



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

ANNOUNCED ESTATES INSPECTION

Inspection No:	16787
Establishment ID No:	1474
Name of Establishment:	St Francis
Date of Inspection:	8 May 2014
Inspector's Name:	Raymond Sayers

1.0 GENERAL INFORMATION

Name of Home:	St Francis
Address:	71 Charles Street Portadown BT62 4BD
Telephone Number:	0283835 0970
Registered Organisation/Provider:	Mrs Mary Bernadette Breen
Registered Manager:	Mrs Romegen Lily(Acting Manager)
Person in Charge of the Home at the time of Inspection:	Mrs Romegen Lily
Other person(s) consulted during inspection:	Mr Cathal Breen (Proprietor) & Mr Brendan McAloran (maintenance operative)
Type of establishment:	Nursing Home
Number of Registered Places:	25; NH-I ,NH-PH(max one person)
Date and time of inspection:	8 May 2014 from 09.55 – 12.40hrs
Date of previous estates inspection:	17 November 2011
Name of Inspector:	Raymond Sayers

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes.

This is a report of an announced inspection to assess the quality of the premises and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. The report details the extent to which the standards measured during inspection were met.

3.0 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the premises and grounds were safe, well maintained and remain suitable for their stated purpose in compliance with legislative requirements and current minimum standards. This was achieved through a process of evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards.

The aims of the inspection were to examine the estates related policies, practices and monitoring arrangements for the provision of Nursing Homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003;
- The Nursing Homes Regulations (Northern Ireland) 2005;
- Nursing Homes Minimum Standards (DHSSPS, 2008).

Other published standards which guide best practice may also be referenced during the Inspection process.

4.0 METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with the Mr Cathal Breen & Mr Brendan McAloran;
- Examination of records;
- Inspection of the home internally and externally. Patients' private bedrooms were only inspected when unoccupied and permission was granted;
- Evaluation and feedback.

Any other information received by RQIA about this regulated establishment has also been considered by the Inspector in preparing for this inspection.

5.0 CONSULTATION PROCESS

During the course of the inspection, the Inspector spoke to Mr Cathal Breen & Mr Brendan McAloran.

6.0 INSPECTION FOCUS

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Nursing Homes Minimum Standards and to assess progress with the issues raised during and since the previous inspection:

Standards inspected:

- Standard 32 - Premises and grounds;
- Standard 35 - Safe and healthy working practices;
- Standard 36 - Fire Safety.

7.0 PROFILE OF SERVICE

St Francis Nursing Home is located within walking distance of Portadown town centre and is convenient to shops and community services.

The home is a two storey building comprising single and double bedroom accommodation. There are two sitting rooms, a foyer area at the entrance of the home, a dining room, a kitchen, a laundry, toilet/washing facilities, staff accommodation and offices.

The gardens and grounds around the home are accessible to patients and are adequately maintained.

8.0 SUMMARY

Following the Estates Inspection of St Francis on 8 May 2014 improvements are required to comply with the Nursing Homes Regulations (Northern Ireland) 2005 and the criteria outlined in the following standards:

- Standard 32 - Premises and grounds;
- Standard 36 - Fire Safety.

This resulted in three requirements and five recommendations, outlined in the quality improvement plan appended to this report.

The building fabric and building services were well maintained, but some improvements to fire safety issues have been listed for consideration.

The Estates Inspector would like to acknowledge the assistance of Mr Cathal Breen and Mr Brendan McAloran during the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from previous inspection

Some issues raised in the report of the previous estates inspection on 17 November 2011 have been addressed, one issue requires further attention and is restated in the relevant section of the attached quality improvement plan sub-titled 'restated recommendations/requirements'.

- 9.1.1 "Consider implementing planned improvement works upgrading specification of fire doors to FD30S standard (installation of `cold smoke` barrier)."
(Reference: Quality Improvement Plan Item 7)

9.2 Standard 32 - Premises and grounds - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

- 9.2.1 There was evidence of maintenance activity and procedures; however the building and engineering services require some attention in order to comply with this standard. Items requiring corrective action by the registered person are detailed in report items 9.2.2 - 9.2.6 and in the attached Quality Improvement Plan section titled '**Standard 32 - Premises and grounds**'.
- 9.2.2 Bedroom 21 wardrobe door hinges are not fixed securely to framing. Bedroom 12 cupboard unit hinges are not fixed securely to framing and door surfaces are scratched.
(Reference: Quality Improvement Plan Item 1)
- 9.2.3 Bedroom 14 carpet floor covering is stained and requires cleaning.
(Reference: Quality Improvement Plan Item 2)
- 9.2.4 Dining room vinyl floor covering butt joints are deteriorating, permitting crevices to develop and potential for dust/dirt to accumulate.
(Reference: Quality Improvement Plan Item 2)
- 9.2.5 Paint finish to kitchen cupboard doors is chipped and door edge strip is losing adhesion with carcass/frame.
(Reference: Quality Improvement Plan Item 3)
- 9.2.6 Quiet room ceiling finish is cracked.
Mr Breen indicated redecoration repairs would be completed.

9.3 Standard 35 - Safe and healthy working practices - *The home is maintained in a safe manner*

9.3.1 Safe and healthy working practices are evident in the home, compliant with this standard; no issues have been identified for attention by the registered person.

9.3.2 The Periodic Inspection Report for the electrical installation IPN3/0291706 dated 02 October 2013 was submitted for examination; validity one year.

9.4 Standard 36: Fire safety - *Fire safety precautions are in place that reduce the risk of fire and protect patients, staff and visitors in the event of fire.*

9.4.1 Fire Safety procedures implemented are generally compliant with this standard. Records inspected demonstrate good attention to fire safety procedures. There are however issues which need to be addressed, detailed in report items 9.4.2 - 9.4.6 and the section of the attached quality improvement plan titled '**Standard 36: Fire safety**'.

9.4.2 Corridor fire door head smoke seal has become detached (location ground floor adjacent sluice room & bedroom 19). Mr Breen stated this would be repaired immediately.

9.4.3 Bedroom doors are FD30 fire resistant specification; smoke seals have not been installed to limit the passage of "cold smoke".
(Reference: Quality Improvement Plan Item 7)

9.4.4 A fire zone plan was not displayed adjacent the fire alarm panel.
(Reference: Quality Improvement Plan Item 4)

9.4.5 A BS5839 fire detection and alarm system maintenance/test certificate dated 2 October 2013 was submitted for inspection; Mr Breen indicated that an inspection was due to be completed and a copy of the inspection verification certificate will be forwarded to RQIA.
(Reference: Quality Improvement Plan Item 5)

9.4.6 A fire risk assessment document was not available for examination at the time of inspection. An e-mail communication received from Mr Cathal Breen on 8 May 2014 provided a fire risk assessment document completed by Ms Michelle Doran (M-Safe NI); the fire risk assessment was completed on 14 October 2013, It was not established that the fire risk assessor had professional or third party accreditation for the completion of fire risk assessments as recommended by RQIA guidance correspondence dated 31 January 2013.

The completion of corrective/improvement works actions were not noted on the fire risk assessment action plan.
(Reference: Quality Improvement Plan Items 6 & 8)

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement plan appended to this report were discussed with Mr Cathal Breen during the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the quality improvement plan.

11.0 Enquiries

Enquiries relating to this report should be addressed to:

**Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT**



Quality Improvement Plan sign off sheet for estates inspectors

Name of Home	St Francis, Portadown
Date of Inspection	18/04/2013
Estates Inspector	R.Sayers

QIP Position Based on Comments from Registered Persons			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.					
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.	X	X		R.Sayers	23/05/13
C.	Clarification or follow up required on some items.					

Estates Inspection – QIP sign off sheet

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NOTES:

The details of the quality improvement plan were discussed with Mr Cathal Breen during the inspection process.

The timescales commence from the date of inspection.



Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by patients.

The registered provider is required to record comments on the quality improvement plan.

The quality improvement plan is to be completed by the registered provider and registered manager and returned to estates@rqia.org.uk.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Mrs Romegen Uy 
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	 Bernadette Breen

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Standard 32 - Premises and grounds

The following requirements and recommendations should be noted for action in relation to Standard 32 - Premises and grounds

Item	Standard Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
1	Standard 32.1	Complete a condition survey of all bedroom furniture, repair/replace defective/dilapidated items. (Reference: Report section 9.2.2)	12 weeks	Compliant.
2	Standard 32.1	Review the condition of all floor coverings, clean, repair or replace finishes as deemed appropriate. (Reference: Report sections 9.2.3 & 9.2.4)	16 weeks	Compliant.
3	Standard 32.1	Refurbish kitchen wall cupboard units. (Reference: Report section 9.2.5)	16 weeks	Compliant.

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Standard 36 - Fire Safety

The following requirements and recommendations should be noted for action in relation to Standard 36 - Fire Safety

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
4	Regulation 27.(4)(a)	Display a fire zone plan adjacent the fire alarm panel. (Reference: Report section 9.4.4)	Immediate & ongoing	Compliant.
5	Regulation 27.(4)(d)(iv)	Submit a copy of BS5839 fire detection & alarm maintenance/test verification certificate for works scheduled in May 2014. (Reference: Report section 9.4.5)	8 Weeks	Sent via email to Raymond on 05.06.14.
6	Regulation 27.(4)(a)	Implement works action plan recommendations listed in HTM84 fire risk assessment completed on 14 October 2013. (Reference: Report section 9.4.6)	Immediate & ongoing	Compliant.
Item	Standard Reference	Restated Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
7	Standard 36.2	Consider implementing planned improvement works to upgrade the specification of fire doors to FD30S standard (installation of `cold smoke` barrier) (Reference: Report sections 9.1.1 & 9.4.3)	Immediate & ongoing	Under Consideration.

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Item	Standard Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
8	Standard 36.1	Verify that the fire safety consultant commissioned to review the facility fire risk assessment has professional or third party accreditation as recommended by RQIA guidance document "Competence of persons carrying fire risk assessments in regulated residential care establishments", dated 31 January 2013. (Reference: Report section 9.4.6)	16 weeks	Emailed verification from Fire Safety Consultant to Raymond on 04.06.14.

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