the TMV's in Karuna. Servicing of TMV's will be completed bi-annually.
3	Regulation 27.-(2)(q)	Arrangements should be made for the electrical installation to be tested and inspected by a competent person.	One Month	Electrical installation was tested on 31 st March by McMurdie Electrical Ltd. NICEIC certificate to follow.

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		(Item 9.2.2 in report)		
4	Regulation 27.-(2)(q)	<p>A Gas Safe certificate should be obtained which verifies that the boiler and its associated pipework installation are in a safe and satisfactory condition.</p> <p>Arrangements should be made for a competent person to verify that the gas barbecue is safe before it is next used. (Item 9.2.3 in report)</p>	One Month	Gas Safe certificate has been received for gas boiler and is on file for inspection.
5	Regulation 14.-(2)(a) and (c)	<p>All blind cords should be surveyed and upgraded as necessary to be in line with safety alert EFA/2015/001. (Item 9.2.4 in report)</p>	One Month	Safety fittings have been installed to blind cords.

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Standard 29 - Fire Safety

The following requirements and recommendations should be noted for action in relation to Standard 29 - Fire Safety

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (s)
6	Regulation 27.-(4)(a)	The two issues in the fire risk assessment which remain outstanding should be followed up in a time scale acceptable to the fire risk assessor. (Item 9.1.4 in report)	Ongoing	Foam mats in the multi-sensory room have been confirmed as being flame retardant and new fire and smoke seal has been fitted to Multi-sensory door frame. Confirmation has been received that the vents in the stores and electrical cupboard are fitted with fire dampers.
7	Regulation 27.-(4)(e) and (f)	Arrangements should be made for the bank staff to receive fire safety training and participate in practice fire drills. (Item 9.1.5 in report)	Ongoing	In place and ongoing
Item	Standard	Recommendation	Timescale	Details Of Action Taken By Registered Person (s)
8	Standard 29	The person carrying out the next review 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. Reference should be made to correspondence issued by RQIA to all registered homes on 13 January 2013 and the guidance contained in: http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf	Within one year of date on current fire risk assessment	Cedar has a current Fire Risk Assessment (July 2014) completed by an accredited fire risk assessor and will continue to ensure this is so.

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		http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf (Item 9.4.2 in report)		
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