



The Regulation and
Quality Improvement
Authority

Kimberley House
RQIA ID: 1627
45 Abbey Road
Newtownards
BT23 8JL

Inspector: Colin Muldoon
Inspection ID: IN021449

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**Announced Estates Inspection
of
Kimberley House**

15 October 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 15 October 2015 from 10.00 to 12.50. 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	5	1

The details of the QIP within this report were discussed with Mrs Joanne Black (Registered Manager) and Mr Hugh Maxwell (Praxis Health and Safety Officer) as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Praxis Care Group/Challenge Mrs I Sloan (Responsible Person)	Registered Manager: Mrs Joanne Black
Person in Charge of the Home at the Time of Inspection: Mrs Joanne Black	Date Manager Registered: 02 August 2013
Categories of Care: RC-LD, RC-LD(E)	Number of Registered Places: 13
Number of Residents Accommodated on Day of Inspection: 8	Weekly Tariff at Time of Inspection: £1218 - £1439

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 27: Premises and Grounds

Standard 28: Safe and Healthy working Practices

Standard 29: Fire safety

4. Methods/Process

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

Prior to inspection the following records were analysed: Previous estates inspection report, statutory notifications over the past 12 months and the last care inspection report.

During the inspection the inspector met with Mrs Joanne Black (Registered Manager) and Mr Hugh Maxwell (Praxis Health and Safety Officer).

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, and fire risk assessment.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 21 April 2015. There was one recommendation arising from that inspection. The completed QIP was returned and approved by the specialist inspector.

5.2 Review of Requirements and Recommendations from the last Estates Inspection on 20 December 2012

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27.-(2)(b)	The damaged kitchen worktop and cupboards require to be replaced.	Met
	Action taken as confirmed during the inspection: The kitchen has been refurbished including the installation of new cupboards and worktops.	
Requirement 2 Ref: Regulation 14.-(2)(c)	The responsible person must arrange for a competent person to carry out a suitable and sufficient legionella risk assessment. The outcome of the assessment must be a scheme for the effective control of legionella. The responsible person must ensure that the scheme is fully actioned and that the apparent faults in the hot water system are rectified. Reference should be made to Health and Safety Executive document L8 and Health Technical Memorandum 04.	Met
	Action taken as confirmed during the inspection: A legionella risk assessment was carried out by a specialist contractor in July 2013. The inspector was informed that a review of the assessment has been arranged for October 2015. There are actions and monitoring measures in place towards the control of legionella. Refer also to section 5.4 item 1 and requirement 3 in the Quality Improvement Plan.	
Requirement 3 Ref: Regulation 14.-(2)(c)	It should be ensured that all infrequently used outlets are included in the flushing routine.	Met
	Action taken as confirmed during the inspection: There is a weekly flushing procedure in place and it was confirmed to the inspector that all infrequently used outlets are included.	

<p>Requirement 4</p> <p>Ref: Regulation 14.-(2)(c)</p>	<p>The weekly procedure for checking the issue of relevant safety alerts should be reinstated.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>It was confirmed to the inspector that Praxis has central arrangements in place for managing and disseminating safety alert information.</p>	<p>Met</p>
<p>Requirement 5</p> <p>Ref: Regulation 27.-(4)(d)(i)</p>	<p>All the fire doors require to be surveyed and the necessary repairs and adjustments made so that they close to provide an effective fire seal.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>In the returned Quality Improvement Plan following the last Estates inspection the provider confirmed that all doors were surveyed and repairs were made to warped doors and seals to ensure effective closure.</p> <p>Refer also to section 5.5 item 2 and requirement 5 in the Quality Improvement Plan.</p>	<p>Met</p>
<p>Requirement 6</p> <p>Ref: Regulation 27.-(4)(e) 27.-(4)(f)</p>	<p>The responsible person must ensure that all staff participate in fire safety training and practice drills in accordance with NIHTM84.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The inspector was informed that participation in fire safety training and fire drills is managed and is fully up to date for all staff available for duty.</p>	<p>Met</p>

Requirement 7 Ref: Regulation 27.-(4)(a)	The responsible person must arrange for the issues identified in the fire risk assessment, including the storage of personal flammable substances, to be addressed.	Met
	Action taken as confirmed during the inspection: A further fire risk assessment was carried out by an accredited fire risk assessor in June 2015. The assessor considered the overall fire safety risk to be tolerable. Mrs Black and Mr Maxwell confirmed that arrangements are in place to manage the quantities of flammable and combustible materials in residents' rooms.	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 27.-(2)(b)	Plans should be made to refurbish the first floor shower room.	Met
	Action taken as confirmed during the inspection: The first floor shower room has been refurbished.	
Recommendation 2 Ref: Standard 28.	The timing of the visual inspection of the portable electrical appliances should be reviewed.	Met
	Action taken as confirmed during the inspection: There are arrangements in place for staff to carry out six monthly visual checks of portable electrical appliances.	

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.

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

1. Although there was electrical installation test and inspection documentation it appeared to relate to lighting circuits only.
Refer to requirement 1 in Quality Improvement Plan.
2. There are no arrangements for the thermostatic mixing valves to be maintained, set and fail safe tested.
Refer to requirement 2 in Quality Improvement Plan
3. There are a number of defects in the carpet on the stairs and first floor corridor which have been taped over. The radiator in the ground floor bathroom is rusting and some minor repairs are required in the first floor bathroom.
Refer to recommendation1 in Quality Improvement Plan.

Number of Requirements	2	Number Recommendations:	1
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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.

An issue was however identified for attention during this Estates inspection. This is detailed in the 'areas for improvement' section below.

Areas for Improvement

1. The procedures for carrying out the legionella control and monitoring checks should be reviewed to ensure they are in line with the scheme of control set out by the legionella risk assessor. For example, the records indicate that some temperature readings are of blended rather than unblended water.
Refer to requirement 3 in Quality Improvement Plan.

Number of Requirements	1	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.

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.

Areas for Improvement

1. In order to comply with the expectations of the Northern Ireland Fire and Rescue Service the fire doors in the bedroom corridors require to be fitted with automatic closing devices. The inspector was informed that arrangements have been made to install closers within approximately eight weeks. Other issues identified by the fire risk assessor should be followed up.
Refer to requirement 4 in Quality Improvement Plan.
2. On the day of inspection it was observed that some of the fire doors in the stairwells required adjustment so that they close to provide a good fire seal.
Refer to requirement 5 in Quality Improvement Plan.

Number of Requirements	2	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 Joanne Black (Registered Manager) and Mr Hugh Maxwell (Praxis Health and Safety Officer) as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

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

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to estates.mailbox@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Statutory Requirements	
<p>Requirement 1</p> <p>Ref: Regulation 27.-(2)(q)</p> <p>Stated: First time</p> <p>To be Completed by: 15 November 2015</p>	<p>It should be confirmed that a competent electrician has issued valid certification which verifies that the electrical installation is in a satisfactory condition.</p> <p>Response by Registered Manager Detailing the Actions Taken: Electrical Testing documentation has been provided to the Housing Association by the Registered Manager for review and we are awaiting response to whether actions are identified as required</p>
<p>Requirement 2</p> <p>Ref: Regulation 14.-(2)(a) and (c)</p> <p>Stated: First time</p> <p>To be Completed by: 15 December 2015</p>	<p>To comply with good practice for the control of legionella and the provision of safe hot water the thermostatic mixing valves should be serviced, tested and set in accordance with the manufacturer's instructions.</p> <p>Response by Registered Manager Detailing the Actions Taken: This requirement has been shared with the Housing Association and the Registered Manager of KH is awaiting a timescale for completion.</p>
<p>Requirement 3</p> <p>Ref: Regulation 14.-(2)(a) and (c)</p> <p>Stated: First time</p> <p>To be Completed by: 15 November 2015</p>	<p>The procedures for carrying out the legionella control and monitoring checks should be reviewed to ensure they are in line with the scheme of control set out by the legionella risk assessor.</p> <p>Response by Registered Manager Detailing the Actions Taken: Praxis Care Health and Safety Department are currently reviewing the checks currently being carried out are in line with requirements and also that an up to date pro forma is in use.</p>
<p>Requirement 4</p> <p>Ref: Regulation 27.-(4)(c)and (d)(i)</p> <p>Stated: First time</p> <p>To be Completed by: 15 December 2015 and ongoing</p>	<p>In order to comply with the expectations of the Northern Ireland Fire and Rescue Service the fire doors in the bedroom corridors should be fitted with automatic closing devices. It is recommended that swing free closers are considered. Other issues identified by the fire risk assessor should be addressed within timescales acceptable to the risk assessor.</p> <p>Response by Registered Manager Detailing the Actions Taken: The The Registered Manager has informed the Housing Association of this requirement and work will be completed asap.</p>

Requirement 5 Ref: Regulation 27.-(4)(c)and (d)(i) Stated: First time To be Completed by: 15 November 2015	The fire doors in the stairwells should be adjusted as necessary so that they close tight to form an effective fire seal.
	Response by Registered Manager Detailing the Actions Taken: The Registered Manager has informed the Housing Association of this requirement and is awaiting a timescale for completion.

Recommendations	
Recommendation 1 Ref: Standard 27 Stated: First time To be Completed by: Ongoing	Plans should be made to replace or repair the carpet on the stairs and the first floor corridor. In the interim the condition of the carpet should be monitored and action taken before it becomes a hazard.
	Plans should be made to replace the radiator in the ground floor bathroom and carry out the necessary minor repairs in the first floor bathroom.
	Response by Registered Manager Detailing the Actions Taken: The Registered Manager will continue to monitor any hazards posed regarding the wear and tear of carpet in the identified areas and take appropriate action to replace this should this be deemed unsafe. Bathroom repair requirements have been reported to the Housing Association for repair.

Registered Manager Completing QIP	Joanne Black	Date Completed	4/12/15
Registered Person Approving QIP	Andy Mayhew on behalf of Irene Sloan	Date Approved	8/12/15
RQIA Inspector Assessing Response	C Muldoon*	Date Approved	09/12/15*

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

*Clarification or follow up required on some items.