

Announced Premises Inspection Report 17 January 2017



River House

Type of Service: Residential Care Home
Address: 114 Milltown Road, Belfast, BT8 7XP
Tel No: 028 9064 8314
Inspector: Gavin Doherty

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of River House took place on 17 January 2017 from 10:30 to 12:00.

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.

Is care effective?

On the day of the inspection the premises supported the delivery of effective care. However two issues were identified for attention by the registered provider. Refer to section 4.4

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 | 1 |

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Marlene Featherstone, Responsible Person, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this 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.

2.0 Service Details

| | |
|--|---|
| Registered organisation/registered provider: Parkcare Homes No2 Ltd/Mrs Sarah Hughes | Registered manager: See box below |
| Person in charge of the home at the time of inspection: Ms Marlene Featherstone | Date manager registered: Ms Agnes Colgan - Acting |
| Categories of care: RC-LD(E), RC-LD | Number of registered places: 6 |

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 Ms Marlene Featherstone, Responsible Person for the premises.

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

4.1 Review of requirements and recommendations from the most recent inspection dated 18/8/16

The most recent inspection of the residential care home was an unannounced care inspection. 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

This was the first announced premises inspection following the premises registration in 2016. There were therefore no outstanding requirements or recommendations.

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 and no areas for improvement were identified during the inspection.

| | | | |
|-------------------------------|----------|-----------------------------------|----------|
| Number of requirements | 0 | Number of recommendations: | 0 |
|-------------------------------|----------|-----------------------------------|----------|

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.

One issue was however identified for attention during this premises inspection. This is detailed in the 'areas for improvement' section below.

Areas for improvement

1. At the time of the inspection there was a section of boast render above the lintel at the entrance to rear ground floor apartment. This hazard presents a risk to the wellbeing of both the service user and staff accessing the apartment through this entrance. Suitable remedial works should be undertaken to resolve this issue without any further delay. Refer to requirement 1 in the attached Quality Improvement Plan.
2. The risk assessment with regards to 'The control of legionella bacteria in the premises hot and cold water systems' was undertaken on 31 October 2015 and was available for inspection. Records presented indicate that the written scheme outlined in this risk assessment is largely being implemented and records were being maintained and were available for inspection in the home. However, the records indicate that the arrangements around monitoring of the temperature of the hot water flow and return temperatures from the premises calorifiers are not fully in place. It is important that

these are correctly monitored and recorded on a monthly basis in accordance with the written scheme. The installation of suitable temperature gauges would greatly assist in this matter. Full details regarding all necessary control measures is contained in the latest best practice guidance issued by the Health and Safety Executive Northern Ireland (HSENI), which may be freely downloaded from the following web link: www.hse.gov.uk/pubns/priced/hsg274part2.pdf

Refer to recommendation 1 in the attached Quality Improvement Plan.

| | | | |
|-------------------------------|----------|-----------------------------------|----------|
| Number of requirements | 1 | Number of recommendations: | 1 |
|-------------------------------|----------|-----------------------------------|----------|

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 and no areas for improvement were identified during the inspection.

| | | | |
|-------------------------------|----------|-----------------------------------|----------|
| Number of requirements | 0 | Number of recommendations: | 0 |
|-------------------------------|----------|-----------------------------------|----------|

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 and no areas for improvement were identified during the inspection.

| | | | |
|-------------------------------|----------|-----------------------------------|----------|
| Number of requirements | 0 | Number of recommendations: | 0 |
|-------------------------------|----------|-----------------------------------|----------|

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with **Ms Marlene Featherstone, Responsible Person** 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 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 27(2)

Stated: First time

To be completed by:
14 February 2017

The registered provider must ensure that suitable remedial works are undertaken without any further delay to make good the section of boast render above the lintel at the entrance to rear ground floor apartment.

Response by registered provider detailing the actions taken:

Work is in progress but due to recent weather conditions has delayed completion. This requirement is prioritised on schedule of works programme.

Recommendations

Recommendation 1

Ref: Standard 27.8

Stated: First time

To be completed by:
Immediate & ongoing

The registered provider should ensure that, with regards to 'The control of legionella bacteria in the premises hot and cold water systems', the hot water flow and return temperatures from the premises calorifiers are correctly monitored and recorded on a monthly basis. The installation of suitable temperature gauges would greatly assist in this matter.

Response by registered provider detailing the actions taken:

Maintenance personnel have progressed scope of the recommendation.

Please ensure this document is completed in full and returned to Estates.Mailbox@rqia.org.uk from the authorised email address



Sarah Hughes
CEO & Responsible Individual
17.02.17



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