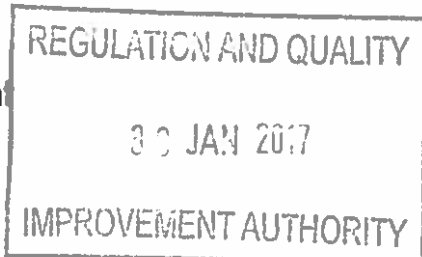




The Regulation and  
Quality Improvement  
Authority



# Announced Premises Inspection Report 24 November 2016



## Clairville

**Type of Service: Residential Care Home**  
**Address: 62 Bann Road, Rasharkin, BT44 8SZ**  
**Tel No: 028 2954 1139**  
**Inspector: C Muldoon**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced premises inspection of Clairville took place on 24 November 2016 from 10.30 to 14.15hrs.

The inspection sought to assess progress with any issues raised during and since the last premises inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

On the day of the inspection the premises supported the delivery of safe care. However some issues were identified for attention by the registered provider. Refer to section 4.3.

### Is care effective?

On the day of the inspection the premises supported the delivery of effective care.

### Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care.

### Is the service well led?

On the day of the inspection the management of the premises was considered to be well led.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes Minimum Standards 2011.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	<b>2</b>	<b>1</b>

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Veronica Reid (Registered Responsible Person and Registered Manager) as part of the inspection process. The timescales for completion commence from the date of inspection.

## 1.2 Actions/enforcement taken following the most recent premises inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the most recent premises inspection dated 25 November 2014.

## 2.0 Service Details

<b>Registered organisation/registered provider:</b> Clairville Mrs Veronica Reid	<b>Registered manager:</b> Mrs Veronica Reid
<b>Person in charge of the home at the time of inspection:</b> Mrs Veronica Reid	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> RC-I, RC-DE, RC-PH, RC-PH(E), RC-MP(E)	<b>Number of registered places:</b> 17

## 3.0 Methods/processes

Prior to inspection the following records were analysed: Previous premises inspection report, statutory notifications over the past 12 months, duty call log.

During the inspection the inspector met with Mrs Veronica Reid (Registered Responsible Person and Registered 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.

## 4.0 The Inspection

The most recent inspection of Clairville was an unannounced finance inspection. The completed QIP was returned and approved by the specialist inspector. This QIP will be validated by the specialist inspector at their next inspection

**4.2 Review of requirements and recommendations from the last premises inspection dated 25 November 2014**

Last premises inspection statutory requirements		Validation of compliance
<p><b>Requirement 1</b></p> <p>Ref: Regulation 27.-(2)(c)</p> <p>Stated: First time</p>	<p>A current and valid LOLER thorough examination report should be obtained for the stair-lift. The report should confirm that the stair-lift is without defects.</p> <p><b>Action taken as confirmed during the inspection:</b> A report on a valid thorough examination of the stair lift was not presented on the day of inspection. However, documentation which was presented indicated that there are arrangements in place for an insurance company to carry out LOLER thorough examinations of the stair lift. Refer also to section 4.3 item 1 and requirement 1 in the Quality Improvement Plan.</p>	Partially Met
<p><b>Requirement 2</b></p> <p>Ref: Regulation 13.-(7)</p> <p>Stated: First time</p>	<p>A scheme for the effective control of legionella should be fully implemented. A competent person, such as an accredited legionella risk assessor, should provide training on the actions and records required in a scheme for the control of legionella. The legionella risk assessor should also be asked to provide a method statement for the cleaning of the shower heads and hoses.</p> <p><b>Action taken as confirmed during the inspection:</b> A review of the legionella risk assessment was carried out by a specialist contractor in September 2015. The information presented to the inspector was that most issues requiring action have been addressed and plans are in hand to address the outstanding issue. There are actions and monitoring measures in place towards the control of legionella. There was a method statement for the cleaning of shower heads. Refer also to section 4.3 item 2.</p>	

<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 27.-(2)(q)</p> <p><b>Stated:</b> First time</p>	<p>The thermostatic mixing valves should be cleaned, serviced, set and fail safe tested in accordance with the manufacturer's instructions.</p> <p>There were records of temperature checks of water from resident accessible hot outlets. These records indicate that some water temperatures can be higher than recommended in the guidance document '<i>Safe hot water and surface temperatures</i>'. This should be resolved following discussions with the legionella risk assessor and the contractor servicing the thermostatic mixing valves.</p> <p>Reference should also be made to the code of practice for the control of legionella – Health and Safety Executive document HSE L8, with particular reference to HSG274 Part 2.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Documentation presented and discussion with the plumbing contractor confirms that thermostatic mixing valves have now been fitted throughout the home and that the servicing of the valves (last done June 2016) includes a test of the fail safe device.</p>		
<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 27.-(2)(q)</p> <p><b>Stated:</b> First time</p>	<p>The defects noted in the report on the last test and inspection of the electrical installation should be rectified and a certificate obtained to confirm that the installation is in satisfactory condition.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Documentation was presented relating to a further electrical condition report carried out in July 2016. The latest report confirms that the necessary remedial work has been carried out and the installation is in satisfactory condition.</p>		
<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulation 14.-(2)(c)</p> <p><b>Stated:</b> First time</p>	<p>The management of portable electrical appliances should be reviewed.</p> <p>The safety of the portable appliances should be ensured through a suitable arrangement of visual checks, tests and inspections. It is recommended that reference is made to the relevant guidance on the Health and Safety website.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The portable electrical appliances were tested and inspected in July 2016. The date of retest is stated as July 2017.</p>		

<p><b>Requirement 6</b></p> <p><b>Ref:</b> Regulations 27.-(4)(a) 27.-(4)(e) 27.-(4)(f)</p> <p><b>Stated:</b> First time</p>	<p>The recommendations in the fire risk assessment which remain outstanding should be addressed.</p> <p>Arrangements should be made for a competent person to provide fire safety training to all staff at least twice a year.</p> <p>Arrangements should be made for all staff, including those on night shift, to participate in practice fire drills. The drills should verify the effectiveness of training and the emergency procedure and that effective evacuation can be carried out at any time and when the minimum number of staff are on duty.</p> <p>Comprehensive records should be kept of each occasion including the outcome of on-the-spot debriefs. Learning points should be included in fire safety training and reviews of procedures.</p> <p>Reference should be made to the current version of Northern Ireland Firecode document NIHTM84.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The fire risk assessment was reviewed in February 2016 and an updated action plan created. The action plan has been marked up to confirm that a number of issues such as fire sealing and additional detection in the roof space have been addressed.</p> <p>The accreditation status of the fire risk assessor could not be confirmed on the day of inspection. It was confirmed to the inspector that an external trainer provided fire training and led a drill in October 2016. The previous drill was led by the deputy manager in March 2016.</p> <p>Refer also to section 4.3 item 3 and recommendation 1 in Quality Improvement Plan.</p>		

<p><b>Requirement 7</b></p> <p><b>Ref:</b> Regulation 27.-(4)(a)</p> <p><b>Stated:</b> First time</p>	<p>Post a site specific emergency action plan at the fire panel.</p> <p>The plan should be based on the fire risk assessment and set out, among other things:</p> <ul style="list-style-type: none"> <li>- Details of action to be taken by staff in case of fire;</li> <li>- The procedure to be followed in the evacuation of the premises in case of fire;</li> <li>- The arrangements for calling the Northern Ireland Fire and Rescue Service.</li> </ul> <p>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. It should be ensured that all staff receive training in the implementation of the plan. Impromptu drills should be carried out to verify the effectiveness of training and the emergency procedure and that effective evacuation can be carried out at any time and when the minimum number of staff are on duty.</p> <p>Records should be kept of each occasion and include the outcome of on-the-spot debriefs. Learning points should be included in fire safety training and reviews of procedures. Reference should be made to Firecode document NIHTM84.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The fire procedure is posted at the fire panel. The manager confirmed that the fire risk assessor reviewed the procedure during the last fire risk assessment. The last fire drill in October was led by the outside fire trainer and included simulated evacuation of residents.</p>		
<p><b>Requirement 8</b></p> <p><b>Ref:</b> Regulation 27.-(4)(d)(iv)</p> <p><b>Stated:</b> First time</p>	<p>It should be confirmed that the new contractor is scheduling his servicing to maintain the fire alarm system in line with BS5839.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Records were presented which indicate that the fire alarm system is being maintained every six months and in line with BS5839.</p>		

<p><b>Requirement 9</b></p> <p><b>Ref:</b> Regulations 27.-(4)(c) 27.-(4)(d)(i)</p> <p><b>Stated:</b> First time</p>	<p>All doors on corridors that serve sleeping accommodation should be 30 minute fire resisting and be fitted with appropriate self-closing devices. Reference should be made to the full text of the NIFRS expectation on the RQIA website.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Addressed. Automatic free swing closing devices have been fitted.</p>	<b>Met</b>
<p><b>Requirement 10</b></p> <p><b>Ref:</b> Regulation 27.-(4)(d)(v)</p> <p><b>Stated:</b> First time</p>	<p>The emergency lights should be function tested monthly. Reference should be made to BS5266.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Records were presented showing that emergency lights are tested at intervals of between 1 and 4 weeks.</p>	<b>Met</b>

#### 4.3 Is care safe?

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

Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this premises inspection.

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.

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 service users, the management policies and the availability of adequately trained staff.

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

#### Areas for improvement

1. Although there was documentation indicating that there were arrangements in place for the stair lift to be examined by an insurance company there was no report presented relating to a valid LOLER thorough examination.  
Refer to requirement 1 in Quality Improvement Plan.



2. A review of the records relating to legionella control indicated that occasionally the calorifier temperature can be below that expected in a scheme for the control of legionella and it appeared that some sentinel temperatures are being taken downstream of the thermostatic mixing valve. These issues were discussed with the manager and the plumbing contractor who assists with the management of the water system. The manager and plumbing contractor confirmed to the inspector that they would review the temperatures and procedures.
  
3. RQIA recommend that fire risk assessments for residential care homes are carried out by accredited assessors. The status of the assessor who carried out the last fire risk assessment in February 2016 could not be confirmed on the day of inspection. It also could not be confirmed that the assessor referenced relevant Firecode documents such NIHTM84 in the assessment. The assessment concluded that the overall risk will be low when all the controls and recommendations have been implemented.  
Refer to requirement 2 and recommendation 1 in Quality Improvement Plan

<b>Number of requirements</b>	<b>2</b>	<b>Number of recommendations:</b>	<b>1</b>
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**4.4 Is care effective?**

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the premises.

This supports the delivery of effective care.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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**4.5 Is care compassionate?**

The areas of the premises reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit

Service users are consulted about decisions around décor and the private accommodation where appropriate.

This supports the delivery of compassionate care.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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**4.6 Is the service well led?**

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Veronica Reid (Registered Responsible Person and Registered Manager) as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises, RQIA would apply standards current at the time of that application.

## 5.1 Statutory requirements

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

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Residential Care Homes Minimum Standards 2011. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

## 5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to Regulation and Quality Improvement Authority, 9<sup>th</sup> Floor, Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

### Quality Improvement Plan

**Statutory requirements**

**Requirement 1**  
**Ref: Regulation 27.-(2)(c)**  
**Stated: Second time**  
**To be completed by: 19 January 2016**

It should be confirmed that there is a report on a current and valid LOLER thorough examination of the stair lift. The report should verify that the lift is safe to use.

**Response by registered provider detailing the actions taken:**

I did say that at the inspection it was in place but I couldn't bring it to hand. I'm now enclosing a copy. Also it's carried out six monthly & was in place from when it was first asked for.

**Requirement 2**  
**Ref: Regulations 27.-(4)(a)**  
**Stated: Second time**  
**To be completed by: 19 January 2016**

The issues in the fire risk assessment action plan which remain outstanding should be addressed and the action plan marked up.

~~This was carried out and evidenced by R.A. Inspector B. Duggan doing her inspection~~

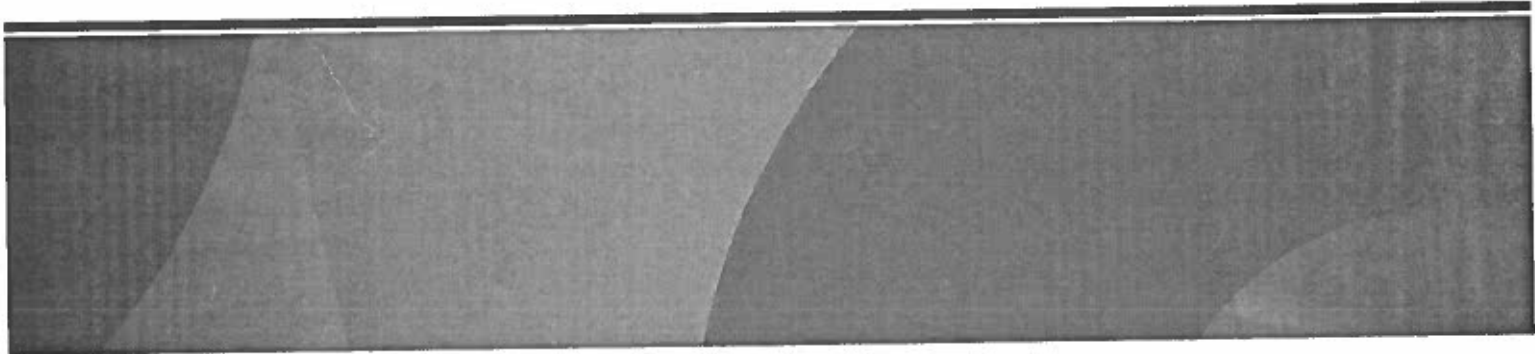
**Response by registered provider detailing the actions taken:**

This was carried out & evidenced by B. Duggan (Inspector) doing her unannounced inspection.

<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 29</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Ongoing</p>	<ol style="list-style-type: none"> <li>1. RQIA recommend that the person carrying out reviews of the fire risk assessment should hold professional body registration or third party certification for fire risk assessment and be registered accordingly with the relevant body.</li> </ol> <p>Reference should be made to correspondence issued by RQIA to all registered homes on 31 January 2013 and 02 April 2015 and the guidance contained in:</p> <p><u><a href="http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf">http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf</a></u></p> <p><u><a href="http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf">http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf</a></u></p> <ol style="list-style-type: none"> <li>2. It should be confirmed that Firecode document NIHTM84 (Fire risk assessment in residential care premises) was referenced during the current fire risk assessment.</li> <li>3. It should be ensured that fire training and drills are being carried out in accordance with NIHTM84.</li> </ol> <p><b>Response by registered provider detailing the actions taken:</b></p> <p><i>Complying. New Fire Risk assessment, officer recanted</i></p>

<b>Name of Registered Manager/Person Completing QIP:</b>	<i>Veronica Reid</i>		
<b>Signature of Registered Manager/Person Completing QIP:</b>		<b>Date completed:</b>	<i>22/1/17</i>
<b>Name of Registered Provider Approving QIP:</b>	<i>V Reid</i>		
<b>Registered Provider Approving QIP:</b>		<b>Date approved:</b>	
<b>RQIA inspector Assessing Response</b>		<b>Date:</b>	





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