

Announced Premises Inspection Report 11 October 2016



Hebron House

Type of Service: Residential Care Home
Address: 84-86 Main Street, Markethill, BT60 1PL
Tel No: 028 37551357
Inspector: Raymond Sayers

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Hebron House took place on 11 October 2016 from 10:15 to 12:00hrs.

The inspection sought to assess progress with any issues raised during and since the last premises inspection, and to determine if the residential care home was well led, delivering safe, effective and compassionate care.

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. Several issues were however identified for attention by the registered provider; remedial actions were subsequently implemented and verified, therefore no requirements/recommendations were inserted in the Quality Improvement Plan. Refer to section 4.3

Is care effective?

On the day of the inspection the premises supported the delivery of effective care. There were no issues identified as requiring 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 identified as requiring attention 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 identified as requiring attention by the registered provider. Refer to section 4.6

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes Minimum Standards 2011:

1.1 Inspection outcome

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

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr James Wylie, Building Services Consultant, as part of the inspection process. There were no items listed as requiring remedial action, and therefore no recommendations/requirements noted on the Quality Improvement Plan.

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

1.2 Actions/enforcement taken following the most recent premises inspection

There were no further actions required to be taken following the most recent premises inspection dated 11 October 2016.

2.0 Service Details

Registered organisation/registered provider: Mr Norman Thomas Wylie and Mrs Jean Mildred Wylie	Registered manager: Mrs Mildred Jean Wylie
Person in charge of the home at the time of inspection: Mrs Mildred Jean Wylie	Date manager registered: 01 April 2005
Categories of care: RC-LD, RC-LD(E), RC-MP	Number of registered places: 21

3.0 Methods/processes

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

During the inspection the inspector met with two residents, kitchen & laundry staff, Mr Stanley Kingsmill (Management Consultant), Mrs Mildred Wylie, Registered Responsible Person, and Mr James Wylie, Building Services Consultant.

The following records were examined during the inspection: Copies of building services maintenance/test certificates, building user log books relating to the maintenance/inspection of the building and engineering services, legionellae risk assessment, and fire risk assessment.

4.0 The Inspection

The most recent inspection of the residential care home was an unannounced care inspection, IN024277, dated 28 June 2016. The completed QIP was returned, and reviewed by the care inspector on 22 July 2016. The return QIP will be validated by the care inspector at their next inspection.

4.2 Review of requirements and recommendations from the last premises inspection dated 07 January 2014

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulations 14.(2)(a),(b) &(c) Stated: First time	Inspect all window opening casement sashes, ensure that all casement openings are restricted to prohibit the passage of a 100mm diameter sphere through the window opening, and that restrictive devices are only disengaged/removed by use of a specialist tool. Action taken as confirmed during the inspection: Actions implemented.	Met
Requirement 2 Ref: Regulations 14.(2)(a),(b) &(c) Stated: First time	Verify that the electrical installation is inspected, tested, and assessed as compliant with BS7671. Action taken as confirmed during the inspection: Actions implemented.	Met
Requirement 3 Ref: Regulations 27.(4)(a) Stated: First time	Complete an inspection of all fire doors; implement repairs where necessary to ensure compliance with FD30s fire resistance specification. (integrity) Action taken as confirmed during the inspection: Actions implemented.	Met

4.3 Is care safe?

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

Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this premises 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 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. This supports the delivery of safe care.

A number of issues were identified for attention during this premises inspection, and are detailed in the 'areas for improvement' section below.

Areas for improvement

1. A BS5839 fire detection & alarm maintenance certificate dated 8 April 2016 was presented for examination; Mr James Wylie, Building Services Consultant stated that a BS5839 inspection was arranged for October 2016, and that a copy of the certificate will be submitted to RQIA upon receipt by the Registered Person; confirmed completed 18 October 2016.
2. The fire risk assessment was completed by NW Fire Ltd on 26 February 2015, and an audit was completed by facility management on 10 October 2016.

Mr James Wylie indicated that a fire risk assessment by an accredited assessor will be arranged, and a copy of the report will be submitted to RQIA. Fire risk assessment completed by North-West Fire Ltd on 18 November 2016; verified by e-mail Friday 28 October 2016.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

4.4 Is care effective?

There are arrangements in place for routine premises maintenance management and breakdown/repair works action. Service users are involved where appropriate in decisions around the maintenance of the premises. This supports the delivery of effective care.

There were no issues identified for attention during this premises inspection

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

4.5 Is care compassionate?

The accommodation reviewed during this premises inspection was well decorated, comfortable, clean, free from malodours and had adequate lighting levels.

Service users are consulted about decisions around decoration and the private accommodation maintenance issues, where appropriate. This supports the delivery of compassionate care.

There were no issues identified for attention during this premises inspection.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

4.6 Is the service well led?

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

Arrangements are in place for managing premises related incidents/notifiable events, and Medical Device 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 identified as requiring improvement/remedial attention during this premises inspection.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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.



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

 [@RQIANews](https://twitter.com/RQIANews)