

Announced Premises Inspection Report 05 April 2016



Phoenix Clinic and Resource Centre

1 Lansdowne Road, Newtownards, BT23 4NT
Tel: 028 9182 2111
Inspector: Colin Muldoon

1.0 Summary

An announced premises inspection of Phoenix Clinic and Resource Centre took place on 05 April 2016 from 10:00 to 15:30.

Is care safe?

On the day of the inspection the premises supported the delivery of safe care although several areas of weakness were identified in relation recording of fire training and fire drills. Records inspected indicated ongoing activity to maintain the premises in good condition and suitable for the residents. Issues identified for attention by the registered person are included in section 4.3.

Is care effective?

On the day of the inspection the premises supported the delivery of effective care. However one issue was identified for attention by the registered person. Refer to section 4.4.

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 Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015:

- Standard 44: Premises
- Standard 47: Safe and Healthy working Practices
- Standard 48: Fire Safety

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	6

Details of the QIP within this report were discussed with Mrs Patricia McCartney (Director), Mrs Karen Edwards (Registered Manager) and Mr Stephen McCartney (Business 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 person: Phoenix Healthcare (NI) Ltd Mr Iain McCartney	Registered manager: Mrs Karen Edwards
Person in charge of the home at the time of inspection: Mrs Karen Edwards	Date manager registered: 07 November 2012
Categories of care: NH-PH, NH-PH(E)	Number of registered places: 36

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 Patricia McCartney (Director), Mrs Karen Edwards (Registered Manager) and Mr Stephen McCartney (Business 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 25/09/2015

The previous inspection of the home was an unannounced management of medicines inspection. The completed QIP was returned and approved by the specialist inspector.

4.2 Review of requirements and recommendations from the last premises inspection dated 30/05/2015

Last premises inspection statutory requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27.- (2)(c) and (q) Stated: First time	Valid Gas Safe certificates must be obtained for the kitchen equipment. The certificates must verify that the appliances and the pipework installation are in safe and satisfactory condition.	Met
	Action taken as confirmed during the inspection: The inspector was provided with current Gas Safe certificates for all the gas installations.	
Requirement 2 Ref: Regulation 14.-(2)(c) Stated: Second time	All the actions in the risk assessment scheme for the control of legionella must be fully implemented and records kept.	Met
	Action taken as confirmed during the inspection: There is a scheme of action in place towards the control of legionella.	
Requirement 3 Ref: Regulation 14.-(2)(c) Stated: First time	The legionella risk assessment and the scheme for controlling legionella should be reviewed and updated. The updated scheme must be fully implemented and records kept of all actions taken. Reference should be made to HSE approved code of practice and guidance L8 <i>Legionnaire's disease – the control of legionella bacteria in water systems</i> and Health Technical Memorandum 04-01 <i>The control of Legionella, hygiene, "safe" hot water, cold water and drinking water systems.</i>	Partially Met
	Action taken as confirmed during the inspection: The legionella risk assessment available on the day of inspection was carried out by a specialist contractor in 2008 although there was documentation which indicated that the contractor had carried out a review more recently. During a general review of risk assessments in November 2015 a health and safety consultant considered the risk from legionella and the control measures in place. Refer also to section 4.3 item 1 and recommendation 1 in Quality Improvement Plan.	

<p>Requirement 4</p> <p>Ref: Regulation 27.-(2)(l)</p> <p>Stated: First time</p>	<p>The arrangements for storing oxygen cylinders should be reviewed. Spare cylinders should be secured against toppling. Reference should be made to Estates and Facilities Alert EFA/2010/008.</p> <hr/> <p>Action taken as confirmed during the inspection: On the day of inspection the oxygen cylinders in the treatment room were stored on proper trollies.</p>	<p>Met</p>
<p>Requirement 5</p> <p>Ref: Regulation 27.-(4)(a)</p> <p>Stated: Second time</p>	<p>The fire risk assessment must be completely reviewed by a competent person using the standards and guidance set out in the current version of the Northern Ireland Firecode document Health Technical Memorandum 84 <i>Fire risk assessment in residential care premises</i>. The fire risk assessment must include detailed consideration of the number of beds in each compartment, minimum staffing numbers and patient dependency in relation to effective evacuation. The registered persons must ensure that the issues in the action plan which results from the assessment are fully addressed.</p> <hr/> <p>Action taken as confirmed during the inspection: The home has a fire risk assessment which was carried out by an accredited assessor in November 2015. The issues in the fire risk assessment action plan have been signed off.</p>	<p>Met</p>
<p>Requirement 6</p> <p>Ref: Regulation 27.-(4)(a)</p> <p>Stated: First time</p>	<p>The emergency action plan should be reviewed, updated and displayed at the fire panel. The plan should be based on the fire risk assessment and set out, among other things:</p> <ul style="list-style-type: none"> - Details of action to be taken by staff in case of fire; - The procedure to be followed in the evacuation of the premises in case of fire; - The arrangements for calling the Northern Ireland Fire and Rescue Service <p>The advice of a competent fire safety advisor should be sought and the procedures in the plan should be in line with current good practice and take account of the findings and recommendations arising from the Rosepark Inquiry.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: There was an emergency action plan at the fire panel which had been compiled by a previous accredited fire risk assessor. Refer also to section 4.3 item 2 and recommendation 2 in Quality Improvement Plan.</p>	
<p>Requirement 7 Ref: Regulation 27.-(4)(e) Stated: First time</p>	<p>All staff, including temporary and agency staff, must receive suitable and adequate fire safety information, instruction and training at the start of their employment and at least twice a year. The training should be in compliance with the fire plan, be specific to the premises and be led by a competent person. Reference should be made to NIHTM84 which gives guidance on the minimum content of fire safety training and drills.</p>	Partially Met
	<p>Action taken as confirmed during the inspection: There were records of all staff having received fire safety training during the first quarter of 2016. Refer also to section 4.3 item 3 and recommendation 3 in Quality Improvement Plan.</p>	
<p>Requirement 8 Ref: Regulation 27.-(4)(d)(iv) Stated: First time</p>	<p>It should be confirmed that the fire detection and alarm system is being maintained at least every six months and preferably quarterly. Reference should be made to BS5839.</p>	Met
	<p>Action taken as confirmed during the inspection: There were up to date records from a specialist contractor relating to the six monthly servicing of the fire alarm system.</p>	
<p>Requirement 9 Ref: Regulation 27.-(4)(d)(v) Stated: First time</p>	<p>The emergency lights should be function tested monthly in accordance with BS 5266.</p>	Met
	<p>Action taken as confirmed during the inspection: There were records of the emergency light function test being carried out weekly.</p>	

Requirement 10 Ref: Regulation 27.-(4)(d)(i) Stated: First time	The door from reception to the red and blue suites must be adjusted so that it closes correctly to provide an effective fire seal.	Met
	Action taken as confirmed during the inspection: On the day of inspection this door was operating correctly.	

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 patients, 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. Legionella risk assessment – In 2014 the Health and Safety Executive published a suite of guidance documents (HSG274) to support the code of practice for the control of legionella (L8). The water safety risk assessment should be reviewed taking account of HSG274.
Refer to recommendation 1 in Quality Improvement Plan.
2. Fire action plan – The fire action plan at the fire alarm panel was provided by a previous fire risk assessor. This action plan should be reviewed to ensure it is consistent with the current fire risk assessment.
Refer to recommendation 2 in Quality Improvement Plan.
3. Fire training – Fire training was discussed during the inspection and the inspector was informed that the manager and business manager (who is trained as fire warden) carry out training and question and answer fire safety sessions with staff throughout the year although this is not recorded.
Refer to recommendation 3 in Quality Improvement Plan.

4. Fire drills - There were records of a number of fire drills having been carried out over the last year. It was confirmed to the inspector that all day staff have participated in these drills but there may be a shortfall in the number of night duty staff who have participated. The manager and business manager undertook to carry out drills for all staff who have not participated within one week.
Refer to recommendation 4 in Quality Improvement Plan.
5. Therapy pool - The water risk assessor has provided guidance on the processes recommended to maintain the quality of the water in the hydrotherapy pool and there were up to date records of actions being taken in relation to this. The risk assessor's guidance includes timings of daily actions which the Business Manager confirmed are being followed although not recorded. The inspector recommended that the pool maintenance record sheet be amended to facilitate the recording of the time each pool maintenance activity is carried out.
Refer to recommendation 5 in Quality Improvement Plan.

Number of requirements:	0	Number of recommendations:	5
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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.

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. Emergency lighting – A specialist contractor carried out a service of the emergency lights in February 2016. From the documentation it is unclear for what duration the emergency lights were tested. This should be followed up to ensure that the emergency lights operate correctly.
Refer to recommendation 6 in Quality Improvement Plan.

Number of requirements:	0	Number of recommendations:	1
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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.

This supports the delivery of compassionate care.

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.

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

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Patricia McCartney (Director), Mrs Karen Edwards (Registered Manager) and Mr Stephen McCartney (Business Manager) 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.

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 Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Care Standards for Nursing Homes 2015. 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 manager/registered person

The QIP will 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 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 person/manager 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 person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

Recommendation 1

Ref: Standards 44 and 47

Stated: First time

To be Completed by:
05 May 2016 for risk assessment and then within timescales acceptable to risk assessor

The water safety risk assessment should be reviewed by a competent person. The scope of the assessment should include all the water systems on site including the hydrotherapy pool. The assessment should take account of current guidance including HSG274 Parts 2 and 3 which support the code of practice for the control of legionella (L8). It should be ensured that the updated action plan and scheme of control arising from the risk assessment are fully implemented within timescales acceptable to the risk assessor.

Response by Registered Manager Detailing the Actions Taken:
Chemical Treatment Services have been requested to carry this out. This assessment will be acted on when complete.

Recommendation 2

Ref: Standard 48

Stated: First time

To be Completed by:
06 May 2016

The fire action plan at the fire alarm panel should be reviewed to ensure it is consistent with the current fire risk assessment.

Response by Registered Manager Detailing the Actions Taken:
It is consistent and reviewed daily.

Recommendation 3

Ref: Standard 48

Stated: First time

To be Completed by:
Ongoing

Arrangements should be made which will ensure that all fire training activity is recorded. The records should confirm that fire training is in line with Fire Code document NIHTM84. If necessary, guidance should be sought from the fire risk assessor.

Response by Registered Manager Detailing the Actions Taken:
Further guidance has been sought from the assessment with regard to documentation of NIHTM84.

Recommendation 4

Ref: Standard 48

Stated: First time

To be Completed by:
12 April 2016 and ongoing

Arrangements should be made which will ensure that all staff participate in practice fire drills which are in accordance with the emergency plan. Reference should be made to NIHTM84 and recommendation 2.

Response by Registered Manager Detailing the Actions Taken:
Fire Drills are carried out to include Night Staff as well as Day Staff.

Recommendation 5 Ref: Standard 44 and 47 Stated: First time To be Completed by: Ongoing	Records should be maintained which confirm that the therapy pool water system is being maintained in accordance with the risk assessor's recommendations. Response by Registered Manager Detailing the Actions Taken: Records will refelect the recommendations.		
Recommendation 6 Ref: Standard 48 Stated: First time To be Completed by: 05 May 2016	It should be ensured that the maintenance arrangement for the emergency lights provides confirmation that the system operates satisfactorily in accordance with its rating, eg three hours duration. Reference should be made to BS5266 and, if necessary, guidance sought from the fire risk assessor. Response by Registered Manager Detailing the Actions Taken: This is now included in the in house routine checks.		
Registered Manager Completing QIP	Karen Edwards	Date Completed	16/05/16
Registered Person Approving QIP	Iain McCartney	Date Approved	16/05/16
RQIA Inspector Assessing Response	C Muldoon*	Date Approved	22/06/16*

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

*Some items require clarification or follow up



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