



The **Regulation and
Quality Improvement
Authority**

**Knockan Lodge
RQIA ID: 1318
153 Finvoy Road
Ballymoney
BT53 7JN**

**Inspector: Colin Muldoon
Accompanied by Gemma Mulholland
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**Announced Estates Inspection
of
Knockan Lodge Private Residential Home**

07 May 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 estates inspection took place on 07 May 2015 from 10.00 to 14.00. 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	8	0

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

2. Service Details

Registered Organisation/Registered Person: Knockan Lodge Mr PJ Doherty	Registered Manager: Mrs Anna Elder
Person in Charge of the Home at the Time of Inspection: Mrs Marie Jamison (Care Manager)	Date Manager Registered:
Categories of Care: RC-I, RC-MP(E), RC-PH(E), RC-DE	Number of Registered Places: 25
Number of Residents Accommodated on Day of Inspection: 21	Weekly Tariff at Time of Inspection: £450.00

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:

- The last returned Estates Quality Improvement Plan
- The last returned care inspection Quality Improvement Plan.

The following records were examined during the inspection:

- Fire and legionella risk assessments.
- Fire safety installation test and maintenance records.
- Water safety records.
- Engineering services records eg gas, electric, lifts etc.
- Fire training records

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 14 January 2015. The completed QIP was returned and the responses were considered acceptable by the care inspector.

5.2 Review of Requirements and Recommendations from the last Estates Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 14.-(2)(a) and (c)	The safety of the first floor windows requires to be reviewed. The review and subsequent actions should be in line with safety alert MDEA(NI)2007/100	Not Met
	Action taken as confirmed during the inspection: In the returned QIP following the last Estates inspection the manager confirmed that “all the first floor windows have window restrictors fitted, the one in question has had the fitting changed to comply with regulations” During this inspection it was found that some of the window hinge mechanisms and restrictors required repair and upgrade.	
Requirement 2 Ref: Regulation 27.-(2)(c) 27.-(2)(q)	A valid LOLER (Lifting Operations and Lifting Equipment Regulations (NI) 1999) thorough examination report should be obtained for the lift. The report should confirm that the lift is free from defects.	Met
	Action taken as confirmed during the inspection: There was a report on a valid thorough examination of the lift. The faults found during the examination were referred to the lift maintenance contractor.	
Requirement 3 Ref: Regulation 27.-(2)(q)	It should be ensured that any issues identified during the test and inspection of the electrical installation are fully addressed.	Met
	Action taken as confirmed during the inspection: The electrical installation was tested and inspected in July 2014. The report on the inspection confirms that the installation is in satisfactory condition.	

<p>Requirement 5</p> <p>Ref: Regulation 13.-(7) 14.-(2)(a) and (c)</p>	<p>The action points in the last review of the legionella risk assessment should be fully addressed.</p> <p>The procedure for flushing should be reviewed so that all infrequently used outlets are flushed twice a week.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Work has been undertaken to address the issues of the calorifier temperatures and the flushing of infrequently used outlets. On the day of inspection the calorifier temperatures appeared to be satisfactory. However, the temperatures being recorded by staff were lower than expected. This was discussed with Mrs Jamison and it seems possible that the temperatures are being recorded after depletion of the stored hot water and before the calorifiers recover.</p>	<p>Partially Met</p>
<p>Requirement 7</p> <p>Ref: Regulation 27.-(4)(a)</p>	<p>Display an up to date emergency action plan. The plan should be based on the fire risk assessment and set out, among other things:</p> <ul style="list-style-type: none"> - Details of action to be taken by staff in case of fire; - The procedure to be followed in the evacuation of the premises in case of fire; - The arrangements for calling the Northern Ireland Fire and Rescue Service <p>The advice of the fire safety advisor should be sought and the procedures in the plan should be in line with current good practice and take account of the findings and recommendations arising from the Rosepark Inquiry.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Addressed.</p>	<p>Met</p>
<p>Requirement 8</p> <p>Ref: Regulation 27.-(4)(a)</p>	<p>A comprehensive fire risk assessment should be carried out. The assessment should use the criteria in Firecode document NIHTM84.</p> <p>Issues identified should be fully addressed within the timescales set by the fire risk assessor. It is recommended that the person carrying out the review of the fire risk assessment holds professional body registration or third party certification for fire risk assessment and is registered accordingly with the relevant body. Reference should be made to correspondence</p>	<p>Partially Met</p>

	<p>issued by RQIA to all registered homes on 13 January 2013 and the guidance contained in: http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf</p>	
<p>Requirement 9 Ref: Regulation 27.-(4)(d)(iv) and (v)</p>	<p>Action taken as confirmed during the inspection: The home has a current fire risk assessment which was carried out by an accredited fire risk assessor. Some issues in the action plan remain outstanding.</p>	
<p>Requirement 10 Ref: Regulation 27.-(4)(d)(v)</p>	<p>It should be ensured that the fire detection and alarm system is being maintained in accordance with BS5839 not less frequently than every six months. It is recommended that a report is obtained for each service.</p> <p>Action taken as confirmed during the inspection: The fire detection and alarm system is being maintained twice a year. The last visit was in April 2015. However, the previous service was in June 2014.</p>	Not Met

Requirement 11 Ref: Regulation 27.-(4)(c) 27.-(4)(d)(i)	The doors to bedroom 15 and the kitchen should be fitted with suitable automatic closing devices. Action taken as confirmed during the inspection: Addressed.	Met
Previous Inspection Recommendations		Validation of Compliance
Recommendation 4 Ref: Standard 27	The recommendation of the servicing contractor should be considered in relation to the replacement of the hoist. Action taken as confirmed during the inspection: The hoist had a LOLER thorough examination and service in December 2014. The report on the service notes that the hoist is in good working order but recommends replacement due to non-availability of parts.	Met
Recommendation 6 Ref: Standard 28	The weekly check of the safe temperature of resident accessible hot water, to verify the correct performance of the thermostatic mixing valves, should be reviewed. It should be ensured that all outlets are included in a regular cycle of checks. Action taken as confirmed during the inspection: Addressed.	Met
Recommendation 12 Ref: Standard 29	The personal emergency evacuation plans should be reviewed. Action taken as confirmed during the inspection: Addressed.	Met

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

A survey should be carried out of all the window hinges and restrictors. The necessary repairs and upgrades should be carried out which will ensure that each opening window operates correctly and is fitted with restriction devices which are in compliance with safety alerts, such as MDEA(NI)2007/100, EFA/ 2013/002 and EFA/2014/003, which are freely available on the NIAIC website.

The calorifier flow and return temperatures should be recorded at various times of the day for a month to confirm that they are in line with the Approved Code of Practice (L8) for the control of legionella.

The legionella risk assessment is due for review shortly. The inspector discussed with Mrs Jamison the benefits of getting the assessor to provide on-site training on the measures and monitoring actions in the scheme for the control of legionella at Knockan Lodge.

During the inspection it was observed that some window blinds have untethered loop cords. This was discussed with the manager in relation to the recent issue of a relevant safety alert.

The risk from hot surfaces was discussed with Mrs Jamison.

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 during this inspection

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 fire risk assessor who carried out the last fire risk assessment considered the overall fire risk to be moderate. The risk assessment included an action plan which has been marked up. Some of the matters noted have been addressed.

Issues still requiring attention include the repair and upgrade of fire doors, the provision of additional fire detection and fire stopping.

The arrangements for maintaining the fire detection and alarm system should be reviewed so that the interval between service visits does not exceed six months.

The procedure for carrying out the weekly function test of the fire alarm system should be reviewed to ensure that all call points are included.

Mrs Jamison informed the inspector that the evacuation procedure is included in fire training sessions. There were also records relating to two impromptu drills carried out within the last year. However, not all staff participated in the drills.

Number of Requirements	4	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 Marie Jamison (Care 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 will 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 14.-(2)(a) and (c)</p> <p>Stated: Third time</p> <p>To be Completed by: 07 June 2015</p>	<p>A survey should be carried out of all the window hinges and restrictors. The necessary repairs and upgrades should be carried out which will ensure that each opening window operates correctly and is fitted with restriction devices which are in compliance with relevant safety alerts, such as MDEA(NI)2007/100, EFA/ 2013/002 and EFA/2014/003, which are freely available on the NIAIC website. Reference should also be made to the HSE document Health Services Information Sheet NO 5 – <i>Falls from windows and balconies in health and social care</i>, which is free to download from HSE.</p>
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Response by Registered Manager Detailing the Actions Taken:

<p>Requirement 2</p> <p>Ref: Regulation 13.-(7)</p> <p>Stated: First time</p> <p>To be Completed by: 07 June 2015</p>	<p>The calorifier flow and return temperatures should be recorded at various times of the day for a month to confirm that they are in line with the Approved Code of Practice (L8) for the control of legionella. The legionella risk assessment is due for review shortly. The risk assessor or other competent person should provide training to on site staff on the measures and monitoring actions in the scheme for the control of legionella at Knockan Lodge. A copy of the reviewed legionella risk assessment should be forwarded to RQIA.</p>
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Response by Registered Manager Detailing the Actions Taken:

<p>Requirement 3</p> <p>Ref: Regulation 14.-(2)(a) and (c)</p>	<p>The safety of the window blind cords should be assessed in relation to Estates and Facilities Alert EFA/2015/001 which is freely available on the NIAIC website.</p>
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Stated: First time

To be Completed by: 07 June 2015

Response by Registered Manager Detailing the Actions Taken:

<p>Requirement 4</p> <p>Ref: Regulation 14.-(2)(a) and (c)</p> <p>Stated: First time</p> <p>To be Completed by: 07 June 2015</p>	<p>A risk assessment should be carried out in relation to hot surfaces accessible to residents.</p> <p>Response by Registered Manager Detailing the Actions Taken:</p>
<p>Requirement 5</p> <p>Ref: Regulation 27.-(4)(a)</p> <p>Stated: Second time</p> <p>To be Completed by: 07 June 2015</p>	<p>The issues in the fire risk assessment action plan which remain outstanding should be fully addressed.</p> <p>Some of the issues relate to the effectiveness of fire doors. With regard to this reference should be made to the expectations of the Northern Ireland Fire and Rescue Service which are set out in the letter on the RQIA website and available through the following link.</p> <p>http://www.rqia.org.uk/cms_resources/door%20closers%20April%202013.pdf</p> <p>During the inspection it was observed that some doors have domestic style concealed jamb closers which were not closing the doors tight to the stops. These closers should be upgraded to suitable robust fittings which reliably close these fire doors to provide an effective fire seal.</p> <p>Response by Registered Manager Detailing the Actions Taken:</p>
<p>Requirement 6</p> <p>Ref: Regulation 27.-(4)(d)(iv) and (v)</p> <p>Stated: Third time</p> <p>To be Completed by: 07 June 2015</p>	<p>The arrangements for maintaining the fire detection and alarm system should be reviewed so that the interval between service visits does not exceed 6 months.</p> <p>Reference should be made to BS5839.</p> <p>It is recommended that the fire detection and alarm system is maintained quarterly.</p> <p>Response by Registered Manager Detailing the Actions Taken:</p>

<p>Requirement 7</p> <p>Ref: Regulation 27.-(4)(d)(v)</p> <p>Stated: Second time</p> <p>To be Completed by: 07 June 2015</p>	<p>The procedure for carrying out the weekly function test of the fire alarm system should be reviewed to ensure that all call points are included.</p> <p>Response by Registered Manager Detailing the Actions Taken:</p>		
<p>Requirement 8</p> <p>Ref: Regulation 27.-(4)(f)</p> <p>Stated: First time</p> <p>To be Completed by: 07 June 2015</p>	<p>All staff should participate in fire drills. The drills should verify the effectiveness of the emergency plan and confirm that an evacuation can be carried out at any time and when the minimum number of staff are on duty.</p> <p>The information in the personal emergency evacuation plans (PEEP's) should be used during the drills.</p> <p>Records should be kept of each drill and the learning gained from post drill debriefs should be used to update procedures and inform fire safety training.</p> <p>Response by Registered Manager Detailing the Actions Taken:</p>		
<p>Registered Manager Completing QIP</p>		<p>Date Completed</p>	
<p>Registered Person Approving QIP</p>		<p>Date Approved</p>	
<p>RQIA Inspector Assessing Response</p>		<p>Date Approved</p>	

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

Please provide any additional comments or observations you may wish to make below:



A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk