

# Announced Premises Inspection Report 29 November 2017



## St Francis

**Type of Service: Nursing Home**

**Address: 71 Charles Street, Portadown, Craigavon, BT62 4BD**

**Tel no: 028 3835 0970**

**Inspector: Raymond Sayers**

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Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a two storey detached nursing home where care is provided for 25 patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Mrs Mary Bernadette Breen	<b>Registered Manager:</b> Mrs Laura Mary Bridget Lavery
<b>Person in charge at the time of inspection:</b> Mrs Laura Mary Bridget Lavery	<b>Date manager registered:</b> 17 October 2017
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	<b>Number of registered places:</b> 25 comprising of : 24 – NH-I 1 - NH-PH

### 4.0 Inspection summary

An announced inspection took place on 29 November 2017 from 10.00 to 13.00.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

The inspection assessed progress with areas for improvement identified during and since the last premises inspection. The inspection determined if the service was well led, delivering safe, effective and compassionate care.

Issues requiring improvement were identified, and include providing competent person verification assurance for building services maintenance works.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	3

Details of the Quality Improvement Plan (QIP) were discussed with Mr Cathal Breen, Care Home Management Representative, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## **4.2 Action/enforcement taken following the most recent medicines management inspection dated 6 November 2017**

Other than those items detailed in the QIP no further actions required to be taken following the most recent inspection on 06 November 2017.

## **5.0 How we inspect**

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- recent inspection reports and returned QIPs
- recent correspondence with the service
- the establishment related incidents reported to RQIA since the last premises inspection.

The following records were examined during the inspection:

- 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.

During the inspection we met with Cathal Breen, Care Home Management representative, Mr Brendan McAlloran, Maintenance Supervisor/Janitor, kitchen & laundry staff

Issues requiring improvement identified at the last premises inspection were reviewed, and the assessment of compliance recorded as met, partially met, or not met.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 06 November 2017**

The most recent inspection of the service was an unannounced Follow up Medicines Management inspection, IN030092, completed on 06 November 2017.

This QIP will be validated by the pharmacy inspector at the next medicines management inspection.

## 6.2 Review of areas for improvement from the last premises inspection dated 08 May 2014

Areas for improvement from the last premises inspection		
Standard 32 – Premises and grounds - The following requirements and recommendations should be noted for action in relation to standard 32 – Premises and grounds		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 32.1	Complete a condition survey of all bedroom furniture, repair/replace defective/dilapidated items. (Reference: Report section 9.2.2)	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Repair/replacement works completed.	
<b>Area for improvement 2</b> <b>Ref:</b> 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	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Repair & cleaning works implemented.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 32.1	Refurbish kitchen wall cupboard units. Reference: Report section 9.2.5	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Repair refurbishment works implemented	
Standard 36 – Fire Safety – The following requirements and recommendations should be noted for action in relation to Standard 36 – Fire Safety		Validation of compliance
<b>Area for improvement 4</b> <b>Ref:</b> Regulation 27. (4) (a)	Display a fire zone plan adjacent the fire alarm panel. Reference: Report section 9.4.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Floor plan displayed	
<b>Area for improvement 5</b> <b>Ref:</b> 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	<b>Met</b>

	<b>Action taken as confirmed during the inspection:</b> Certificate submitted and reviewed.	
<b>Area for improvement 6</b>  <b>Ref:</b> 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	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Upgrade works not implemented	
<b>Area for improvement 7</b>  <b>Ref:</b> 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	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Upgrade works not implemented	
<b>Area for improvement 8</b>  <b>Ref:</b> 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	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Fire safety consultant deemed accredited.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

A range of documents related to the maintenance and inspection of the building engineering services was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the building engineering services, and risk assessments.



Documentation relating to the safe operation of the establishments installations and engineering services was also presented for review during this premises inspection.

A range of fire protection measures are implemented, this includes: a fire detection and alarm system, emergency lighting installation, 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 establishment takes account of : the interaction between the physical fire precautions, the fire hazards, the number of service users, 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.

These measures support the delivery of safe care.

### **Areas of good practice**

Planned preventative maintenance works are implemented, and building engineering services were inspected periodically in accordance with relevant British Standards.

### **Areas for improvement**

1. Legionella prevention controls are completed by the Maintenance Supervisor/Janitor, however the legionella risk assessment does not list specific recommendations detail; i.e: hot water flow & return temperature monitoring, hot & cold water temperature monitoring at sentinel taps & cold water storage tank annual inspection. The Maintenance supervisor indicated that this would be remedied.
2. The kitchen Gas Safe Register engineer inspection certificate dated 27 November 2017 indicated required kitchen ventilation and cooker canopy modifications to enhance health & safety controls.
3. Passenger lift maintenance engineer has recommended upgrade of passenger lift as replacement components are now difficult to source. Home management advised that a LOLER Regulation 9 thorough examination report was completed on 20 November 2017; however the report had not yet been received by the Registered Manager.
4. Public Health Agency inspectors conducted an inspection of the premises on 18 October 2017, and issued a report recommending infection control improvements. Facility management is currently assessing the recommendations to prepare for improvement work action.
5. Bedroom doors are FD30 specification and not FD30S. Intumescent seals are present however smoke seals are not incorporated in the doors or frames.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	2	3

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

There are arrangements in place for planned preventative maintenance works and control inspections, plus emergency repair works. Service users are involved in decisions related to redecoration works and replacement of floor finishes, where appropriate.

This supports the delivery of effective care.

There were no areas for improvement identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The accommodation reviewed during this premises inspection was well maintained, comfortable, clean, well ventilated, and adequately lit. Service users are consulted about decisions around décor and their private accommodation where appropriate.

This supports the delivery of compassionate care.

There were no areas for improvement identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.7 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

Premises related policies and documents are retained in a manner which is accessible to responsible persons.

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. Adequate support and resources are provided by the registered responsible person.



There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators.

This supports a well led service.

### Areas for improvement

There were no issues requiring improvement identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Mr Cathal Breen, Care Home Management Representative, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005.	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulations 14.(2)(a), (b) & (c) 27.(2)(q)  <b>Stated:</b> First time  <b>To be completed by:</b> gas safe register engineer specification	The registered person shall implement the Gas Safe Register engineer report recommendations in compliance with health and safety regulation requirements.  Ref: 6.4.2
	<b>Response by registered person detailing the actions taken:</b> We had an inspection by Mr Stewart Osborne of Fire Risk Assessments NI on 23rd January 2018. Mr Osborne's report concludes that "I am content to accept that the risk to life from a fire, will not increase with the removal of the door". The canopy has been measured and work will be carried out once the engineer's have it ready for installation.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulations 14.(2)(a),(b) & (c) 27.(2)(q)  <b>Stated:</b> First time  <b>To be completed by:</b> 21 February 2018	The registered person shall submit a copy of the Lifting Operations and Lifting Equipment Regulations (LOLER) thorough examination inspection report completed in November 2017, for RQIA premises inspector review.  Ref: 6.4.3
	<b>Response by registered person detailing the actions taken:</b> Attached. All comments made in this report have been actioned.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.	
<b>Area for improvement 1</b>  <b>Ref:</b> Standards 44 & 47  <b>Stated:</b> First time  <b>To be completed by:</b> 21 February 2018	The registered person shall review the legionella risk assessment (LRA) and ensure that required controls monitoring checks are implemented in accordance with LRA recommendations.  Ref: 6.4.1
	<b>Response by registered person detailing the actions taken:</b> This has been done.

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standards 44 &amp; 46</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> PHA recommended action plan</p>	<p>The registered person shall implement the Public Health Agency (PHA) inspection report recommended improvement works actions in compliance with PHA inspector recommended action plan time-frame.</p> <p>Ref: 6.4.4</p> <p><b>Response by registered person detailing the actions taken:</b> The inspection report states that the improvement works can be carried out when the Home is next being refurbished and taking this into consideration we will undertake to carry out the improvement works when we are next refurbishing the Home.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 48</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 13 March 2018</p>	<p>The registered person shall arrange for an inspection of all bedroom doors, and subsequently arrange for a planned upgrade of bedroom doors to FD30S fire resistance (integrity); i.e. installation of smoke seals</p> <p>Ref: 6.4.5</p> <p><b>Response by registered person detailing the actions taken:</b> A planned upgrade of all bedroom door smoke seals is being undertaken.</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**



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