



The Regulation and
Quality Improvement
Authority

Belmont Cottages
RQIA ID: 1112
Racecourse Road
Londonderry
BT48 7RD

Inspector: P Cunningham
Inspection ID: IN021454

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**Announced Estates Inspection
of
Belmont Cottages**

23 June 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An announced estates inspection took place on 23 June 2015 from 10.00 to 12.00. 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 Residential Care Homes Minimum Standards 2011.

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
Total number of requirements and recommendations made at this inspection	5	0

The details of the QIP within this report were discussed with the Gail McLean, Home Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Apex Housing Limited	Registered Manager: Gail McLean
Person in Charge of the Home at the Time of Inspection: Gail McLean	Date Manager Registered: 2006
Categories of Care: RC-LD, RC-LD(E)	Number of Registered Places: 16
Number of Residents Accommodated on Day of Inspection: 16	Weekly Tariff at Time of Inspection: £751.31

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 27: Premises and Grounds

Standard 28: Safe and Healthy working Practices

Standard 29: 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, statutory notifications over the past 12 months.

During the inspection the inspector met with Gail McLean, Home Manager and Christopher Doherty, Property Services Officer, Apex Housing Limited.

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.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an announced care inspection dated 10 February 2015. The completed QIP was returned and the response was assessed by inspector as acceptable on 13 March 2015.

5.2 Review of Requirements and Recommendations from the last Estates Inspection on 15 June 2012

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27.(4)(a)	Ensure that the information contained in the two fire risk assessments is compared and addressed as appropriate. Provision of one fire risk assessment which considers the provisions of NIHTM 84 should be considered.	Met
	Action taken as confirmed during the inspection: Risk assessments consolidated by one single assessment and report	
Requirement 2 Ref: Regulation 27.(4)(a)	Ensure that the fire safety checklist forwarded by RQIA in January 2012 is completed for reference purposes and retained at the home. It is understood that the checklist has been given due consideration by the manager.	Met
	Action taken as confirmed during the inspection: Manager confirmed that this checklist was completed following the previous estates inspection.	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 35.7	Consider the provision of separate hand washing sink in the main laundry.	Met
	Action taken as confirmed during the inspection: Sink provided.	

Recommendation 2 Ref: Standard 29.2	Give consideration to the provision of closing devices to residents' bedroom doors in line with the provisions of NIHTM 84.	Not Met
	Action taken as confirmed during the inspection: Recommendation not met. The Inspector met with the Apex Director of Property Services on Friday 5 June 2015 and discussed the provision of self-closing devices across a number of Apex managed residential premises including Belmont Cottages. These are to be installed within the next two months. Refer to section 5.5 item 2 and requirement no. 5 in the Quality Improvement Plan.	

5.3 Standard 27: Premises and Grounds

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

1. The wall cladding to the shower in Bungalow 4 requires re-sealing to the wall. Refer to requirement no.1 in the Quality Improvement Plan.
2. The 'rescue-set' furniture to the door frame of the bathroom in Bungalow 1 has been removed and the frame requires repair. Refer to requirement no.2 in the Quality Improvement Plan.

3. The action plan of the legionellae risk assessment review contains several items requiring attention. Refer to requirement no.3 in the Quality Improvement Plan.

Number of Requirements	3	Number Recommendations:	0
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5.4 Standard 28: 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.

Is Care Effective? (Quality of Management)

The nature and needs of the residents 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.

Is Care Compassionate? (Quality of Care)

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

Areas for Improvement

Not applicable.

Number of Requirements	0	Number Recommendations:	0
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5.5 Standard 29: 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.

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 residents, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment which has been carried out by a person holding relevant professional body registration for fire risk assessment. 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)

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.

Areas for Improvement

1. The action plan of the fire risk assessment review contains several items requiring attention. Refer to requirement no.4 in the Quality Improvement Plan.
2. Bedroom doors in the home are not provided with self-closing devices. RQIA wrote to all registered care home providers in 2013 enclosing correspondence from Northern Ireland Fire and Rescue Services directing that all such doors be fitted with automatic self-closing devices. Discussion between the inspector and Apex Director of Property Services on Friday 5 June 2015 confirmed that these were to be fitted to Apex Residential Schemes including Belmont Cottages. This is expected to be completed in the next two months. Refer to requirement no.5 in the Quality Improvement Plan.

Number of Requirements	2	Number Recommendations:	0
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5.6 Additional Areas Examined

Not applicable.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Gail McLean, Home 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, The Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Residential Care Homes Minimum Standards 2011. 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 Manager/Registered Person

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 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.

Quality Improvement Plan	
Statutory Requirements	
<p>Requirement 1</p> <p>Ref: Regulation 27 (2)(b)</p> <p>Stated: First time</p> <p>To be Completed by: 24 July 2015</p>	<p>Repair the wall cladding to the shower in Bungalow 4.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: Maintenance Officer Mr Christopher Doherty was in contact with the contractor and the wall cladding in Bungalow 4 was repaired on the 29th June 2015</p>
<p>Requirement 2</p> <p>Ref: Regulation 27 (2)(b)</p> <p>Stated: First time</p> <p>To be Completed by: 24 July 2015</p>	<p>Repair the door frame to the bathroom in Bungalow 1 where the 'rescue-set' furniture has been removed.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: The door frame to the bathroom in Bungalow 1 where the 'resue set' was removed was repaired on the 29th June 2015</p>
<p>Requirement 3</p> <p>Ref: Regulation 14 (2)(c)</p> <p>Stated: First time</p> <p>To be Completed by: 21 August 2015</p>	<p>Carry out appropriate remedial actions to address the action plan of the legionellae risk assessment review.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: The Legionellae risk assessment action plan have been addressed and completed on the 2nd July 2015</p>
<p>Requirement 4</p> <p>Ref: Regulation 27 (4)(a)</p> <p>Stated: First time</p> <p>To be Completed by: 21 August 2015</p>	<p>Carry out appropriate remedial actions to address the action plan of the fire risk assessment review.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: One hour fire door is to be purchased and placed as per fire risk assessment review by the stated completion date</p>

Requirement 5 Ref: Regulation 27 (4)(d)(i) Stated: First time To be Completed by: 21 August 2015	Provide self-closing devices to the bedroom doors as agreed by Apex Property Services.		
	Response by Registered Manager Detailing the Actions Taken: Installation of Self closing devices to the bedroom doors was carried out and completed on the 29 th June 2015		
Registered Manager Completing QIP	Gail Mc Lean	Date Completed	3 rd July 2015
Registered Person Approving QIP	Gerry Kelly	Date Approved	17 th July 2015
RQIA Inspector Assessing Response	Phil Cunningham	Date Approved	*31/7/15

**Follow up required on several items*