



The Regulation and
Quality Improvement
Authority

Malone Residential Home
RQIA ID: 1317
188 Upper Malone Road
Belfast
BT17 9JZ

Inspector: Colin Muldoon
Inspection ID: IN021450

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**Announced Estates Inspection
of
Malone Residential Home**

11 August 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced estate inspection took place on 11 August 2015 from 10.00 – 14.30. 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 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	10	0

The details of the QIP within this report were discussed with Mrs Rhonda Spence (Manager) as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Malone Residential Home Mr Kevin McKinney	Manager: Mrs Rhonda Spence
Person in Charge of the Home at the Time of Inspection: Mrs Rhonda Spence	Date Manager Registered: Registration Pending
Categories of Care: RC-I, RC-PH, RC-DE	Number of Registered Places: 28
Number of Residents Accommodated on Day of Inspection: 26	Weekly Tariff at Time of Inspection: £515- £786

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, and the previous care inspection report.

During the inspection the inspector met with Mrs Rhonda Spence.

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 26 June 2015. There were no requirements or recommendations arising from this inspection.

5.2 Review of Requirements and Recommendations from the last Estates Inspection on 27 September 2012.

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 14.-(2)(c)	<p>A current legionella risk assessment should be available on site. The outcome of the risk assessment should be a scheme for the control of legionella. The registered person must ensure that the scheme is fully implemented.</p> <hr/> <p>Action taken as confirmed during the inspection: There was a current legionella risk assessment available which had been carried out by a specialist contractor. This risk assessment identified a number of issues requiring attention.</p>	Partially Met
Requirement 2 Ref: Regulation 27.- (2)(c)	<p>It should be confirmed that the thorough examination of the hoists and slings is up to date. Ref: Lifting Operations and Lifting Equipment Regulations (NI) 1999.</p> <hr/> <p>Action taken as confirmed during the inspection: On the day of inspection there were no LOLER thorough examination reports for the hoists and associated equipment.</p>	
Requirement 3 Ref: Regulation 27.-(2)(c)	<p>The registered person must arrange for the issues in the gas warning notice to be addressed by someone on the Gas Safe register.</p> <hr/> <p>Action taken as confirmed during the inspection: The latest Gas Safe certificate for the main kitchen cooker indicates that the appliance is not an immediate danger but includes a warning notice regarding the ventilation to the kitchen.</p>	Not Met
Requirement 4 Ref: Regulation 27.-(4)(d)(i)	<p>The door to the manager's office must be restored to FD30S standard.</p> <hr/> <p>Action taken as confirmed during the inspection: Addressed.</p>	

<p>Requirement 5</p> <p>Ref: Regulations 27.-(4)(e) 27.-(4)(f)</p>	<p>The registered person must ensure that all staff attend fire safety training and participate in practice drills. The content and frequency of training and drills must be in accordance with NIHTM84.</p> <hr/> <p>Action taken as confirmed during the inspection: The records show that all staff had fire safety training within the last year. However, not all staff have had the required two sessions (Ref: Firecode document NIHTM84). There were records of two practice fire drills having been carried out over the last year. However, not all staff participated.</p>	<p>Not Met</p>
<p>Requirement 6</p> <p>Ref: Regulation 27.-(4)(d)(i)</p>	<p>The registered person must ensure that the program to upgrade doors to FD30S standard continues to completion.</p> <hr/> <p>Action taken as confirmed during the inspection: In the last fire risk assessment carried out in April 2015 the fire risk assessor noted that fire seals were required to be fitted to fire doors. On the day of inspection this work was still outstanding.</p>	<p>Not Met</p>
<p>Requirement 7</p> <p>Ref: Regulation 27.-(4)(d)(iii)</p>	<p>The green break glass unit at the front door should be sited so that it can be operated by all staff.</p> <hr/> <p>Action taken as confirmed during the inspection: Addressed.</p>	<p>Met</p>
<p>Requirement 8</p> <p>Ref: Regulation 27.-(4)(d)(i)</p>	<p>The registered person must ensure that all fire doors operate correctly, close to provide an effective fire seal and are not propped open.</p> <hr/> <p>Action taken as confirmed during the inspection: No doors were observed to be propped open on the day of inspection. A random selection of doors reviewed during the inspection operated correctly.</p>	<p>Met</p>

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

The latest (June 2015) legionella risk assessment identified necessary remedial works to the plumbing installation including some reconfiguration of the system and creating access to two of the cold water storage tanks (it has not been possible to inspect, clean or disinfect these tanks). The assessment also noted changes required to the ongoing scheme of control including the regular monitoring of calorifier flow and return temperatures and an increase in the frequency of flushing little used outlets.

All hoisting equipment should be thoroughly examined in accordance with the Lifting Operations and Lifting Equipment Regulations (NI) 1999.

Direct to outside kitchen ventilation should be provided to the satisfaction of someone on the Gas Safe register.

Although there were no records the manager informed the inspector that she believed the maintenance officer was maintaining the thermostatic mixing valves.

The inspector discussed the test and inspection of the electrical installation which is almost due. The manager confirmed that she was aware of this and expected the work to be carried out within a month.

Number of Requirements	4	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

No issues identified.

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.

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 residents, 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 fire safety training and practice drills should be reviewed to ensure that all staff participate.

The fire doors should be upgraded as necessary to the satisfaction of the fire risk assessor.

The weekly test of the fire alarm should be extended and include a check that all electronically locked doors automatically release on activation of the alarm and can be easily opened.

The issues in the fire risk assessment action plan that remain outstanding should be addressed.

The fire procedure should be posted at the fire panel.

Number of Requirements	6	Number Recommendations:	0
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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 Mrs Rhonda Spence (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 13.-(7)</p> <p>Stated: Second time</p> <p>To be Completed by: Within timescales acceptable to the legionella risk assessor</p>	<p>In relation to the control of legionella the remedial works and the issues relating to the ongoing scheme of control that were identified in the last legionella risk assessment should be fully addressed within timescales acceptable to the legionella risk assessor.</p> <p>Response by Registered Manager Detailing the Actions Taken: All recommendations identified in the last legionella risk assessment have been fully addressed.</p>
<p>Requirement 2</p> <p>Ref: Regulation 27.-(2)(c)</p> <p>Stated: Second time</p> <p>To be Completed by: 11 September 2015 and ongoing</p>	<p>All hoisting equipment should be thoroughly examined in accordance with the Lifting Operations and Lifting Equipment Regulations (NI) 1999. Any defects identified in the report on the thorough examination should be addressed.</p> <p>Response by Registered Manager Detailing the Actions Taken: Second examination of hoist carried out on 8th September 2015.</p>
<p>Requirement 3</p> <p>Ref: Regulation 27.-(2)(c)</p> <p>Stated: Second time</p> <p>To be Completed by: 11 September 2015</p>	<p>Direct to outside kitchen ventilation should be provided to the satisfaction of someone on the Gas Safe register.</p> <p>Response by Registered Manager Detailing the Actions Taken: Vent has been placed in the kitchen.</p>

<p>Requirement 4</p> <p>Ref: Regulations 13.-(7) 14.-(2)(a) and (c)</p> <p>Stated: First time</p> <p>To be Completed by: 11 September 2015 and Ongoing</p>	<p>To help ensure both the delivery of safe hot water and the control of legionella the thermostatic mixing valves should be maintained, cleaned and failsafe tested in accordance with the manufacturer's instructions. Records should be kept which log the work and readings at each valve.</p> <p>Response by Registered Manager Detailing the Actions Taken: Actioned. New paperwork in place.</p>
<p>Requirement 5</p> <p>Ref: Regulation 27.-(4)(e)</p> <p>Stated: Second time</p> <p>To be Completed by: 11 September 2015 and ongoing</p>	<p>Arrangements should be made which will ensure that all staff receive suitable fire safety training at least twice a year. Reference should be made to Firecode document NIHTM84.</p> <p>Response by Registered Manager Detailing the Actions Taken: Fire training carried out. Further training date to be confirmed to ensure all staff receive fire training at least twice/year.</p>
<p>Requirement 6</p> <p>Ref: Regulation 27.-(4)(f)</p> <p>Stated: Second time</p> <p>To be Completed by: 11 September 2015 and ongoing</p>	<p>Arrangements should be made which will ensure that all staff participate in practice fire drills which confirm that, using the 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>Response by Registered Manager Detailing the Actions Taken: Fire drill carried out on 7th September 2015. Further drills to be arranged at frequent intervals to ensure all staff have the opportunity to participate.</p>
<p>Requirement 7</p> <p>Ref: Regulation 27.-(4)(c) and (d)(i)</p> <p>Stated: Second time</p> <p>To be Completed by: 11 September 2015</p>	<p>The fire doors throughout the home should be upgraded to the satisfaction of the fire risk assessor.</p> <p>Response by Registered Manager Detailing the Actions Taken: All doors within the Home have been upgraded appropriately.</p>

Requirement 8 Ref: Regulation 27.-(4)(c) Stated: First time To be Completed by: 11 September 2015 and ongoing	The weekly test of the fire alarm should be extended and include a check that all electronically locked doors automatically release on activation of the alarm and can be easily opened.		
	Response by Registered Manager Detailing the Actions Taken: Weekly test now includes checking electronically locked doors automatically release.		
Requirement 9 Ref: Regulation 27.-(4)(a) Stated: First time To be Completed by: Within timescales acceptable to the fire risk assessor	The issues in the fire risk assessment action plan that remain outstanding should be addressed within timescales acceptable to the fire risk assessor.		
	Response by Registered Manager Detailing the Actions Taken: Outstanding issues have been addressed.		
Requirement 10 Ref: Regulation 27.-(4)(a) Stated: First time To be Completed by: 11 September 2015	The emergency fire procedure should be posted at the fire panel.		
	Response by Registered Manager Detailing the Actions Taken: Fire procedure displayed at the fire panel.		
Registered Manager Completing QIP	J-A Russell	Date Completed	16/09/15
Registered Person Approving QIP	K McKinney	Date Approved	16/09/15
RQIA Inspector Assessing Response	Colin Muldoon	Date Approved	25/09/2015

Please ensure the QIP is completed in full and returned to estates.mailbox@rqia.org.uk from the authorised email address