

# Unannounced Premises Inspection Report 31 July 2018



## St Francis Care Home 1474

Type of service: Nursing Home  
Address: 71 Charles St, Portadown BT62 4BD  
Tel No: 028 38350970  
Inspector: Raymond Sayers

[www.rgia.org.uk](http://www.rgia.org.uk)

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 nursing home where care is provided for 25 patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> St Francis Care Home Limited/ Cathal Breen:	<b>Registered Manager:</b> Laura Mary Bridget Lavery
<b>Person in charge at the time of inspection:</b> Laura Lavery	<b>Number of registered places:</b> 25

### 4.0 Inspection summary

An unannounced inspection took place on 31 July 2018 from 11:00 to 12:40

This inspection was underpinned by:

- The Nursing Homes Regulations (Northern Ireland) 2005
- Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

The purpose of the inspection was to review progress made on issues listed on the previous premises inspection on 29 November 2017 (ref IN032605), and Estate support Officer review completed on 14 June 2018 (ref. IN032338).

The issues requiring additional clarification/review were: (1) legionella risk assessment, and controls monitoring (2) fire risk assessment, and bedroom door fire safety improvement works.

29 November 2017 Premises Inspection report: IN030111 QIP Items 1 & 3

<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>Area for improvement 3</b> <b>Ref:</b> Standard 48 <b>Stated:</b> Second time <b>To be completed by:</b> 13 March 2018	The registered person shall arrange for an inspection of all bedroom doors, and subsequently arrange for a planned upgrade of bedroom doors to FD30 fire resistance (integrity); i.e. installation of smoke seals.  Ref 6.4.5

The following areas were examined during the inspection:

- Legionella risk assessment
- Fire safety

The findings of this report will provide the provider with the necessary information to assist them to fulfil their responsibilities.

## 5.0 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Laura Lavery, Manager, 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 from this inspection.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### • Legionella risk assessment:

The registered manager indicated that a legionella risk assessment review had been completed in June 2018, and that the report had not yet been received by the home management. It could not be ascertained that the Thermostatic Mixing Valves (TMVs) had received periodic maintenance servicing by a competent person. A record of sentinel taps water temperature monitoring was not available for examination, however hot water temperature monitoring at the sluice room was recorded at 55C (legionella risk assessor /plumbing contractor should be consulted as to determine sentinel tap locations). Records reviewed indicated that shower heads were cleaned and chlorinated quarterly as per recommended good practice.

### • Fire risk assessment / bedroom door upgrade to FD30S specification

Intumescent strips have been installed in bedroom doors, however smoke seals are not included in the improvement works.

### Areas for improvement

- The legionella risk assessment action plan recommendations should be implemented & thermostatic mixing valves (TMVs) should be maintained periodically in accordance with manufacturer`s instructions.
- The registered person/manager should liaise with the home`s fire risk assessor and consider the incorporation of bedroom fire door smoke seals. The replacement of intumescent strips with intumescent strips having an integral smoke brush smoke seal will upgrade fire safety of doors to FD30S specification.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

## 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 Laura Laverty, Manager, 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
- 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the</b> Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standards 44 &amp; 47</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 17 October 2018</p>	<p>The registered person shall review the legionella risk assessment (LRA) and ensure that required controls monitoring checks are implemented in accordance with LRA recommendations. Thermostatic mixing valves shall be maintained in accordance with manufacturer`s recommendations.</p> <p>Ref: 6.1</p>
	<p><b>Response by registered person detailing the actions taken:</b> A quote has been received and we are awaiting a date that they are available to complete the works.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 48</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 17 October 2018</p>	<p>The registered person should liaise with the facility fire safety consultant and consider enhancing fire safety standards by replacing intumescent strips installed on bedroom fire doors, with intumescent strips incorporating integral smoke seals.</p> <p>Ref:6.2</p>
	<p><b>Response by registered person detailing the actions taken:</b> See attached report from our Fire Risk Assessor who addresses these points.</p>

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



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

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews

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