



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No: IN018015
Establishment ID No: 1333
Name of Establishment: Clairville Private Residential Home
Date of Inspection: 25 November 2014
Inspector's Name: Colin Muldoon

1.0 GENERAL INFORMATION

Name of Home:	Clairville Residential Home
Address:	62 Bann Road, Rasharkin. BT44 8SZ
Telephone Number:	(028) 2954 1139
Registered Organisation/Provider:	Clairville Mrs Veronica Reid
Registered Manager:	Mrs Veronica Reid
Person in Charge of the Home at the time of Inspection:	Mrs Veronica Reid
Other person(s) consulted during inspection:	N/A
Type of establishment:	Residential Care Home
Categories of Care	RC-I, RC-PH, RC-PH(E), RC-DE, RC-MP(E)
Number of Registered Places:	17
Date and time of inspection:	25 November 2014 10.30 – 14.00
Date of previous inspection:	21 November 2012
Name of Inspector:	Colin Muldoon

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 Veronica Reid.
- 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 Veronica Reid.

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 inspection on 23 March 2012.

Standards inspected:

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

7.0 PROFILE OF SERVICE

Clairville Private Residential Home is situated in a rural setting between the villages of Rasharkin and Kilrea. The two storey building was originally a dwelling and has been extended and adapted for its current use.

Most of the bedrooms are on the ground floor and there is a stair-lift to facilitate access to the first floor bedrooms. Other facilities provided include sitting rooms, dining room, kitchen, laundry and an office. There are a number of toilet and bathroom facilities throughout the home. There is good car parking space.

8.0 SUMMARY

There was evidence of maintenance activities although some matters relating to the environment were identified. Therefore, following the Estates Inspection of Clairville Private Residential Home on 25 November 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 29 - Fire Safety

This resulted in 10 requirements. These are outlined in the Quality Improvement Plan appended to this report. The Estates Inspector would like to acknowledge the assistance of Mrs Veronica Reid during the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from previous Estates inspection on 21 November 2012.

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
9.1.1	Regulation 27.-(2)(c)	The responsible person must make arrangements for the stair lift to be thoroughly examined in accordance with the Lifting Operations and Lifting Equipment Regulations (NI) 1999	There was a current policy in place with an insurance company which appeared to be an arrangement for the stair-lift to be thoroughly examined. However, there were no reports of thorough examination available.	Arrangements should be made with the insurance company to obtain a valid LOLER (Lifting Operations and Lifting Equipment Regulations (NI) 1999) thorough examination report for the stair-lift. (Item 1 in Quality Improvement Plan)
9.1.2	Regulation 14.-(2)(c)	The responsible person must get a competent person to carry out a survey of the hot water installation. Arrangements must be made which will ensure that the hot water is stored and distributed at a high enough temperature to control legionella but is delivered at a safe temperature at resident accessible outlets.	The manager confirmed that following the last Estates inspection a plumber checked the hot water installation including the water temperatures. It is understood that the cold water storage tanks were cleaned following the last Estates inspection. The home has a current legionella risk assessment. The assessor noted a number of matters which require attention. There were no records relating to the maintenance of the thermostatic mixing valve.	A scheme for the control of legionella is not being fully implemented. The inspector discussed this with the manager including the need for staff to be trained to fully implement a legionella scheme of control as quickly as possible. The thermostatic mixing valve should be maintained. (Items 2 and 3 in Quality Improvement Plan)

		<p>Arrangements must be made to service the thermostatic mixing valves in accordance with the manufacturers guidance.</p> <p>Reference should be made to Health and Safety Executive document L8 and Health Technical Memorandum 04-01 and Health Guidance Note 'Safe' hot water and surface temperatures.</p>		
9.1.3	Regulation 27.-(2)(c)	It should be confirmed that arrangements are in place for the stair lift to be maintained in accordance with the manufacturers guidance.	There were records relating to the service of the stair-lift.	N/A
9.1.4	Regulation 27.-(2)(q)	Arrangements must be made for the electrical installation to be tested and inspected by a competent electrical contractor.	The electrical installation was tested and inspected in January 2013. The report noted that, although the installation was generally in satisfactory condition, it was deemed unsatisfactory because of a small number of C2 and C3 defects. It could not be confirmed that these had been rectified. The electrical report also recommended a further inspection after one year.	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. (Item 4 in Quality Improvement Plan)

9.1.5	Regulation 27.-(2)(c)	Arrangements must be made for the test and inspection of the portable electrical appliances to be updated.	It was unclear if the portable electrical appliances were tested and inspected in 2012 or 2013.	The test and inspection of portable electrical appliances was discussed with the manager. (Item 5 in Quality Improvement Plan)
9.1.6	Regulation 14.-(2)(c)	Repair the corridor carpet to remove possible tripping hazard.	The manager confirmed this had been completed.	N/A
9.1.7	Regulation 14.-(2)(c)	<p>The responsible person must review the current arrangements for restricting windows. The review and subsequent actions should be in line with safety alert MDEA(NI)2007/100:</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</i> 	<p>The manager confirmed this had been completed.</p> <p>The inspector reviewed a random selection of windows on the first floor.</p>	N/A

	<p><i>restrictors is put in place.</i></p> <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>		
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9.1.8	Regulation 14.-(2)(c)	Arrangements must be made for a responsible person to visit the Northern Ireland Adverse Incident Centre (NIAIC) website weekly and to action any alerts which are relevant to the home. All visits to the website and actions should be recorded.	The manager confirmed this is in place.	N/A
9.1.9	Regulation 14.-(2)(c)	The responsible person must ensure that all the measures for controlling legionella which are set out in the risk assessment action plan are being fully implemented.	The actions being taken towards the control of legionella require review	See item 9.1.2

9.1.10	Regulation 27.-(4)(a)	<p>The fire risk assessment should be reviewed by a competent person. The responsible person must ensure that issues identified in the assessment are addressed.</p> <p>Reference should be made to the Northern Ireland Firecode document NIHTM84 – Fire risk assessment in residential care premises.</p>	The home has a current fire risk assessment which was carried out by a specialist contractor.	<p>The fire risk assessment identified some matters requiring attention.</p> <p>Refer also to item 9.4.1 (Item 6 in Quality Improvement Plan)</p>
9.1.11	Regulation 27.-(4)(a)	The emergency action plan should be posted at the alarm panel.	A general fire procedure is posted near the fire panel.	<p>An emergency plan, specific to the home, should be posted at the fire panel</p> <p>(Item 7 in Quality Improvement Plan)</p>

9.1.12	Regulation 27.-(4)(d)(iv)	The responsible person must confirm that there are arrangements in place for the current fire detection and alarm system to be maintained in accordance with good practice and that the service visits are up to date. Reference should be made to BS 5839.	There were records relating to the maintenance of the fire alarm system. The last service was on 13 November 2014.	The contractor maintaining the fire detection and alarm system has been changed. It should be clarified that the number of site visits by the new contractor will ensure that the installation will be maintained in line with BS5839. (Item 8 in Quality Improvement Plan)
9.1.13	Regulation 27.-(4)(d)(i)	All fire doors should be surveyed and the necessary adjustments made which will ensure that they close tight to form an effective fire seal.	The manager confirmed this was completed. Random doors reviewed on the day of inspection were satisfactory.	N/A

Item	Standard	Recommendation		
9.1.16	Standard 29.	The electrical multiway adaptors should be replaced with additional wall sockets.	The manager confirmed this was completed	N/A

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 No new issues identified

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

9.3.1 No new issues identified.

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 The last recorded fire safety training took place in March 2013 although it is understood that the fire risk assessor supervised a drill in May 2014. The manager confirmed that most staff participated in this drill. However, the staff who do night duty were not present. The fire risk assessment also identified the need for fire safety training.
(Item 6 in Quality Improvement Plan)

9.4.2 The doors in the bedroom corridor of the extension are not fitted with self-closing devices. The Northern Ireland Fire and Rescue Service have an expectation that all such doors should be fitted with self-closing devices. This was discussed with the manager.
(Item 9 in Quality Improvement Plan)

9.4.3 The current arrangement for function testing the emergency lights appears to be at a six monthly frequency.
(Item 10 in Quality Improvement Plan)

These issues 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 Veronica Reid 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.

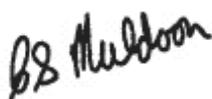
Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by residents.

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



Colin Muldoon
Estates Inspector



Quality Improvement Plan sign off sheet for estates inspectors

Name of Home	Clairville Residential Home
Date of Inspection	25 November 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	10/03/2015

Estates Inspection – QIP sign off sheet

Informing and Improving 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	Requirements	Timescale	Details Of Action Taken By Registered Person (s)
1	Regulation 27.-(2)(c)	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. (Item 9.1.1 in report)	1 Month	<i>EXAMINATION & Report obtained.</i>
2	Regulation 13.-(7)	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. (Item 9.1.2 in report)	1 Month and ongoing	<i>Being implemented</i>

Announced Estates Inspection to Clairville Private Residential Care Home on 25 November 2014

Assurance, Challenge and Improvement in Health and Social Care

3	Regulation 27.-(2)(q)	<p>The thermostatic mixing valves should be cleaned, serviced, set and fail safe tested in accordance with the manufacturer's instructions. 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 'Safe' hot water and surface temperatures. 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. (Item 9.1.2 in report)</p>	1 Month	<p>Mixing valves put in place.</p> <p>NEW thermostatic valve put on tank.</p> <p>Discussions to take place when Legionella risk assessor visits next week.</p>
4	Regulation 27.-(2)(q)	<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. (Item 9.1.4 in report)</p>	2 Months	<p>Electrician confirmed that defects rectified.</p>

Announced Estates Inspection to Clairville Private Residential Care Home on 25 November 2014

Assurance, Challenge and Improvement in Health and Social Care

5	Regulation 14.-(2)(c)	<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>(Item 9.1.5 in report)</p>	1 Month and ongoing	<p><i>TEST + Inspection of portable electrical appliances carried out.</i></p> <p><i>28.1.15.</i></p>
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Announced Estates Inspection to Clairville Private Residential Care Home on 25 November 2014

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	Requirements	Timescale	Details Of Action Taken By Registered Person (s)
6	Regulation 27.-(4)(a) 27.-(4)(e) 27.-(4)(f)	<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. (Items 9.1.10 and 9.4.1 in report)</p>	1 Month	<p><i>Completed</i></p> <p><i>Person in place</i></p> <p><i>Acted D.N.</i></p>

Announced Estates Inspection to Clairville Private Residential Care Home on 25 November 2014

Assurance, Challenge and Improvement in Health and Social Care

7	Regulation 27.-(4)(a)	<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"> - 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 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. (Item 9.1.11 in report)</p>	2 Weeks	<p><i>Poster in place .</i></p> <p><i>in place .</i></p>
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Announced Estates Inspection to Clairville Private Residential Care Home on 25 November 2014

Assurance, Challenge and Improvement in Health and Social Care

8	Regulation 27.-(4)(d)(iv)	It should be confirmed that the new contractor is scheduling his servicing to maintain the fire alarm system in line with BS5839. (Item 9.1.12 in report)	1 Month	
9	Regulation 27.-(4)(c) 27.-(4)(d)(i)	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. (Item 9.4.2 in report)	3 Months	<i>on going</i>
10	Regulation 27.-(4)(d)(v)	The emergency lights should be function tested monthly. Reference should be made to BS5266. (Item 9.4.3 in report)	1 Month and ongoing	<i>Emergency lights tested <u>Monthly</u></i>

Announced Estates Inspection to Clairville Private Residential Care Home on 25 November 2014

Assurance, Challenge and Improvement in Health and Social Care