

Announced Premises Inspection Report

5 May 2016



Peacehaven

34-38 Newry Street
Rathfriland
BT34 5PY
Tel No: 028 4063 8855
Inspector: Gavin Doherty

1.0 Summary

An announced premises inspection of Peacehaven took place on 5 May 2016 from 11:00 to 12:30.

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. However two issues were identified for attention by the registered person. Refer to section 4.3.

Is care effective?

On the day of the inspection the premises supported the delivery of effective care.

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care.

Is the service well led?

On the day of the inspection the management of the premises was considered to be well led.

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 | 2 |

Details of the QIP within this report were discussed with Fiona O'Hanlon, supervisor and Magda Turowska, supervisor as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent premises inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service Details

| | |
|--|--|
| Registered organisation/registered person: Peacehaven Care Services Ltd | Registered manager: Mary O'Hanlon |
| Person in charge of the home at the time of inspection: Fiona O'Hanlon, supervisor | Date manager registered: 19 January 2007 |
| Categories of care: RC-DE | Number of registered places: 8 |

3.0 Methods/processes

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

During the inspection the inspector met with Fiona O'Hanlon, supervisor and Magda Turowska, supervisor.

The following records were examined during the inspection: Copies of service records and in-house log books relating to the maintenance and upkeep of the building and engineering services, legionellae risk assessment, and fire risk assessment.

4.0 The Inspection

4.1 Review of requirements and recommendations from the previous inspection dated 18 March 2016

The previous inspection of the home was an unannounced care inspection. There were no requirements or recommendations made as a result of this inspection. However, an issue concerning the home's fire risk assessment was highlighted to the home's estate inspector and this is discussed further in section 4.3 of this report.

4.2 Review of requirements and recommendations from the last premises inspection

Dated, 26 September 2011

| Previous Inspection Statutory Requirements | | Validation of Compliance |
|---|--|--------------------------|
| Requirement 1 Ref: Regulation 14(2)(a)(c) Stated: First time | Ensure that the remedial works required as a result of the recent Fixed wiring electrical inspection (15/8/2011) are carried out without any further delay. | Met |
| | Action taken as confirmed during the inspection: The most recent inspection of the home's fixed wiring was undertaken on 8 March 2016 and found the installation to be 'satisfactory'. | |
| Requirement 2 Ref: Regulation 14(2)(a)(c) Stated: First time | Carry out a suitable and sufficient risk assessment with regards to the control of Legionella bacteria in the home's water systems. This will validate if the current checks and inspections carried out within the home are suitable and sufficient and will highlight any shortcomings. Reference should be made to the following guidance provided by the Health and Safety Executive, which will assist the home in achieving this requirement (free to download from www.hse.gov.uk). INDG253 'Controlling Legionella in nursing and residential homes.' INDG376 'Essential information for the providers of residential accommodation.' ACOP L8 'Legionnaires' disease. The control of legionella bacteria in water systems. Approved code of practice and guidance.' | Met |
| | Action taken as confirmed during the inspection: A risk assessment was in place and samples taken on 22 March 2016 found no legionella bacteria in the home's water systems. | |

| | | |
|---|--|-------------------|
| <p>Requirement 3</p> <p>Ref: Regulation 27(4)(a)</p> <p>Stated: First time</p> | <p>A suitable and sufficient fire risk assessment for the home was carried out in 2003 by a fire safety advisor. This risk assessment has been reviewed internally by management on an intermittent basis since this time.</p> <p>It is essential that this review of the fire risk assessment is carried out by a person who has sufficient training and experience, both to understand fully the requirement of fire safety procedures and management involved, and to undertake properly the measures referred to in the latest published fire safety legislation and guidance.</p> <p>Legislation and guidance issued since this fire risk assessment was carried out includes:</p> <p>NI Health Technical Memorandum 84 'Fire risk assessment in residential care premises' which came into effect on 1 April 2011.</p> <p>The Fire Safety Regulations (Northern Ireland) 2010 which came into effect on 15 November 2010.</p> <p>Action taken as confirmed during the inspection: A risk assessment was undertaken on 1 November 2013 which fulfilled this requirement.</p> | <p>Met</p> |
|---|--|-------------------|

| Previous Inspection Recommendations | | Validation of Compliance |
|---|---|--------------------------|
| Recommendation 1 Ref: Standard 27.8 Stated: First time | Ensure that the patient hoist, which is currently not required and in storage is 'serviced' and 'thoroughly examined' in accordance with current legislation and best practice guidance before being reintroduced into service in the home. Reference should be made to the following guidance provided by the Health and Safety Executive, which will assist the home in achieving this legal obligation (free to download from www.hse.gov.uk). INDG290 'Simple guide to Lifting Operations Lifting Equipment Regulations'. INDG339 (rev1) 'Thorough Examination and testing of Lifts'. | Met |
| | Action taken as confirmed during the inspection: This hoist is no longer in service within the home. | |

4.3 Is care safe?

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this premises inspection. This documentation included inspection and 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 overall 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 last carried out by a specialist risk assessor on 1 November 2013.

Two issues were however identified for attention during this premises inspection. These are detailed in the 'areas for improvement' section below.

Areas for improvement

The Home's Fire risk assessment was undertaken on 1 November 2013 and has been reviewed annually since by the registered manager for the home. However, the latest guidance issued by RQIA states that the person carrying out the review should hold professional body registration or third party certification for fire risk assessment and is registered accordingly with the relevant body. Reference should be made to the latest correspondence issued by RQIA to all registered homes on 2 April 2015 and the guidance contained therein. Refer to recommendation 1 on the attached QIP.

The most recent risk assessment with regards to the 'Control of Legionella bacteria in the home's hot and cold water systems', was undertaken on 17 August 2013. This risk assessment should be suitably reviewed, taking on board the latest best practice guidance as contained in HSG274 part 2 (Legionnaires' disease Part 2: The control of legionella bacteria in hot and cold water systems) which was issued by the Health and Safety Executive in April 2014. This document outlines specific requirements and recommendations relating to care homes and may be downloaded from the following link: www.hse.gov.uk/pubns/price/hsg274part2.pdf. Confirmation should be provided to RQIA upon completion of this review that any additional necessary control measures have been fully implemented and are being maintained within the home. Refer to recommendation 2 on the attached QIP.

| | | | |
|--------------------------------|----------|-----------------------------------|----------|
| Number of requirements: | 0 | Number of recommendations: | 2 |
|--------------------------------|----------|-----------------------------------|----------|

4.4 Is care effective?

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the premises.

This supports the delivery of effective care.

Areas for improvement

No areas for improvement were identified during the inspection.

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

4.5 Is care compassionate?

The areas of the premises reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit.

Service users are consulted about decisions around décor and the private accommodation where appropriate.

This supports the delivery of compassionate care.

Areas for improvement

No areas for improvement were identified during the inspection.

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

4.6 Is the service well led?

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

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.

Areas for improvement

No areas for improvement were identified during the inspection.

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

5.0 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Fiona O'Hanlon, supervisor and Magda Turowska, supervisor as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the 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 person/manager meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Residential Care Homes Minimum Standards 2011. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP should be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person should review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP should be returned to Estates.Mailbox@rqia.org.uk and assessed 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 person/manager 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 person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

Recommendation 1

Ref: Standard 29.1

Stated: First time

To be Completed by:
Upon next review of fire risk assessment

Ensure that when the fire risk assessment is next reviewed, the person carrying out the review holds professional body registration or third party certification for fire risk assessment and is registered accordingly with the relevant body. Reference should be made to the latest correspondence issued by RQIA to all registered homes on 2 April 2015 and the guidance contained therein.

Response by Registered Manager Detailing the Actions Taken:
The home shall ensure that the person carrying out the next fire risk assessment is appropriately qualified as recommended in the report.

Recommendation 2

Ref: Standard 27.8

Stated: First time

To be Completed by:
30 June 2016

Undertake a review of the current risk assessment regarding the control of legionella bacteria in the home's hot and cold water systems (incorporating the guidance contained in HSG 274 part 2) and confirm that additional necessary control measures have been fully implemented and are being maintained within the home.

Response by Registered Manager Detailing the Actions Taken:
The current risk assessment will be reviewed and additional necessary control measures will be fully implemented by the 30 June 2016.

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



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