



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No: 17991
Establishment ID No: 1318
Name of Establishment: Knockan Lodge Private Residential Home
Date of Inspection: 12 June 2014
Inspector's Name: Colin Muldoon

1.0 GENERAL INFORMATION

Name of Home:	Knockan Lodge Private Residential Home
Address:	153 Finvoy Road, Ballymoney BT53 7JN
Telephone Number:	028 29571540
Registered Organisation/Provider:	Knockan Lodge Mr P J Doherty
Registered Manager:	Mrs Anna Elder
Person in Charge of the Home at the time of Inspection:	Mrs Marie Jamison
Other person(s) consulted during inspection:	N/A
Type of establishment:	Residential Care Home
Categories of Care	RC-I, RC-DE, RC-PH(E), RC-MP-(E)
Number of Registered Places:	25
Date and time of inspection:	12 June 2014 10.30 – 14.15
Date of Previous Estates inspection	23 May 2013
Name of Inspector:	Colin Muldoon accompanied by Ms Gemma Mulholland (RQIA Estates Support Officer)

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes.

This is a report of an announced inspection to assess the quality of the premises and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. The report details the extent to which the standards measured during inspection were met.

3.0 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the premises and grounds were safe, well maintained and remain suitable for their stated purpose in compliance with legislative requirements and current minimum standards. This was achieved through a process of evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards.

The aims of the inspection were to examine the estates related policies, practices and monitoring arrangements for the provision of Residential Care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- Residential Care Homes Minimum Standards (DHSSPS, 2011)

Other published standards which guide best practice may also be referenced during the Inspection process.

4.0 METHODS/PROCESS

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

- Discussion with Mrs Marie Jamison.
- Examination of records
- Inspection of the home internally and externally. Residents' private bedrooms were only inspected when unoccupied and permission was granted.
- Evaluation and feedback

Any other information received by RQIA about this Registered Provider has also been considered by the Inspector in preparing for this inspection.

5.0 CONSULTATION PROCESS

During the course of the inspection, the Inspector spoke to Mrs Marie Jamison.

6.0 INSPECTION FOCUS

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards and to assess progress with the issues raised during and since the previous Estates inspection on 23 May 2013:

Standards inspected:

- Standard 27 - Premises and grounds
- Standard 28 - Safe and healthy working practices
- Standard 29 - Fire Safety

7.0 PROFILE OF SERVICE

Knockan Lodge Private Residential Home is a two storey detached house in a quiet rural setting between Rasharkin and Ballymoney. The home was previously a rectory and was registered in 1988 as a residential care home. The home has been extended and adapted for its present use.

Knockan Lodge provides accommodation in nineteen single and three double bedrooms situated on the ground and the first floor. Each bedroom has an en-suite bathroom. The living room and dining room are on the ground floor at the front of the building.

The home has a mature landscaped garden and good car parking space to the side.

8.0 SUMMARY

There was evidence of maintenance activities and the home appeared well presented, comfortable and homely. On the day of inspection new carpet was being fitted to the main stairs and first floor corridors.

Following the Estates Inspection of Knockan Lodge on 12 June 2014 improvements are required to comply with the Residential Care Homes Regulations (Northern Ireland) 2005 and the criteria outlined in the following standards:

- Standard 27 - Premises and grounds
- Standard 28 - Safe and healthy working practices
- Standard 29 - Fire Safety

This resulted in nine requirements and three recommendations. These are outlined in the Quality Improvement Plan appended to this report.

The Estates Inspector would like to acknowledge the assistance of Mrs Marie Jamison during the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from previous inspection

It is good to note that action has been taken on issues raised in the report of the previous Estates inspection on 23 May 2013. Some matters (9.1.1, 9.1.2 and 9.1.3) require further attention and are restated in the relevant sections of the attached Quality Improvement Plan sub-titled 'restated recommendations/requirements'.

9.1.1 Item 1 in the Quality Improvement Plan of 23 May 2013 stated that:
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 which says:

1. All Healthcare organisations should re-visit the guidance on window restrictors contained in HTM 55.

2. A review should be carried out on all installed window restrictors to ensure:

- They meet the restricted opening cited in the HTM;*
- They are in good working order and have not been damaged or defeated;*
- Where problems are identified, a programme to repair or replace damaged restrictors is put in place.*

3. Where a single restrictor is fitted, consideration should be given to replacing it and / or fitting a second restrictor on the opposite side of the window if. For example:

- the existing restrictor is assessed as being of inadequate strength for the situation;*
- the restrictor can be disengaged without the use of a special tool or key;*
- the maximum opening exceeds 100mm; or*
- the window is located within a mental health area where it could be subject to physical attack.*

4. Assess the need for window restrictors in those patient locations where none currently exist.

Reference should be made to Health Technical Memorandum 55.

During the walk round on 12 June 2014 it was observed that the window in room 28 has a restrictor which can be disengaged and that some other first floor rooms have tilt and turn opening windows which could be opened fully when in the turn position.

(Item 1 in Quality Improvement Plan)

9.1.2 Item 7 in the Quality Improvement Plan of 23 May 2013 stated that:
All the actions (including the monitoring of calorifier temperatures) in the scheme for controlling legionella must be fully implemented.
Reference should be made to the legionella risk assessment and the associated control scheme.

The home has a legionella risk assessment which was reviewed by a specialist contractor in July 2013. The risk assessor identified issues with the calorifier temperatures which still require attention. The procedure for flushing infrequently used outlets also requires review.

(Item 5 in Quality Improvement Plan)

9.1.3 Item 10 in the Quality Improvement Plan of 23 May 2013 stated that:
Display an up to date emergency action plan.
The plan should be based on the fire risk assessment and set out, among other things:

- 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

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.

On the day of inspection (12 June 2014) there was no emergency fire procedure posted at the fire panel.
(Item 7 in Quality Improvement Plan)

9.2 **Standard 27 - Premises and grounds** - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

9.2.1 The home has a passenger lift. On the day of inspection there was no current documentation relating to the LOLER (Lifting Operations and Lifting Equipment Regulations (NI) 1999) thorough examination of the lift.
(Item 2 in Quality Improvement Plan)

9.2.2 The last test and inspection of the electrical installation was in 2009. The officer in charge confirmed that a further test and inspection has been arranged for week commencing 16 June.
(Item 3 in Quality Improvement Plan)

9.2.3 The hoist has a current certificate of thorough examination to comply with the Lifting Operations and Lifting Equipment Regulations (NI) 1999 although the servicing contractor recommends that it should be replaced.
(Item 4 in Quality Improvement Plan)

The issues identified for attention in relation to this standard are detailed in the section of the attached Quality Improvement Plan titled '**Standard 27 - Premises and grounds**'.

9.3 **Standard 28 - Safe and healthy working practices** - *The home is maintained in a safe manner*

9.3.1 The staff call system was tested by an electrician on 05 June 2014. He noted that some room alarms do not register on the first floor panel. This was discussed with the officer in charge who confirmed that this has no impact on response or care of residents. There were records of the call system being periodically function tested by staff.

- 9.3.2 There is a weekly procedure for checking the safe temperature of water from outlets accessible to residents. The checks appear to be carried out in rooms selected at random.
(Item 6 in Quality Improvement Plan)

The issues identified for attention in relation to this standard are detailed in the section of the attached Quality Improvement Plan titled '**Standard 28: Safe and healthy working practices**'.

9.4 Standard 29: Fire safety - Fire safety precautions are in place that reduce the risk of fire and protect residents, staff and visitors in the event of fire.

- 9.4.1 There was documentation relating to a review of the fire risk assessment in October 2013. However, the assessor had provided no detail of the assessment or an action plan. This was discussed with the officer in charge and it was agreed that a new assessment would be carried out by an accredited assessor. On 13 June 2014 the inspector sent an email to the officer in charge which included guidance on the selection and accreditation of fire risk assessors and other guidance from the RQIA website on fire risk and safety.
(Item 8 in Quality Improvement Plan)

- 9.4.2 Personal emergency evacuation plans have been compiled. These should be reviewed as some are dated 2011.
(Item 12 in Quality Improvement Plan)

- 9.4.3 The fire detection and alarm system was maintained by an electrical contractor on 02 June 2014. The previous inspection report was dated March 2013 although other records indicate that the contractor may have maintained the installation between these dates.
(Item 9 in Quality Improvement Plan)

- 9.4.4 There are procedures in place for function testing the fire alarm system and the emergency lights. The method of recording these tests should be reviewed. The records should clearly identify which fire alarm call points are tested each week and demonstrate that all call points are included in the rotational cycle of testing. The records for the emergency lights should confirm that all the emergency lights are being function tested monthly.
(Item 10 in Quality Improvement Plan)

- 9.4.5 During the walk round it was observed that the door to bedroom 15 has no closer and that the closer on the kitchen door is not robust enough to close the door effectively.
(Item 11 in Quality Improvement Plan)

The issues identified for attention in relation to this standard are detailed in the section of the attached Quality Improvement Plan titled '**Standard 29: Fire safety**'.

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Marie Jamison as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the Quality Improvement Plan.

11.0 Enquiries

Enquiries relating to this report should be addressed to:

**Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT**



Quality Improvement Plan sign off sheet for estates inspectors

Name of Home	Knockan Lodge
Date of Inspection	12 June 2014
	C Muldoon

QIP Position Based on Comments from Registered Persons			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.					
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.					
C.	Clarification or follow up required on some items.	√		√	C Muldoon	11/07/2014

Estates Inspection – QIP sign off sheet

Informing and Improving Health and Social Care

NOTES:

The details of the Quality Improvement Plan were discussed with Mrs Marie Jamison as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the residential home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the Quality Improvement Plan.

The Quality Improvement Plan is to be completed by the registered provider and registered manager and returned to estates@rqia.org.uk.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	ANNA ELDER
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	PATRICK DOHERTY

Announced Estates Inspection to Knockan Lodge Private Residential Home on 12 June 2014

Assurance, Challenge and Improvement in Health and Social Care

Standard 27 - Premises and grounds

The following requirements and recommendations should be noted for action in relation to Standard 27 - Premises and grounds

Item	Regulation Reference	Restated Requirement	Timescale	Details Of Action Taken By Registered Person (S)
1	Regulation 14.-(2)(a) and (c)	<p>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 which says:</p> <p><i>1. All Healthcare organisations should re-visit the guidance on window restrictors contained in HTM 55.</i></p> <p><i>2. A review should be carried out on all installed window restrictors to ensure:</i></p> <ul style="list-style-type: none"> • <i>They meet the restricted opening cited in the HTM;</i> • <i>They are in good working order and have not been damaged or defeated;</i> • <i>Where problems are identified, a programme to repair or replace damaged restrictors is put in place.</i> <p><i>3. Where a single restrictor is fitted, consideration should be given to replacing it and / or fitting a second restrictor on the opposite side of the window if. For example:</i></p> <ul style="list-style-type: none"> • <i>the existing restrictor is assessed as being of inadequate strength for the situation;</i> • <i>the restrictor can be disengaged without the use of a special tool or key;</i> • <i>the maximum opening exceeds 100mm; or</i> • <i>the window is located within a mental health area where it could be subject to physical attack.</i> <p><i>4. Assess the need for window restrictors in those patient locations where none currently exist.</i></p> <p>Reference should be made to Health Technical Memorandum 55.</p> <p>(Item 9.1.1 in report)</p>	1 Month	<p>All first floor windows have window restrictors fitted, the one bedroom in question has had the fitting changed to comply with regulations.</p>

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Assurance, Challenge and Improvement in Health and Social Care

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
2	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. (Item 9.2.1 in report)	1 Month	This has been done, certificate to follow. will forward to you when i receive.
3	Regulation 27.-(2)(q)	It should be ensured that any issues identified during the test and inspection of the electrical installation are fully addressed. (Item 9.2.2 in report)	1 Month	being addressed.
Item	Standard	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
4	Standard 27	The recommendation of the servicing contractor should be considered in relation to the replacement of the hoist. (Item 9.2.3 in report)	Ongoing	under consideration.

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Assurance, Challenge and Improvement in Health and Social Care

Standard 28 – Safe and Healthy Working Practices

The following requirements and recommendations should be noted for action in relation to Standard 28 – Safe and Healthy Working Practices

Item	Regulation Reference	Restated Requirement	Timescale	Details Of Action Taken By Registered Person (S)
5	Regulation 13.-(7) 14.-(2)(a) and (c)	The action points in the last review of the legionella risk assessment should be fully addressed. The procedure for flushing should be reviewed so that all infrequently used outlets are flushed twice a week. (Item 9.1.2 in report)	1 Month and ongoing	being addressed, outlets being flushed twice a week.
Item	Standard	Recommendations	Timescale	
6	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. (Item 9.3.2 in report)	Ongoing	outlets are now included in the regular cycle of checks.

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Assurance, Challenge and Improvement in Health and Social Care

Standard 29 - Fire Safety

The following requirements and recommendations should be noted for action in relation to Standard 29 - Fire Safety

Item	Regulation Reference	Restated Requirement	Timescale	Details Of Action Taken By Registered Person (S)
7	Regulation 27.-(4)(a)	<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. (Item 9.1.3 in report)</p>	1 Month	done and in situ in front office.

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Assurance, Challenge and Improvement in Health and Social Care

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
8	Regulation 27.-(4)(a)	<p>A comprehensive fire risk assessment should be carried out. The assessment should use the criteria in Firecode document NIHTM84. Issues identified should be fully addressed within the timescales set by the fire risk assessor.</p> <p>It is recommended that the person carrying out the fire risk assessment holds professional body registration or third party certification for fire risk assessment and is registered accordingly with the relevant body.</p> <p>Reference should be made to correspondence 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 (Item 9.4.1 in report)</p>	1 Month	this is underway.
9	Regulation 27.-(4)(d)(iv) and (v)	<p>It should be ensured that the fire detection and alarm system is being maintained in accordance with BS5839 and not less frequently than every six months.</p> <p>It is recommended that a report is obtained for each service. (Item 9.4.3 in report)</p>	Ongoing	this is now in place and a written confirmation for each test will be received from the contractor.

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Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
10	Regulation 27.-(4)(d)(v)	The method of recording the function testing of the fire alarm system and the emergency lights should be reviewed. The records should clearly identify which fire alarm call points are tested each week and demonstrate that all call points are included in the rotational cycle of testing. The records for the emergency lights should confirm that all the emergency lights are being function tested monthly. (Item 9.4.4 in report)	Ongoing	this has been addressed and reviewed.
11	Regulation 27.-(4)(c) 27.-(4)(d)(i)	The doors to bedroom 15 and the kitchen should be fitted with suitable and effective automatic closing devices. (Item 9.4.5 in report)	1 Month	These have been fitted.
Item	Standard	Recommendations	Timescale	
12	Standard 29	The personal emergency evacuation plans should be reviewed. (Item 9.4.2 in report)	3 Months	Reviewed and in place.

Announced Estates Inspection to Knockan Lodge Private Residential Home on 12 June 2014