

# Announced Premises Inspection Report 17 February 2017



## Foyle Hospice

**Type of Service: Independent Health Care Establishment**

**Sub type of service eg laser/IPL/hospice/clinic/hospital**

**Address: 61 Culmore Road, Londonderry, BT48 8JE**

**Tel No: 028 7135 1010**

**Inspector: Phil Cunningham**

## 1.0 Summary

An announced premises inspection of Foyle Hospice took place on 17 February 2017 from 10:00 to 12:00.

The inspection sought to assess progress with any issues raised during and since the last premises inspection and to determine if the establishment 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 Independent Health Care Regulations (Northern Ireland) 2005 and the Minimum Care Standards for Independent Healthcare Establishments July 2014.

## 1.1 Inspection outcome

|   | Requirements | Recommendations |
|---|--------------|-----------------|
| <b>Total number of requirements and recommendations made at this inspection</b> | 1            | 0               |

Details of the Quality Improvement Plan (QIP) within this report were discussed with Terri Sythes, HR and Administrative Services 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

There were no further actions required to be taken following the most recent inspection.

## 2.0 Service Details

|  |   |
|--|---|
| <b>Registered organisation/registered provider:</b><br>Foyle Hospice                     | <b>Registered manager:</b><br>Yvonne Martin         |
| <b>Person in charge of the establishment at the time of inspection:</b><br>Yvonne Martin | <b>Date manager registered:</b><br>17 November 2008 |
| <b>Categories of care:</b><br>PD, H(A)   | <b>Number of registered places:</b><br>12           |

## 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 Terri Sythes, HR and Administrative Services 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

### 4.1 Review of requirements and recommendations from the most recent inspection dated 10 August 2016

The most recent inspection of the establishment was an announced care inspection. It is good to note that no recommendations or requirements were made as a result of that inspection.

### 4.2 Review of requirements and recommendations from the last premises inspection dated 15 October 2013

The previous premises inspection was in relation to refurbishment works completed in October 2013. There were no matters outstanding from this inspection.

### 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.

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. The legionella risk assessment was reviewed in April 2016. Records supporting the range of control measures required for the control of legionella bacteria as outlined in the recommendations of the legionella risk assessment report were not available for inspection. Mrs Sythes stated that these were to be put in place imminently. See requirement 1 in the attached Quality Improvement Plan. It is good to note that Mrs Sythes stated that sampling carried out on the water system over recent months in relation to *pseudomonas aeruginosa* found no bacteria present.
2. Records relating to the servicing of the washer disinfectors were not available for inspection. Mrs Sythes forwarded a copy of same to RQIA by e-mail following the inspection.
3. Records relating to the servicing and thorough examination of the overhead tracking hoists were not available for inspection. Mrs Sythes stated that these were in place under a

contract with a specialist contractor for six-monthly service checks and undertook to forward a copy of same to RQIA following the inspection.

4. Fire safety training for staff was undertaken on 26 January and 2 February 2017 and the majority of staff attended these sessions. A small number of staff were overdue in their fire safety training and Mrs Sythes stated that further session is planned for 20 February 2017 for these staff members.

|                               |          |                                   |          |
|-------------------------------|----------|-----------------------------------|----------|
| <b>Number of requirements</b> | <b>1</b> | <b>Number of recommendations:</b> | <b>0</b> |
|-------------------------------|----------|-----------------------------------|----------|

#### 4.4 Is care effective?

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance.

This supports the delivery of effective care.

|                               |          |                                   |          |
|-------------------------------|----------|-----------------------------------|----------|
| <b>Number of requirements</b> | <b>0</b> | <b>Number of recommendations:</b> | <b>0</b> |
|-------------------------------|----------|-----------------------------------|----------|

#### 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

This supports the delivery of compassionate care.

|                               |          |                                   |          |
|-------------------------------|----------|-----------------------------------|----------|
| <b>Number of requirements</b> | <b>0</b> | <b>Number of recommendations:</b> | <b>0</b> |
|-------------------------------|----------|-----------------------------------|----------|

#### 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> |
|-------------------------------|----------|-----------------------------------|----------|

#### 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Terri Sythes, HR and Administrative Services 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 establishment. 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 Independent Health Care Regulations (Northern Ireland) 2005.

### 5.2 Recommendations

No recommendations were made following this inspection

### 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.Mailbox@rqia.org.uk](mailto:Estates.Mailbox@rqia.org.uk) 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 15 (7)

**Stated:** First time

**To be completed by:**  
17 March 2017

The registered provider must ensure that the range of ongoing control measures detailed in the legionella risk assessment is put in place and records retained accordingly. This should include servicing of the thermostatic mixing valves in line with manufacturers' instructions and cleaning of the strainers/filters in the valves where present. The provider should seek specialist advice around this as appropriate.

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

All thermostatic mixing valves have now been serviced in line with manufacturers instructions and strainers/filters in the valves, where present, have been cleaned. This was completed on Thursday 16<sup>th</sup> March 2017. A record detailing the work carried out has been kept on file by Terri Sythes, Administrative Services Manager, and this will now be done annually as requested by the inspector.

*\*Please ensure this document is completed in full and returned to [Estates.Mailbox@rqia.org.uk](mailto:Estates.Mailbox@rqia.org.uk) from the authorised email address\**



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