



The **Regulation** and
Quality Improvement
Authority

Fairfields Care Centre
RQIA ID: 1445
80a Fairhill Rd
Cookstown
BT80 8DE

Inspector: Raymond Sayers
Inspection ID: IN021540

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**Announced Estates Inspection
of
Fairfields Care Centre**

25 June 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced estates inspection took place on 25 June 2015 from 10.00 to 13.45. 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 Care Standards for Nursing Homes 2015.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those items 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	6	3

The details of the QIP within this report were discussed with the Mr Paul Gilmour (Maintenance Supervisor) and Ms Nuala Green (Human Resources) Manager) as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Care Circle Ltd/ Mr Ciaran Henry Sheehan	Registered Manager: Zeana Watson
Person in Charge of the Home at the Time of Inspection: Patricia McDonald/Bernie Neall	Date Manager Registered: Registration pending
Categories of Care: NH-MP(E), NH-LD(E), RC-DE, RC-I, NH-DE, NH-I, NH-PH	Number of Registered Places: 70
Number of Residents/Patients Accommodated on Day of Inspection: 63	Weekly Tariff at Time of Inspection: (£470 to £637) + £20 top up

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 44: Premises

Standard 47: Safe and Healthy working Practices

Standard 48: 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 Mr Paul Gilmour (Maintenance Supervisor) and Ms Nuala Green (Human Resources Manager).

The following records were examined during the inspection: Copies of service records, building user log books relating to the maintenance of the building and engineering services, legionellae risk assessment and 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 25 May 2015, reference IN022869. The completed QIP was returned and approved by the specialist inspector.

5.2 Review of Requirements and Recommendations from the last Estates Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27.(2)(q)	Verify that the space heating boiler 2 has been effectively repaired.	Met
	Action taken as confirmed during the inspection: Repairs completed.	
Requirement 2 Ref: Regulation 14.(2)(a) & (c)	Review health and safety controls on window opening casements accessible to patients and confirm that all necessary action is implemented to provide a safe environment for patients.	Met
	Action taken as confirmed during the inspection: Maintenance control checks implemented.	
Requirement 3 Ref: Regulation 13.(7)	Verify that legionella prevention control measures are implemented in compliance with a site specific legionella risk assessment.	Met
	Action taken as confirmed during the inspection: Risk assessment and controls reviewed.	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 32.8	Consider altering/modifying the laundry environment to create a laundry process which will be effective in reducing cross contamination risk.	Met
	Action taken as confirmed during the inspection: Laundry remodelled, new machines installed and new system implemented.	
Recommendation 2 Ref: Standard 32.1	Undertake redecoration repairs to Brook St. Bedrooms 4 and 7; Assess decorative condition of all bedroom accommodation. Draft a works action plan for subsequent implementation.	Met
	Action taken as confirmed during the inspection: Redecoration repairs implemented.	

Recommendation 3 Ref: Standard 35.1	Record individual Thermostatic Mixing valve (TMV) specific maintenance/test data during periodic planned maintenance works.	Met
	Action taken as confirmed during the inspection: Control measures reviewed.	
Recommendation 4 Ref: Standard 36.2	Record the locations for periodic user test activations of fire alarm and emergency lighting installations, in accordance with BS5839 and BS5266 respectively.	Met
	Action taken as confirmed during the inspection: Controls implemented.	

5.3 Standard 44: Premises

Is Care Safe? (Quality of Life)

A range of documents related to the maintenance 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.

[A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.]

Is Care Effective? (Quality of Management)

A range of accommodation, facilities and support services are provided in the premises. This supports the delivery of effective care.

[A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.]

Is Care Compassionate? (Quality of Care)

The accommodation reviewed during this Estates inspection was well presented, clean and free from malodours. This supports the delivery of compassionate care.

[A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.]

Areas for Improvement

A number of floor coverings are soiled/dilapidated, replacement works are currently in progress.

Reference: Quality Improvement Plan, Recommendation item 1.

Laundry and laundry service corridor decorated wall surfaces are in a dilapidated condition.

Reference: Quality Improvement Plan, Recommendation item 2.

Number of Requirements	0	Number Recommendations:	2
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5.4 Standard 47: Safe and Healthy Working Practices

Is Care Safe? (Quality of Life)

A range of documents related 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.

[A number of issues were identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.]

Is Care Effective? (Quality of Management)

The dependency and needs of the patients are considered as part of the risk assessment processes; this is reflected in the management of the home. This supports the delivery of effective care.

[A number of 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)

There are health and safety procedures and control measures in place which support the delivery of compassionate care.

[A number of issues were identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.]

Areas for Improvement

The BS7671 Periodic Inspection Report for the electrical installation was not resented for review.

Reference: Quality Improvement Plan, Requirement item 1.

Lifting Operations and Lifting Equipment Regulations (LOLER) Regulation 9 thorough examination report verification was not submitted for both passenger lifts. Evidence was not provided to ascertain that mobile hoisting equipment was subjected to six monthly LOLER Regulation 9 inspections.

Reference: Quality Improvement Plan Requirement item 2.

Number of Requirements	2	Number Recommendations:	0
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5.5 Standard 48: Fire Safety

Is Care Safe? (Quality of Life)

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. This supports the delivery of safe care.

[A number of issues were identified for attention during this Estates inspection. These are 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 patients, 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.

[A number of 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.

[A number of issues were identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.]

Areas for Improvement

The fire detection and alarm system maintenance engineer has since August 2014 consistently identified that improvements/repairs are required to ensure audibility of alarm activations between the "new extension" and existing building.

Reference: Quality Improvement Plan, Requirement item 3.

The HTM84 fire risk assessment was last completed in April 2014, it is understood that the risk assessor is currently studying for acceptance onto an accredited fire risk assessor scheme.

Reference: Quality Improvement Plan, Recommendation item 3.

A corridor sub-compartment fire door smoke seal did not effectively seal the meeting edges of the double door meeting stiles.

Reference: Quality Improvement Plan, Requirement item 4.

The fire risk assessment recommended works action plan items were not verified as completed by a competent person.

Reference: Quality Improvement Plan, Requirement item 5.

Fire drill records reviewed indicated that there had been no fire drill completed within the previous twelve month period.

Reference: Quality Improvement Plan, Requirement item 6.

Number of Requirements	4	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 Mr Paul Gilmour (Maintenance Supervisor) 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, Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

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

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.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 Ref: Regulation 14.(2) (a),(b) & (c) Stated: First time To be Completed by: 25 August 2015	<p>Submit a copy of the BS7671 Periodic Inspection Report for the electrical installation.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: Completed and forwarded to RQIA on 19th August.</p>
Requirement 2 Ref: Regulation 14.(2) (a),(b) & (c) Stated: First time To be Completed by: 25 August 2015	<p>Submit copies of Lifting Operations & Lifting Equipment Regulations, (LOLER) Regulation 9 thorough examination reports for both passenger lifts. Submit confirmation that all mobile hoisting equipment is subjected to six monthly LOLER Regulation 9 thorough examinations by a competent person.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: Done and submitted.</p>
Requirement 3 Ref: Regulation 27.(4) (b),(d)(ii) & (iv) Stated: First time To be Completed by: 25 August 2015	<p>Complete BS5839 Fire Detection and Alarm system engineer recommended remedial/improvement works and implement management control measures until the recommended works are completed.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: This was completed 14th August and the Fire Detection & Alarm System now integrated.</p>
Requirement 4 Ref: Regulation 27.(4) (c),(d)(i),(iii) & (iv) Stated: First time To be Completed by: 25 August 2015	<p>Complete an inspection of all fire doors; ensure that “cold smoke” seals are installed/adjusted and that they will be an effective barrier to smoke.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: Done.</p>

Requirement 5 Ref: Regulation 27.(4) (a) Stated: First time To be Completed by: 25 August 2015	HTM84 fire risk assessment report recommended action plan must be reviewed by and verified by a competent person. Response by Registered Manager Detailing the Actions Taken: All actions in the Fire Risk Assessment have been addressed. Please see attached letter from our Fire Risk Assessor.
Requirement 6 Ref: Regulation 27.(4) (f) Stated: First time To be Completed by: 23 July 2015	Ensure that all staff participate in an annual fire drill and that sufficient records are maintained to verify compliance. Response by Registered Manager Detailing the Actions Taken: Fire Drills are now being carried out twice a month and records are maintained accordingly.
Recommendations	
Recommendation 1 Ref: Standard 27.1 Stated: First time To be Completed by: 25 September 2015	Continue with planned replacement of dilapidated/soiled floor coverings. Response by Registered Manager Detailing the Actions Taken: Floors in the main entrance corridor and the residential dining room have been replaced.
Recommendation 2 Ref: Standard 27.1 Stated: First time To be Completed by: 24 September 2015	Redecorate laundry and laundry service corridor walls. Response by Registered Manager Detailing the Actions Taken: The laundry has been fully re-decorated.

Recommendation 3 Ref: Standard 29.1 Stated: First time To be Completed by: 25 September 2015	It is recommended that the annual review of the fire risk assessment should be carried out by a person or a company certified by a third party UKAS accredited certification body or a person who is registered with one of the fire safety professional bodies. Reference should be made to correspondence issued by RQIA to all Registered Persons on 13 January 2013 and the following guidance contained therein: http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf		
	Response by Registered Manager Detailing the Actions Taken: Hayley Burgess, qualifications - BSc (Hons) Science MSc Occupational Safety & Health Chartered Member of Institution of Occupational Safety & Health NEBOSH Certificate Fire Safety and Risk Management Institution of Fire Engineers Accredited Fire Risk Assessor Course		
Registered Manager Completing QIP	P. McDonald	Date Completed	18.08.2015
Registered Person Approving QIP	Nuala Green	Date Approved	18.08.2015
RQIA Inspector Assessing Response	Raymond Sayers	Date Approved #	22/10/2015

Verification required on some QIP response details

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