

Announced Premises Inspection Report 01 September 2016



Hockley

Type of Service: Nursing Home
Address: 11 Drumilly Road, Armagh, BT61 8RG
Tel No: 028 3887 0365
Inspector: Raymond Sayers

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Hockley Nursing Home took place on 01 September 2016 from 10.00 to 13.45hrs.

The inspection sought to assess progress with any issues raised during and since the last premises inspection and to determine if the nursing home 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, some issues were however 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 safe care, there were no issues identified as requiring corrective attention by the registered provider. Refer to section 4.4.

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care, there were no issues noted as requiring corrective action by the registered provider. Refer to section 4.5.

Is the service well led?

On the day of the inspection the management of the premises was considered to be well led, there were no issues noted as requiring corrective action by the registered person. Refer to section 4.6

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Marion Wilson, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

There was no enforcement action as a result of the findings of this inspection.

1.2 Actions/enforcement taken following the most recent pharmacy 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 on 18 July 2016.

There were no further actions required to be taken following the most recent inspection.

2.0 Service Details

Registered organisation/registered provider: Elim Trust Corporation Pastor Edwin Michael	Registered manager: Mrs Marion Gertrude Wilson
Person in charge of the home at the time of inspection: Mrs Marion Gertrude Wilson	Date manager registered: 01 April 2005
Categories of care: RC-I, NH-I	Number of registered places: 60

3.0 Methods/processes

Prior to inspection the following records were analysed: Previous estates inspection report, statutory notifications over the past 12 months, and the duty call log.

During the inspection the inspector met with: two residents; Mrs Marion Wilson, Manager; and kitchen staff.

The following records were examined during the inspection: Copies of building services certificates, building user log books relating to maintenance inspections of building 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 18 July 2016.

The most recent inspection of the nursing home was an unannounced medicines management inspection, completed on 18 July 2016. The completed QIP was returned, and approved by the pharmacy inspector on 31 August 2016. 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 08 August 2012

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 32.1 Stated: First time	Complete a condition survey of all decorated surfaces and implement a planned redecoration works programme.	Met
	Action taken as confirmed during the inspection: Redecoration works implemented.	
Recommendation 2 Ref: Standard 36.2 Stated: First time	Complete a review of the fire risk assessment; plan a works action programme and improvement works action in compliance with Northern Ireland Health Technical Memorandum 84 (NIHTM84) recommendations.	Met
	Action taken as confirmed during the inspection: Review completed; smoke seals installed on bedroom doors.	

4.3 Is care safe?

A range of building services maintenance documents were presented for review during this estates inspection. This documentation included: risk assessments, inspection and test reports for various elements of the engineering services.

Documents relating to the safe operation of the premises, installations and engineering services were presented for review during this estates 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 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, however it was not ascertained that the risk assessment was completed 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, and are detailed in the 'areas for improvement' section below.

Areas for improvement

1. The BS7671 Periodic Inspection Report for the electrical installation reviewed was dated 15 January 2013; the inspecting engineer recommended a re-test prior to 15 January 2016.
Registered manager submitted 20 September e-mail confirming that inspection/test works were commencing within seven days.
Refer to Quality Improvement Plan Recommendation 1.
2. The 12 January 2016 Calor gas inspection report recommended the completion of remedial works; works completion verification was not available for examination.
Registered manager submitted 20 September e-mail confirming that inspection/test works were completed on 16 September and that engineer stated there were no concerns..
Refer to Quality Improvement Plan Recommendation 2.
3. A fire risk assessment was completed on 07 March 2016, it was not ascertained that the risk assessor complied with the RQIA recommended professional body accreditation.
Registered manager submitted 20 September e-mail confirming that a fire risk assessment will be completed by Armafire Safety Ltd on 26 September 2016.
Refer to Quality Improvement Plan Recommendation 3.
4. It was noted that the surfaces of several rails and pipework located in Sluice room areas were corroded. The Manager stated that any corroded equipment would be removed.
Refer to Quality Improvement Plan Recommendation 4.

Number of requirements	0	Number of recommendations:	4
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4.4 Is care effective?

There are arrangements in place for routine premises management plus emergency breakdown repairs. Service users are involved, where appropriate in decisions around the redecoration and maintenance of the premises.

This supports the delivery of effective care.

There were no issues requiring improvement identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

The accommodation reviewed during this premises inspection was well maintained, free from malodours, with adequate lighting levels.

Service users are consulted about decisions around redecoration and furnishings in the private accommodation, where appropriate.

The two service users consulted during the inspection expressed satisfaction with the standard of the environment within the home.

This supports the delivery of compassionate care.

There were no issues requiring improvement identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

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.

There were no issues requiring improvement 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 Marion Wilson, 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 nursing home. 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 provider meets legislative requirements based on 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 provider 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 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

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 47.1</p> <p>Stated: First time</p> <p>To be completed by: 03 November 2016</p>	<p>The registered provider should ensure that a BS7671 periodic inspection of the electrical installation is completed, and that the installation is compliant with the Electricity at Work Regulations.</p> <p>Response by registered provider detailing the actions taken: The contractor commenced the work on 26.09.16. It is ongoing and is soon due for completion.</p>
<p>Recommendation 2</p> <p>Ref: Standard 47.1</p> <p>Stated: First time</p> <p>To be completed by: 03 November 2016</p>	<p>The registered provider should confirm implementation/ or arrangements for 12 January 2016 Calor Gas engineer inspection report recommendations</p> <p>Response by registered provider detailing the actions taken: The engineer attended on the 16.09.16 and confirmed that the works had been completed.</p>
<p>Recommendation 3</p> <p>Ref: Standard 48.1</p> <p>Stated: First time</p> <p>To be completed by: 01 September 2017</p>	<p>The registered provider should ascertain that the fire risk assessment is completed by an accredited assessor, in compliance with RQIA correspondence "Competence of persons carrying out fire risk assessments in regulated residential care and nursing homes", dated 02 April 2015.</p> <p>Response by registered provider detailing the actions taken: A Fire Risk Assessment was completed by an accredited assessor on 26.09.16. The Report was received on 14.10.16 and work has begun in order to address the findings.</p>
<p>Recommendation 4</p> <p>Ref: Standard 44.1</p> <p>Stated: First time</p> <p>To be completed by: 03 November 2016</p>	<p>The registered provider should complete a condition survey of all surface finishes in sluice rooms, WCs and bath/shower accommodation; ensuring that surfaces are compliant with good infection control protocols.</p> <p>Response by registered provider detailing the actions taken: The areas were surveyed and the remedial work is complete.</p>

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

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