



The Regulation and
Quality Improvement
Authority

Thackeray Place
RQIA ID: 1222
12 Ballyclose Street
Limavady
BT49 0BN

Inspector: Phil Cunningham
Inspection ID: IN021459

Tel: 0287776 3011

Email:

pamela.campbell@westerntrust.hscni.net

**Announced Estates Inspection
of
Thackeray Place**

22 September 2015

The Regulation and Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544 Web: www.rqia.org.uk

1. Summary of Inspection

An announced estates inspection took place on 22 September 2015 from 10.00 to 13.00. 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	2	2

The details of the QIP within this report were discussed with the Home Manager, Pamela Campbell as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Western Health and Social Care Trust	Registered Manager: Pamela Campbell (acting)
Person in Charge of the Home at the Time of Inspection: Pamela Campbell	Date Manager Registered: 15 June 2015
Categories of Care: RC-A, RC-I	Number of Registered Places: 32
Number of Residents Accommodated on Day of Inspection: 30	Weekly Tariff at Time of Inspection: Trust rates

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.

During the inspection the inspector met with Pamela Campbell, Home Manager, Thackeray Place and Jackie Gallagher, WHSCT Estates 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, 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 7 May 2015. No requirements or recommendations were made as a result of this inspection.

5.2 Review of Requirements and Recommendations from the last Estates Inspection on 19 June 2012

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27 (2)(b)	Carry out redecoration to the external areas of the home where decoration has become defective or worn with particular attention to the fascia and barge boards.	Met
	Action taken as confirmed during the inspection: External areas redecorated following previous inspection.	
Requirement 2 Ref: Regulation 14 (2)(c)	Submit to RQIA a programme of remedial works to address the issues highlighted in the legionellae risk assessment of June 2008	Met
	Action taken as confirmed during the inspection: Documentation presented indicated that this had been addressed and the routine monitoring and control measures are in place.	
Requirement 3 Ref: Regulation 14 (2)(c)	On completion of the above remedial works, carry out comprehensive review of the legionellae risk assessment.	Met
	Action taken as confirmed during the inspection: Documentation presented indicated that the legionellae risk assessment was comprehensively reviewed by a specialist contractor on 1 February 2013 and a further review carried out by WHSCT Estates Department on 26 November 2014.	
Requirement 4 Ref: Regulation 14 (2)(c)	Carry out safety checks to all electrical equipment in home where deemed appropriate by Electricity At Work Regulations guidance.	Met
	Action taken as confirmed during the inspection: Documentation presented indicated that electrical equipment has been assessed by WHSCT Estates Department and subjected to safety checks as appropriate.	

Requirement 5 Ref: Regulation 14 (2)(c)	Provide confirmation that the patient lifting equipment has been subjected to thorough examination as required by the Lifting Operations and Lifting Equipment Regulations (Northern Ireland) 1999 (LOLER).	Met
	Action taken as confirmed during the inspection: Patient lifting hoists tagged by specialist contractor as serviced. Discussion with the Estates Officer confirmed that there is a six monthly LOLER thorough examination regime in place across WHSCT by a specialist contractor.	
Requirement 6 Ref: Regulation 27 (4)(a)	Carry out review of the home's fire risk assessment in line with the provisions of NIHTM 84.	Met
	Action taken as confirmed during the inspection: Fire risk assessment report presented for inspection, last review dated 18 December 2014.	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 28.3	In advance of item 2 above, carry out legionellae bacteria sampling to the home's domestic water system to ensure that the system is operating satisfactorily in line with L8 guidelines.	Partially Met
	Action taken as confirmed during the inspection: Discussion took place with the Estates Officer around this and it is understood that sampling was subsequently carried out although there were no records to confirm this. The Estates Officer undertook to seek records following the inspection and forward details of same to RQIA. In the meantime we are satisfied that all relevant control measures appear to be in place in this respect.	

Recommendation 2 Ref: Standard 28.1	Upgrade or replace the electrical distribution panel in the boiler plant room to comply with current Health and Safety and Electricity at Work guidelines.	Partially Met
	Action taken as confirmed during the inspection: Electrical distribution panel in the boiler plant room not replaced. However, the condition of the panel does not give rise to concerns around the safety and welfare of residents or staff and in this respect, the Estates Officer confirmed that the equipment is 'electrically' safe. The risk presented by the equipment applies to electrical tradesmen and contractors working on it and in this respect, the Estates Officer confirmed that there were appropriate safety protocols and procedures in place to address this including a 'permit-to-work' system. Subsequently, we are satisfied that the principle objective of this recommendation has been met.	
Recommendation 3 Ref: Standard 29	Consider the provision of free-swing type hold open devices to bedroom doors in line with best practice outlined in NIHTM 84.	Met
	Action taken as confirmed during the inspection: Swing-free type door closers fitted to all bedroom doors.	

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.

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.

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

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.

Areas for Improvement

1. The window of the medicines storage room has clear glass fitted. Refer to recommendation 1 in attached Quality Improvement Plan.

Number of Requirements	0	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.

Areas for Improvement

Not applicable.

Number of Requirements	0	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. These include a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape. These support the delivery of safe care.

One issue was identified for attention during this Estates inspection. This is 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.

Several issues were identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

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. The records presented indicate good attention to fire safety training and that practice fire evacuation drills are carried out several times each year. Several staff however have not taken part in a practice drill within the past year. Refer to requirement 1 in attached Quality Improvement Plan.
2. Various fire resisting doors throughout the home do not appear to have smoke seals fitted. Doors to residents' bedrooms appear to be 30 minute fire resisting with intumescent seals fitted. Refer to requirement 2 in attached Quality Improvement Plan.
3. The fire risk assessment was last reviewed on 18 December 2014. It is unclear whether the person carrying out the fire risk assessment holds recognised registration or third party accreditation for fire risk assessment as outlined in correspondence from RQIA on 2 April 2015. Refer to recommendation 2 in attached Quality Improvement Plan.

Number of Requirements	2	Number Recommendations:	1
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5.6 Additional Areas Examined

Not applicable.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Home Manager, Pamela Campbell 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	
Requirement 1 Ref: Regulation 27 (4)(f) Stated: First time To be Completed by: 20 October 2015	<p>Carry out additional practice fire evacuation drill to ensure that all staff have participated in one within the past year.</p> <p>Response by Registered Manager Detailing the Actions Taken: List of remaining 11 staff to attend fire evacuation on Wednesday 11th November at 15.45 pm .</p>
Requirement 2 Ref: Regulation 27 (4)(b) Stated: First time To be Completed by: On next review of fire risk assessment in December 2015	<p>Carry out a review of the fire resisting doors in the home which do not have smoke seals fitted. Consideration should be given to providing smoke seals to all bedrooms doors.</p> <p>Response by Registered Manager Detailing the Actions Taken: I have contacted Estates, George McCallion and the fire officer, Gerry Gallagher, regarding the urgency of this, I have forwarded a request for smoke seals to Estates and I am currently waiting on assessment and outcome of this.</p>
Recommendations	
Recommendation 1 Ref: Standard 27.6 Stated: First time To be Completed by: 30 October 2015	<p>Provide obscure finish to the medicines storage room window to increase security precautions.</p> <p>Response by Registered Manager Detailing the Actions Taken: Obscure finish to medicines storage room carried out by estates on 23/09/15.</p>
Recommendation 2 Ref: Standard 22.9 Stated: First Time To be Completed by: On next review of fire risk assessment	<p>When the fire risk assessment is due for review, the provider should use the services of a person or company holding current third party accreditation or professional registration by a recognised body. Reference should be made to the correspondence from RQIA on 2 April 2015. See: http://www.rqia.org.uk/cms_resources/letter%20re%20accreditation%20for%20FRAs_March2015.pdf</p> <p>Response by Registered Manager Detailing the Actions Taken: New fire risk assessment done 9/10/15 by current fire officer overseen by a risk assessor who holds accreditation and professional registration. The trust are</p>

	currently providing training to ensure risk assessors hold third party accreditation and professional registration.
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Registered Manager Completing QIP	Pamela Campbell	Date Completed	9/10/15
Registered Person Approving QIP	<i>Eaine Hay</i>	Date Approved	4.11.15
RQIA Inspector Assessing Response	<i>P Coz</i>	Date Approved	* 17/11/15

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

** Two requirements require follow up.*

