

Announced Premises Inspection Report 17 November 2016



Ross Lodge/Ross House

Type of Service: Residential Care Home
Address: 288 Moyarget Road, Dervock, Ballymoney, BT53 8EG
Tel No: 028 2074 1490
Inspector: C Muldoon

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Ross Lodge/ Ross House took place on 17 November 2016 from 10.50 to 15.20hrs.

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	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Dorothy McClements (Acting Manager) and Ivan King (Estates 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 07 January 2014.

2.0 Service Details

Registered organisation/registered provider: Ross Lodge Mr A McKinney Ms J McKinney	Registered manager: Ms Dorothy McClements (Acting Manager)
Person in charge of the home at the time of inspection: Ms J Mc Kinney and Ms D McClements	Date manager registered: Manager in Acting Position
Categories of care: RC-LD, RC-LD(E), RC-PH, RC-PH(E)	Number of registered places: 13

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 Joyce McKinney (Registered Responsible Person), Dorothy McClements (Acting Manager) and Ivan King. (Estates 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 and fire risk assessment.

4.0 The Inspection

The most recent inspection of Ross Lodge/Ross House residential care home was an unannounced care inspection on 25 August 2016. The completed QIP was returned and approved by the specialist inspector. This QIP will be validated by the specialist inspector at their next inspection.

4.2 Review of requirements and recommendations from the last premises inspection dated 07/01/2014

Last premises inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulations 27.-(2)(c)</p> <p>Stated: First time</p>	<p>Confirmation should be obtained from the local health care trust that the resident hoisting equipment is being thoroughly examined in accordance with LOLER (Lifting Operations and Lifting Equipment Regulations (NI) 1999).</p> <p>Action taken as confirmed during the inspection: There was a current LOLER thorough examination report for the hoist. There were no defects reported.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulations 27.-(2)(c) 27.-(2)(q)</p> <p>Stated: First time</p>	<p>The defects identified in the LOLER thorough examination report on the lift in Ross House should be rectified.</p> <p>It should be confirmed that the maintenance of the lift is up to date.</p> <p>Action taken as confirmed during the inspection: There was a current LOLER thorough examination report for the lift which confirmed there were no defects.</p> <p>The Estates Manager confirmed that the lift was serviced on the same occasion that the LOLER thorough examination was carried out. Refer also to section 4.3 item 1.</p>	Met
<p>Requirement 3</p> <p>Ref: Regulations 14.-(2)(a) 14.-(2)(c)</p> <p>Stated: First time</p>	<p>The safety of the opening windows requires to be reviewed. The review and subsequent actions should be in line with the safety alert. MDEA(NI)2007/100</p> <p>Action taken as confirmed during the inspection: During the inspection a random selection of window restrictors was reviewed and it was found that the feature which allowed the restrictor to be detached had been disabled.</p>	Met

<p>Requirement 4</p> <p>Ref: Regulations 13.-(7) 14.-(2)(a) 14.-(2)(c)</p> <p>Stated: First time</p>	<p>It should be ensured that the scheme of action for controlling legionella which resulted from the risk assessment is fully implemented and that records are kept of all actions taken.</p> <hr/> <p>Action taken as confirmed during the inspection: The legionella risk assessment was reviewed by a specialist contractor in June 2016. The action plan arising from the risk assessment has been marked up.</p> <p>There is a scheme in place towards the control of legionella.</p> <p>It is good to note that the Estates Manager has received training in legionella control. Refer to section 4.3 item 2.</p>	<p>Met</p>
<p>Requirement 5</p> <p>Ref: Regulations 14.-(2)(a) 14.-(2)(c) 27.-(2)(q)</p> <p>Stated: First time</p>	<p>All thermostatic mixing valves should be maintained in accordance with the manufacturer's instructions.</p> <hr/> <p>Action taken as confirmed during the inspection: The thermostatic mixing valves were serviced in May 2016. It was confirmed to the inspector that the scope of the service included the cleaning of filters and the test of the fail safe mechanism.</p>	<p>Met</p>
<p>Requirement 6</p> <p>Ref: Regulation 27.-(4)(a)</p> <p>Stated: First time</p>	<p>The issues identified in the fire risk assessment which remain outstanding should be addressed and the assessment marked up accordingly.</p> <hr/> <p>Action taken as confirmed during the inspection: The fire risk assessment was reviewed in April 2016. The overall risk was considered to be tolerable.</p> <p>Refer also to section 4.3 item 3 and recommendation 1 in Quality Improvement Plan.</p>	<p>Partially Met</p>

<p>Requirement 7</p> <p>Ref: Regulation 27.-(4)(f)</p> <p>Stated: First time</p>	<p>It should be ensured that sufficient realistic fire safety training and drills are carried out to enable staff to carry out an effective evacuation of the building at any time.</p> <p>Personal emergency evacuation plans should be kept up to date and the information they contain used during fire training and drills.</p> <p>Reference should be made to the fire risk assessment and Northern Ireland Firecode document Health Technical Memorandum 84 Fire risk assessment in residential care premises.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspector was informed that all staff attended fire training led by the fire risk assessor in October 2016 and that the training included a practice drill. It understood that seven staff also had fire warden training in May 2016.</p> <p>The Estates Manager confirmed that PEEP'S for all residents, including respite, are kept up to date. Refer also to section 4.3 item 4 and recommendation 2 in Quality Improvement Plan.</p>		
<p>Requirement 8</p> <p>Ref: Regulation 27.-(4)(d)(iv) and (v)</p> <p>Stated: First time</p>	<p>It should be ensured that all the fire safety function tests and checks are kept up to date and accurate records maintained.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Up to date records were presented relating to the servicing and function testing of fire safety installation such as the fire alarm and emergency lighting installations and the fire extinguishers.</p>		
<p>Requirement 9</p> <p>Ref: Regulation 27.-(4)(c) 27.-(4)(d)(i)</p> <p>Stated: First time</p>	<p>The door closers should be adjusted so that they effectively close the doors to the stops.</p> <p>It is recommended that consideration be given to upgrading the closers, preferably to a swing free type.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The door closers have been upgraded and those reviewed were working correctly on the day of inspection.</p>		

Last premises inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 28 Stated: First time	It is recommended that a procedure be established to carry out and record periodic function tests of the nurse call system.	Met
	Action taken as confirmed during the inspection: The inspector was informed that the nurse call system (partial installation) has been upgraded and that monthly function tests are carried out.	
Recommendation 2 Ref: Standard 29 Stated: First time	Consideration should be given to interlinking the two fire alarm systems.	Met
	Action taken as confirmed during the inspection: The inspector was informed that the fire alarm systems for the two houses are now linked and that staff were trained in the use of the panels in May 2016. Refer also to section 4.3 item 5	

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. A stair lift has been installed in Ross Lodge and a current LOLER thorough examination report was presented. The report records one category B defect relating to the provision of a hand winder. This was discussed with the Estates Manager.

2. The records relating to legionella control indicate that the hot water temperatures in one house can be lower than would be recommended in a good practice scheme for the control of legionella. This was discussed with the Estates Manager who confirmed that this had been identified and is being monitored.
3. RQIA recommend that fire risk assessments for residential care homes are carried out by accredited assessors. The status of the current fire risk assessor could not be confirmed on the day of inspection. It also could not be confirmed that Firecode document NIHTM84 (Fire risk assessment in residential care premises) was referenced in the current fire risk assessment. The action plan arising from the risk assessment has been partially marked up.
Refer to recommendation 1 in Quality Improvement Plan.
4. The frequency of fire safety training was discussed and the inspector made reference to NIHTM84 which says that fire safety information, instruction and training should be repeated in compliance with the fire plan and at least twice every year.
Refer to recommendation 2 in Quality Improvement Plan.
5. Ross Lodge and Ross House are in very close proximity. The fire alarm systems are now linked and the arrangement for staff to provide urgent assistance in either house was discussed with the Estates Manager. It was agreed that a key for the other house would be made readily accessible to staff in both houses and the Estates Manager confirmed this would be addressed on the day of inspection.
6. The safety of portable electrical appliances was discussed with the Estates Manager. The inspector recommended that a system be established for checking the safety of items brought in by residents.
Refer to recommendation 3 in Quality Improvement Plan.

Number of requirements	0	Number of recommendations:	3
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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 Dorothy McClements (Acting Manager) and Ivan King (Estates 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 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	
<p>Recommendation 1</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by:</p> <p>1. By anniversary of current fire risk assessment</p> <p>2. 17 December 2016</p> <p>3. 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>http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf</p> <p>http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf</p> <p>2. It should be confirmed that Firecode document NIHTM84 (Fire risk assessment in residential care premises) was referenced during the current fire risk assessment.</p> <p>3. The issues in the fire risk assessment action plan which remain outstanding should be addressed and the action plan marked up.</p> <p>Response by registered provider detailing the actions taken: We have contracted David Gillespie to carry out all reviews, assessments etc. David holds relevant qualifications and registrations.</p>
<p>Recommendation 2</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by:</p> <p>Ongoing</p>	<p>It should be ensured that fire safety information, instruction and training is provided in accordance with NIHTM84.</p> <p>Response by registered provider detailing the actions taken: Fire safety information, instruction and training is now provided in accordance with NIHTM84</p>
<p>Recommendation 3</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by:</p> <p>Ongoing</p>	<p>A system should be established for checking the safety of electrical items brought into the home by residents.</p> <p>Response by registered provider detailing the actions taken: We are currently setting up a new system to check the safety of electrical items brought into the home by residents. We are also looking into purchasing PAT testing equipment.</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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