

Announced Premises Inspection Report 09 June 2016



ROCKY ACRES

Type of Service: Residential

Address: 8 Portavogie Road,
Ballyhalbert, BT22 1BU

Tel No: 028 4275 8715

I Inspector: Colin Muldoon

www.rgia.org.uk

1.0 Summary

An announced premises inspection of Rocky Acres took place on 09 June 2016 from 10:30 to 13:30hrs.

It is good to note that since the last premises inspection a number of schemes have been carried out to upgrade the home. These include a complete refurbishment of the bathroom, a new wider front door, a new decked patio area with ramped access from the living room and upgrade of the laundry.

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. However one issue was 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. However one issue was identified for attention by the registered provider. Refer to section 4.6.

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
Total number of requirements and recommendations made at this inspection	1	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Margaret Cully (Registered Manager and Responsible Person) and Mrs Maureen Pue (Deputy 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 last inspection.

2.0 Service Details

Registered organisation/registered provider: Rocky Acres	Registered manager: Margaret Cully
Person in charge of the home at the time of inspection: Margaret Cully	Date manager registered: 1 April 2005
Categories of care: RC-DE, RC-I	Number of registered places: 13

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 Ms Margaret Cully (Registered Manager and Responsible Person) and Mrs Maureen Pue (Deputy 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 the home was an unannounced care inspection on 14 January 2016. There were no requirements or recommendations arising from that inspection.

4.2 Review of requirements and recommendations from the last premises inspection dated 25 June 2013

Last premises inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 27.-(2)(q) Stated: First time	The thermostatic mixing valves must be serviced and set in accordance with the manufacturers' instructions.	Not Met
	Action taken as confirmed during the inspection: Currently there are no arrangements in place to service the thermostatic mixing valves. Refer to section 4.3 item 1 and requirement 1 in Quality Improvement Plan.	

<p>Requirement 2</p> <p>Ref: Regulation 27.-(2)(c)</p> <p>Stated: First time</p>	<p>The resident hoisting equipment must be thoroughly examined in accordance with the Lifting Operations and Lifting Equipment Regulations (NI) 1999.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was documentation to confirm the LOLER thorough examination of the hoisting equipment.</p>		
<p>Requirement 3</p> <p>Ref: Regulation 27.-(2)(c)</p> <p>Stated: First time</p>	<p>The policy on portable electrical appliances should be reviewed and an appropriate program of testing and visual inspection implemented.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There are arrangements in place for portable electrical appliances to be tested and inspected annually. The last occasion was 30 July 2015.</p>		
<p>Requirement 4</p> <p>Ref: Regulation 27.-(2)(c)</p> <p>Stated: First time</p>	<p>Someone on the Gas Safe register must provide a certificate which verifies that the gas appliance and installation are in a safe and satisfactory condition.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was a current Gas Safe certificate which verifies that the installation is safe to use.</p>		
<p>Requirement 5</p> <p>Ref: Regulation 27.-(2)(a) and (j)</p> <p>Stated: First time</p>	<p>The provision of bath and shower facilities should be reviewed. Consideration should be given to the dependency of residents, the restricted access around the existing bath and the Minimum Standards. It is recommended that consideration be given to providing a wet room shower in the room currently used as a staff toilet.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The main bathroom has been completely refurbished including the installation of a walk in shower.</p>		

<p>Requirement 6</p> <p>Ref: Regulation 14.-(2)(c)</p> <p>Stated: First time</p>	<p>The scheme for the control of legionella arising from the recent review of the legionella risk assessment must be fully implemented.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The water installation has been upgraded. The cold water storage tank and the original calorifier have been removed and the system is mains fed. The legionella risk assessment was reviewed by a specialist contractor on 06 June 2016 and he found the water temperatures to be in line with good practice for the control of legionella. The risk assessor also checked records relating to the control of legionella. The review action plan contains some issues to be followed up.</p>	<p>Met</p>
<p>Requirement 7</p> <p>Ref: Regulation 27.-(4)(a)</p> <p>Stated: First time</p>	<p>The fire risk assessment should be reviewed by a competent person using the guidance and standards in Northern Ireland Firecode document Health Technical Memorandum 84 – <i>Fire risk assessment in residential care premises</i></p> <p>The responsible person must ensure that issues identified in the risk assessment are fully addressed.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>There was a fire risk assessment dated November 2015 which had been carried out by an accredited fire risk assessor, as recommended by RQIA. The risk assessment action plan has been marked up with action taken.</p>	<p>Met</p>
<p>Requirement 8</p> <p>Ref: Regulation 27.-(4)(d)(v)</p> <p>Stated: First time</p>	<p>It must be confirmed that the emergency lights are being function tested monthly. Reference should be made to BS 5266.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>There are arrangements in place to carry out monthly function tests of the emergency lights.</p>	<p>Met</p>

Last premises inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 29.</p> <p>Stated: First time</p>	<p>A responsible person should receive the necessary information, instruction and training to help them provide effective fire safety training to staff.</p> <hr/> <p>Action taken as confirmed during the inspection: The fire risk assessor carries out annual fire safety training which includes a drill. The deputy manager confirmed that she has been approved by the fire risk assessor to carry out the intermediate six monthly fire safety training.</p>	<p>Met</p>

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. This standard has been referenced in the fire risk assessment which was carried out by a risk assessor holding professional body registration for fire risk assessors. This supports the delivery of safe care.

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

Areas for improvement

- As part of the legionella controls and to ensure the delivery of safe hot water the thermostatic mixing valves should be appropriately maintained. There is a monthly procedure in place to check the water temperature at both blended and unblended outlets. The inspector was informed that all resident showering is supervised. The inspector explained a relevant guidance document (HSG274 Part 2) which has been published since the last RQIA premises inspection and is intended to support the code of practice for the control of legionella (L8). Refer to requirement 1 in Quality Improvement Plan.

Number of requirements	1	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

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.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

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.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

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.

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

Areas for improvement

1. Currently there are no arrangements for monitoring the issue of safety alerts which may be relevant to the home. This was discussed and the inspector provided guidance on accessing the Northern Ireland Adverse Incident Centre website.
Refer to recommendation 1 in Quality Improvement Plan.

Number of requirements	0	Number of recommendations:	1
-------------------------------	----------	-----------------------------------	----------

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Margaret Cully (Registered Manager and Responsible Person) and Mrs Maureen Pue (Deputy 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 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/manager 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 estates.team@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 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

<p>Requirement 1</p> <p>Ref: Regulation 14.-(2)(a) and (c) 27.-(2)(c)</p> <p>Stated: Second time</p> <p>To be completed by: 09 July 2016 and Ongoing</p>	<p>The thermostatic mixing valves should be maintained in accordance with HSG274 Part 2</p> <hr/> <p>Response by registered provider detailing the actions taken: Plumber coming to service/maintain thermostatic mixing valves on Monday 8th August, 2016</p>
--	--

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: Ongoing</p>	<p>Arrangements should be made for a responsible person to access the Northern Ireland Adverse Incident Centre (NIAIC) weekly and to action any relevant safety alerts. Information can be found at: http://www.rqia.org.uk/cms_resources/Letter%20Re%20MDEA.pdf</p> <hr/> <p>Response by registered provider detailing the actions taken: Action already - Weekly checks to be made by Maureen Pue and documentation in place</p>
--	---

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)