

Announced Premises Inspection Report 16 August 2016



Beechway House

Type of service: Residential Care

Address: Shepherds Way, Dungiven Road, L'derry BT47 2AL

Tel No: 028 7131 2627

Inspector: P Cunningham

1.0 Summary

An unannounced inspection of Beechway House took place on 16 August 2016 from 10:00 to 13:00hrs.

The inspection sought to assess progress with any issues raised during and since the last premises inspection on 04 March 2014 and to determine if the premises was supporting the delivery of safe, effective and compassionate care and if the service was well led in this regard.

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. Several issues were however identified for attention by the registered person. 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. One issue was however identified for attention by the registered person. 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	5	0

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Delma McCurry, Home Manager and Stephen Harte, Property Services Officer, Apex Housing Association, 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 QIP there were no further actions required to be taken following the most recent premises inspection on 04 March 2014.

2.0 Service details

Registered organisation/registered person: Gerald Kelly, Apex Housing Association	Registered manager: Delma McCurry
Person in charge of the home at the time of inspection: Delma McCurry	Date manager registered: 08 September 2011
Categories of care: RC-LD, RC-LD(E)	Number of registered places: 16

3.0 Methods/processes

Prior to inspection we analysed the following records: previous premises inspection report, statutory notifications over the past 12 months, duty call log.

During the inspection the inspector met with Mrs Delma McCurry, Home Manager and Mr Stephen Harte, Property Services Officer, Apex Housing Association.

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 10/03/2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector on 21 April 2016. This QIP will be validated by the care inspector at their next inspection.

4.2 Review of requirements and recommendations from the last premises inspection dated 04/03/2014

Last premises inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 14(2)(c)	Carry out routine (monthly) checks to the 'sentinel' taps in line with the control measures outlined in the legionellae risk assessment and retain records of same.	Met
	Action taken as confirmed during the inspection: Records presented indicating that routine checks are in place	
Requirement 2 Ref: Regulation 27(4)(a)	Carry out appropriate measures to address the action plan of the fire risk assessment within appropriate timescales.	Met
	Action taken as confirmed during the inspection: Provider confirmed that all items included in the action plan of that fire risk assessment were addressed.	

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 – see item 1.

Construction works are currently ongoing in the building to accommodate a change to service provision and a change in registered status. The existing residential care home is to de-register as a residential care home and domiciliary care is to be provided in the premises in a supported living type service.

The manager stated that the change in registered status is planned to take place in late 2017. The construction works comprise a three bed extension which is at an advanced stage, as well as associated alterations within the home. The provider has indicated that the new bedrooms are to be part of the new supported living service and as such these are not subject to the RQIA premises appraisal process normally associated with new build and extensions to regulated residential care homes.

Also included in the works programme are changes in the use of several rooms in the existing section home. A new addressable category L1 fire alarm and detection system, provision of swing-free closing devices to all bedroom doors, new plumbing installation and boilers as well as other associated works are also planned.

A number of issues were identified in relation to this for attention during this premises inspection. These are also detailed in the 'areas for improvement' section below.

Areas for improvement

1. Documentation relating to servicing of the home's thermostatic mixing valves was not presented for inspection.
2. Confirmation of installation and commissioning certification relating to the new installations described above which are to be installed in the existing regulated section of the home is required.
3. Confirmation that the new plumbing installation has been designed and installed in accordance with approved code of practice L8 – Control of Legionella Bacteria in water systems issued by the Health and Safety Executive Northern Ireland is required. Particular attention should be given to the parts of the existing plumbing installation which are to be retained and incorporated into the new system.
4. The ongoing construction works impact on the fire precautions in the regulated section of the home and the provider should ensure that the fire risk assessor has ongoing oversight during the project so that any risks are identified and managed accordingly.

Number of requirements	4	Number of recommendations:	0
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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. 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
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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.

Service users are consulted about decisions around décor and the private accommodation where appropriate.

The décor in the premises is in need of an uplift. The manager stated that the premises are to be redecorated as part of the ongoing construction programme.

This supports the delivery of compassionate care.

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.

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

Area for improvement

1. With respect to the construction works described in 4.3 above, submit an application for minor variation to RQIA in relation to the changes planned to the use of rooms in the existing regulated section of the home.

Number of requirements	1	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 the QIP were discussed with Mrs Delma McCurry, Home 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 residential service. 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.

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 and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to Estates.Mailbox@rqia.org.uk for assessment 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 27 (2)(b)</p> <p>Stated: First time</p> <p>To be completed by: 14 October 2016</p>	<p>The registered provider must carry out servicing of the home's thermostatic mixing valves in line with guidance note HSG274 part 2 issued by the Health & Safety Executive Northern Ireland.</p> <p>Response by registered provider detailing the actions taken: Thermostatic mixing valves have been serviced on 15/9/16 .Please find attached checklist.</p>
<p>Requirement 2</p> <p>Ref: Regulation 27 (2)(b)</p> <p>Stated: First time</p> <p>To be completed by: as and when the installations take place</p>	<p>The registered provider must submit confirmation of installation and commissioning certification relating to the new installations described in 4.3 above which are to be installed in the existing regulated section of the home as part of the ongoing construction programme</p> <p>Response by registered provider detailing the actions taken: Confirmation of installation and commissioning certification relating to the new installations will be provided to P.Cunningham as soon as these are installed.</p>
<p>Requirement 3</p> <p>Ref: Regulation 27 (2)(b)</p> <p>Stated: First time</p> <p>To be completed by: In advance of and when the installation takes place</p>	<p>The registered provider must submit confirmation that the new plumbing installation in the existing regulated section of the home has been designed and installed in accordance with approved code of practice L8 – Control of Legionella Bacteria in water systems issued by the Health and Safety Executive Northern Ireland. This should include consideration of the parts of the existing plumbing installation which are to be retained and incorporated into the new system</p> <p>Response by registered provider detailing the actions taken: Confirmation will be given to RQIA that the new plumbing installation has been designed and installed in accordance with approved code of practice L8 as soon as it is installed.</p>
<p>Requirement 4</p> <p>Ref: Regulation 27 (4)(a)</p> <p>Stated: First time</p> <p>To be completed by: on an ongoing basis during the current construction works</p>	<p>The registered provider must ensure that the fire risk assessor has ongoing oversight during the construction project so that any risks associated with the works are identified and managed accordingly</p> <p>Response by registered provider detailing the actions taken: The Fire Risk assessor is currently having ongoing input during the construction project. Every time a change occurs to the building the Fire Risk assessor is asked to come and assess the risks, reviews the current Fire Risk Assessment , then requests whatever actions are needed and adds any amendments to FRA.</p>

Requirement 5 Ref: Regulation 27 (2)(a)	With respect to the construction works described in 4.3 above, the registered provider must, submit an application for minor variation to RQIA in relation to the changes planned to the use of rooms in the existing regulated section of the home
Stated: First time To be completed by: 30 August 2016	Response by registered provider detailing the actions taken: Application for minor variation to RQIA in relation to the planned changes completed and sent 14 th September.



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