



The Regulation and  
Quality Improvement  
Authority

Edgewater Lodge Care Home  
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Donaghadee  
BT21 0LE

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**Announced Estates Inspection  
of  
Edgewater Lodge Care Home  
Orlock and Seaview Suites**

**28 July 2015**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An announced estates inspection took place on 28 July 2015 from 10.00 to 13.30. Overall on the day of the inspection the premises supported the delivery of safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Care Standards for Nursing Homes 2015.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	7	0

The details of the QIP within this report were discussed with Mr Tiago Moreira (Manager) and Mr Stevie McCormick (Estates Manager) as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Four Seasons Health Care	<b>Manager:</b> Mr Tiago Moreira
<b>Person in Charge of the Home at the Time of Inspection:</b> Mr Tiago Moreira	<b>Date Manager Registered:</b> Registration Pending
<b>Categories of Care:</b> RC-DE, NH-DE	<b>Number of Registered Places:</b> 38
<b>Number of Residents Accommodated on Day of Inspection:</b>	<b>Weekly Tariff at Time of Inspection:</b> £593 - £605

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

### Standard 44: Premises

### Standard 47: Safe and Healthy working Practices

### Standard 48: Fire safety

## 4. Methods/Process

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

Prior to inspection the following records were analysed: Previous estates inspection report, and previous care inspection report.

During the inspection the inspector met with Mr Tiago Moreira (Manager) and Mr Stevie McCormick (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, fire risk assessment.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 11 May 2015. The completed QIP containing two recommendations was returned and approved by a care inspector.

## 5.2 Review of Requirements and Recommendations from the last Estates Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  Ref: Regulation 27.-(2)(b)	The fascia and soffit at the kitchen must be repaired.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Addressed.	
<b>Requirement 2</b>  Ref: Regulation 14.-(2)(c)	In relation to the control of legionella the registered person must ensure that the action plan which was the outcome of the recent risk assessment is fully implemented.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There were records of actions and monitoring measures in place towards the control of legionella. The legionella risk assessment has been reviewed (January 2015) since the last inspection and the provider has a created a program for addressing remedial work identified in this assessment.	
<b>Requirement 3</b>  Ref: Regulation 14.-(2)(c)	In relation to the control of legionella the monitoring of hot water services should be reviewed to ensure that flow, return and sentinel outlet temperatures are in line with HSE document L8 - <i>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> .	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> There are monitoring measures in place in relation to the control of legionella. However, the procedure for measuring hot water return and sentinel temperatures requires review.	

<p><b>Requirement 4</b></p> <p>Ref: Regulation 27.-(2)(c) 27.-(2)(q)</p>	<p>It must be confirmed that there are valid Gas Safe certificates which verify that the kitchen appliances and the water heater are in a safe and satisfactory condition.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> There were current Gas Safe certificates on the day of inspection.</p>	<p><b>Met</b></p>
<p><b>Requirement 5</b></p> <p>Ref: Regulation 27.-(2)(d)</p>	<p>The frequency at which the kitchen extract grills are cleaned should be reviewed.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Addressed.</p>	<p><b>Met</b></p>
<p><b>Requirement 6</b></p> <p>Ref: Regulation 27.-(4)(e)</p>	<p>The registered person must ensure that all staff receive fire safety information, instruction and training at least twice a year. Reference should be made to NIHTM84.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The manager confirmed on 30 July that 90% of staff are up to date with fire safety training and that arrangements had been made to achieve 100% by 31 July 2015.</p>	<p><b>Met</b></p>
<p><b>Requirement 7</b></p> <p>Ref: Regulation 27.-(4)(f)</p>	<p>The registered person must make arrangements which will ensure that all staff on all shifts participate in practice fire drills. Reference should be made to NIHTM84.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A number of fire drills have been carried out over the last year although it could not be confirmed that all staff have participated.</p>	<p><b>Partially Met</b></p>

<b>Requirement 8</b>  <b>Ref:</b> Regulation 27.-(4)(d)(i)	The registered person must make arrangements which will ensure that the laundry door operates correctly at all times and closes to provide an effective fire seal.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> The laundry door appeared to be able to operate correctly but on the day of inspection was blocked with a piece of mobile laundry equipment.	

### 5.3 Standard 44: Premises

#### Is Care Safe? (Quality of Life)

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this Estates inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. This supports the delivery of safe care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

#### Is Care Effective? (Quality of Management)

A range of accommodation, facilities and support services is provided in the premises. This supports the delivery of effective care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

#### Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. This supports the delivery of compassionate care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

#### Areas for Improvement

The procedures for measuring hot water return and sentinel temperatures should be reviewed and brought into line with the code of practice for legionella control.

On the day of inspection the bath was not operational.

The inspector was informed that plans are in hand to refurbish the main kitchen within the next four months.

<b>Number of Requirements</b>	<b>2</b>	<b>Number Recommendations:</b>	<b>0</b>
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## 5.4 Standard 47: Safe and Healthy Working Practices

### Is Care Safe? (Quality of Life)

A range of documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this Estates inspection. This supports the delivery of safe care.

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

### Is Care Effective? (Quality of Management)

The nature and needs of the patients are considered as part of the risk assessment processes and this is reflected in the management of the home. This supports the delivery of effective care.

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

### Is Care Compassionate? (Quality of Care)

There are health and safety procedures and control measures in place which support the delivery of compassionate care.

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

### Areas for Improvement

The records indicate that the water from some hot water outlets accessible to residents may be at a higher temperature than recommended in the Health Guidance Note 'Safe' hot water and surface temperatures.

<b>Number of Requirements</b>	<b>1</b>	<b>Number Recommendations:</b>	<b>0</b>
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## 5.5 Standard 48: Fire Safety

### Is Care Safe? (Quality of Life)

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. This supports the delivery of safe care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

### **Is Care Effective? (Quality of Management)**

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 patients, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment. This supports the delivery of effective care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

### **Is Care Compassionate? (Quality of Care)**

The standard used by the registered persons to determine the extent of fire safety protection measures that are appropriate for the premises recognises the need to maintain a homely, non-institutionalised environment. This supports the delivery of compassionate care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

### **Areas for Improvement**

The arrangements for managing staff participation in practice fire drills should be reviewed.

The management of the laundry should be reviewed to ensure that fire doors are not prevented from operating correctly.

Although there are fire procedure notices posted at the entrance to the unit these should be reviewed to ensure there is clear and up to date guidance for staff in the event of activation of the fire alarm.

The record of a recent service of the fire alarm system notes a fault in the panel which should be followed up.

There were some fire doors which required adjustment. A joiner was on site and the Estates manager confirmed that the doors would be adjusted on the day of inspection.

<b>Number of Requirements</b>	<b>4</b>	<b>Number Recommendations:</b>	<b>0</b>
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## **5.6 Additional Areas Examined**

Not applicable.

## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Tiago Moreira (Manager) and Mr Stevie McCormick (Estates Manager) 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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Nursing Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions Taken by the Registered Persons

The QIP should be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [estates.mailbox@rqia.org.uk](mailto:estates.mailbox@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

<b>Quality Improvement Plan</b>	
<b>Statutory Requirements</b>	
<p><b>Requirement 1</b></p> <p>Ref: Regulation 13.-(7)</p> <p>Stated: Second time</p> <p><b>To be Completed by: 28 August 2015 and ongoing</b></p>	<p>In relation to the control of legionella the arrangements for monitoring the sentinel outlet and calorifier return temperatures should be reviewed and brought into line with the code of practice L8 <i>Legionnaires' disease. The control of legionella bacteria in water systems</i> with particular reference to the technical guidance <i>HSG274 Part 2</i>.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> New water log books have been issued and maintenance men has already received the refresher training.</p>
<p><b>Requirement 2</b></p> <p>Ref: Regulation 27.-(2)(c) and (j)</p> <p>Stated: First time</p> <p><b>To be Completed by: 28 August 2015</b></p>	<p>Arrangements should be made to return the bath to operational use including, if necessary, obtaining a satisfactory LOLER thorough examination report for the hoist.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> The bath is back in operational use.</p>
<p><b>Requirement 3</b></p> <p>Ref: Regulation 14.-(2)(a) and (c)</p> <p>Stated: First time</p> <p><b>To be Completed by: 28 August 2015</b></p>	<p>The temperature of the hot water at all baths, showers and wash hand basins accessible to residents should be checked and set in accordance with the Health Guidance Note 'Safe hot water and surface temperatures. The temperature of the water from outlets requiring adjustment should be closely monitored for a drift and any necessary remedial action taken.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> Further training has been arranged regarding how to adjust the temperatures of the water outlets and the recording of the same in new log books.</p>
<p><b>Requirement 4</b></p> <p>Ref: Regulation 27.-(4)(f)</p> <p>Stated: Second time</p> <p><b>To be Completed by: 28 August 2015 and Ongoing</b></p>	<p>Arrangements should be made which will ensure that all staff participate in practice fire drills which confirm that, using the updated emergency procedure, an effective evacuation can be carried out at any time including when the minimum number of staff are on duty. Records should be kept of all drills including the outcome of post drill debriefs. The learning points gained during drills and debriefs should be included in subsequent training and team meetings. Records of staff participation in drills should be monitored and managed. Reference should be made to Firecode document NIHTM84.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b></p>

	<p>Fire drill planner has been done to ensure all the staff attend the required training through out the year and the record of such trainings is being kept up to date and recoded on a matrix to ensure the compliance.</p> <p>The outcome of post drill debriefs will continue to be recorded in the designated record as per policy.</p>
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<b>Requirement 5</b>  <b>Ref:</b> Regulation 27.-(4)(c) and (d)(i)  <b>Stated:</b> Second time  <b>To be Completed by:</b> <b>28 August 2015 and Ongoing</b>	<p>The management of the laundry should be reviewed to ensure that fire doors are not prevented from operating correctly.</p>
	<p><b>Response by Registered Manager Detailing the Actions Taken:</b>  Supervisions have been carried out with laundry staff to ensure that this type of behaviour doesn't repeat again. Fire safety training module was redone by the staff.</p>

<b>Requirement 6</b>  <b>Ref:</b> Regulation 27.-(4)(a)  <b>Stated:</b> First time  <b>To be Completed by:</b> <b>28 August 2015</b>	<p>The emergency fire procedure should be reviewed to ensure that it is in line with current good practice incorporating, for example, the recommendations arising from the Rosepark Inquiry.  Staff should be trained and drilled in the up to date procedures.</p>
	<p><b>Response by Registered Manager Detailing the Actions Taken:</b>  The Health &amp; Safety Manager has conducted a review of Fire Drills and has provided staff with face to face training in Evacuation and Fire Safety.</p>

<b>Requirement 7</b>  <b>Ref:</b> Regulation 27.-(4)(b)  <b>Stated:</b> First time  <b>To be Completed by:</b> <b>28 August 2015</b>	<p>The fault noted in the report on the recent service of the fire alarm system should be followed up and any necessary action taken.</p>
	<p><b>Response by Registered Manager Detailing the Actions Taken:</b>  This fault has been rectified by the Fire Alarm contractor.</p>

<b>Registered Manager Completing QIP</b>	Tiago Moreira	<b>Date Completed</b>	17/09/2015
<b>Registered Person Approving QIP</b>	Dr Claire Royston	<b>Date Approved</b>	23.09.15
<b>RQIA Inspector Assessing Response</b>	<b>Colin Muldoon</b>	<b>Date Approved</b>	<b>25/09/2015</b>

*\*Please ensure the QIP is completed in full and returned to [estates.mailbox@rqia.org.uk](mailto:estates.mailbox@rqia.org.uk) from the authorised email address\**