

Announced Premises Inspection Report 26 January 2017



St Johns House

Type of Service: Independent Health Care Establishment

Sub type of service: Hospice

Address: Courtenay Hill, Newry, BT34 2EB

Tel No: 028 3026 7711

Inspector: Gavin Doherty

1.0 Summary

An announced premises inspection of St Johns House took place on 26 January 2017 from 10:30 to 12:30.

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 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.

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
Total number of requirements and recommendations made at this inspection	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Carmel Teresa Campbell, Registered Manager and Mrs Maureen O'Hara, Services Support Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this 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.

2.0 Service Details

Registered organisation/registered provider: Southern Area Hospice Services/Mrs Anne Bernadette Cooney	Registered manager: Mrs Carmel Teresa Campbell
Person in charge of the establishment at the time of inspection: Mrs Carmel Teresa Campbell	Date manager registered: 01 April 2005
Categories of care: H(A)	Number of registered places: 14

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 Carmel Teresa Campbell, Registered Manager and Mrs Maureen O'Hara, Services Support Manager for the premises.

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.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 22/02/16

The most recent inspection of the establishment was an unannounced medicines management inspection. The completed QIP was returned and approved by the specialist inspector on 11 March 2017. 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 11/12/12

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation	Ensure that the empty oxygen cylinders are appropriately secured whilst awaiting collection.	Met

<p>15(2)(b)</p> <p>Stated: First time</p>	<p>Action taken as confirmed during the inspection: Inspector confirmed that appropriate measures were in place at the time of inspection.</p>	
<p>Requirement 2</p> <p>Ref: Regulation 15(2)(a)(b)</p> <p>Stated: First time</p>	<p>Ensure that an Authorising Engineer (Medical Gas Pipeline Services) is appointed to provide independent advice and auditing in relation to the medical gas installation.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed that appropriate measures were in place at the time of inspection.</p>	Met
<p>Requirement 3</p> <p>Ref: Regulation 15(2)(b)</p> <p>Stated: First time</p>	<p>Ensure that the thorough examination for patient hoists and slings are carried out 6 monthly in accordance with the Lifting Operation Lifting Equipment Regulations, 1998.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed that thorough examinations were available and up to date at the time of inspection.</p>	Met
<p>Requirement 4</p> <p>Ref: Regulation 15(2)(b)</p> <p>Stated: First time</p>	<p>Ensure that the local exhaust ventilation system in the main Kitchen undergoes suitable thorough examination and testing, at least once every 14 months, and in accordance with the 'Control of Substances Hazardous to Health Regulations (COSHH) 2002', Regulation 9 'Maintenance, examination and testing of control measures'.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed that thorough examinations were available and up to date at the time of inspection.</p>	Met
<p>Requirement 5</p> <p>Ref: Regulation 25(2)(d)</p> <p>Stated: First time</p>	<p>Carry out alterations to the existing window restrictors to ensure they cannot be overridden by patients.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed that all windows appeared to be suitably restricted at the time of inspection.</p>	Met

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

1. The premises electrical fixed wiring installation has been undergoing inspection and testing over the last number of months and several deficiencies have already been addressed to ensure the continued safety of staff, patients and visitors to the premises. It is important that once the final report for the premises is received, that any further remedial works required, are completed in a timely and satisfactory manner. Refer to recommendation 1 in the attached Quality Improvement Plan.

Number of requirements	0	Number of recommendations:	1
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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.

This supports the delivery of effective care and no areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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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.

This supports the delivery of compassionate care and no areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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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.

Arrangements are in place for managing premises related incidents/notifiable events and Medical Device and Equipment Alerts.

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 and no areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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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 Carmel Teresa Campbell, Registered Manager and Mrs Maureen O'Hara, Services Support 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

This section outlines the recommended actions based on research, recognised sources and the Minimum Care Standards for Independent Healthcare Establishments July 2014. 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.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	
Recommendations	
Recommendation 1	The registered provider should ensure that any further remedial works required as a result of the inspection of the premises fixed electrical installation, are completed in a timely and satisfactory manner.
Ref: Standard 22.3	
Stated: First time	
To be completed by: 20 April 2017	Response by registered provider detailing the actions taken: The certificate for the fixed wired installation has been received by the organisation and an action plan is currently been developed to address the issues in a timely manner

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



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