



The Regulation and
Quality Improvement
Authority

Faith House
RQIA ID: 1603
25 Orpen Park
Belfast
BT10 0BN

Inspector: Kieran Monaghan
Inspection ID: IN021643

Tel: 028 90 61 23 18

Announced Estates Inspection
of
Faith House, Belfast
on
03 June 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced Estates inspection took place on 03 June 2015 from 10:35am to 1:10pm. Overall on the day of the inspection the premises supported the delivery of safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Care Standards for Nursing Homes April 2015.

1.1 Actions/Enforcement Taken Following the Last Inspection

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

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	9	0

The details of the QIP within this report were discussed with Mrs. Jane Moore, Registered Manager, and Mr. Nigel Smith who deals with the maintenance issues in connection with the premises, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Responsible Individual: Mr. Mervyn Wishart, Board of Trustees - Faith House	Registered Manager: Mrs. Jane Moore
Person in Charge of the Home at the Time of Inspection: Mrs. Jane Moore, Registered Manager	Date Manager Registered: 12 January 2015
Categories of Care: NH-I, NH-PH, NH-PH(E)	Number of Registered Places: 65
Number of Patients Accommodated on Day of Inspection: 57	Weekly Tariff at Time of Inspection: £593.00 + £44 Top-up (Nursing) £470.00 + £44 Top-up (Residential)

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 44: Premises

Standard 47: Safe and Healthy working Practices

Standard 48: Fire Safety

4. Methods/Process

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

Prior to the inspection an overview of the recent notified incidents was carried out. The issues included in the Quality Improvement Plan for the previous Estates inspection that was carried out on 30 August 2012 were also reviewed during this Estates inspection.

During the inspection, the inspector did not meet with patients, care staff, support staff, visiting professionals or patient's visitors/representatives.

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, fire risk assessment etc....

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of this home was an unannounced secondary care inspection on 27 April 2015. The completed QIP for this inspection has not yet been returned to RQIA.

5.2 Review of Requirements and Recommendations from the last Estates Inspection on 24 August 2012

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(c) 27(2)(q)	The report for the most recent safety inspection to the gas equipment and the gas pipework in the laundry should be followed up.	Met
	Action taken as confirmed during this inspection: The most recent safety inspection to the gas equipment and the gas pipework in the laundry was carried out on 02 June 2015 with a satisfactory outcome.	
Requirement 2 Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(q)	The issues noted in the report for the most recent inspection and test to the general electrical installation should be signed off.	Partially Met
	Action taken as confirmed during this inspection: The current position in relation to the issues noted in the report for the most recent inspection and test to the general electrical installation was not clear from the documentation available during this Estates inspection. Subsequent to this Estates inspection, RQIA received confirmation from Mrs. Moore that the electrician visited the home on 11 June 2015 to assess the current situation, to review the last report and to arrange a date for the completion of any checks required. The outcome of this visit and any further checks should be confirmed to RQIA. Reference should be made to requirement 1 in the attached Quality Improvement Plan.	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 3 Ref: Regulations 14(2)(a) 14(2)(c)	The issue in relation to the 'seat belt' comment included in the report for the most recent thorough examination of the hoists should be reviewed. The RQIA Nursing Inspector should be consulted as part of this review.	Not Met
	Action taken as confirmed during this inspection: The current position in relation to this issue was not clear. Clarification should be provided in relation to this issue. Reference should be made to requirement 2 in the attached Quality Improvement Plan.	
Requirement 4 Ref: Regulations 14(2)(a) 14(2)(c)	The small cupboard under the stairs for storing cleaning materials should be kept locked.	Met
	Action taken as confirmed during this inspection: A coded key pad lock had been fitted to the door of the small cupboard under the stairs and this cupboard was locked at the time of this Estates inspection.	

Previous Inspection Statutory Requirements	Validation of Compliance	
<p>Requirement 5</p> <p>Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(c) 27(2)(q)</p>	<p>The report for the most recent safety inspection to the gas equipment and the gas pipework in the boiler rooms should be followed up. Water samples should be tested for legionella bacteria to assist with the validation of the legionella bacteria control measures.</p> <p>Action taken as confirmed during this inspection: Subsequent to this Estates inspection the Registered Manager confirmed to RQIA that the safety checks to the gas boilers were completed on 24 June 2014 and that the certificate for same was available in the home. No information was presented for review in relation to testing water samples for legionella bacteria to assist with the validation of the legionella bacteria control measures. Water samples should be tested for legionella bacteria to assist with the validation of the legionella bacteria control measures. Reference should be made to requirement 3 in the attached Quality Improvement Plan.</p>	<p>Partially Met</p>
<p>Requirement 6</p> <p>Regulations 27(4)(b) 27(4)(c)</p>	<p>The stairs should be kept free from storage. The furniture on the first floor landing opposite the lift should also be reviewed in relation the ignition sources 0 & 5 fire retardant standard (furniture not marked with fire retardant standard). The report for the most recent inspection and test to the fire detection and alarm system should be available in the home.</p> <p>Action taken as confirmed during this inspection: The storage had been removed from the stairs. The furniture on the first floor landing opposite the lift landing did not have the ignition sources 0 & 5 fire retardant standard marked. Subsequent to this Estates inspection Mrs. Moore confirmed to RQIA that the labels on this furniture indicated compliance with fire safety regulations 1993, cigarette resistance and match resistance. The position in relation to compliance with ignition source 5 should be followed up. Advice should be sought from the fire risk assessor for the home. Reference should be made to requirement 4 in the attached Quality Improvement Plan.</p>	<p>Partially Met</p>

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 7 Regulation 27(4)(d)(iv)	The report for the most recent inspections and tests to the fire detection and alarm system should be available in the home.	Met
	Action taken as confirmed during this inspection: The fire detection and alarm system was inspected and serviced on 09 April 2015. The report for this inspection and service which indicated that the outcome of all tests was good was presented for review during this Estates inspection.	

Standard 44: Premises

Is Care Safe? (Quality of Life)

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this Estates inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. This supports the delivery of safe care.

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

Is Care Effective? (Quality of Management)

A range of accommodation, facilities and support services is provided in the premises. This supports the delivery of effective care.

Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. This supports the delivery of compassionate care.

Areas for Improvement

1. The corridor carpet at bedrooms 58, 59 and 62 was faded and should be replaced. Reference should be made to requirement 5 in the attached Quality Improvement Plan.
2. The external fire escape at bedroom 56 should be repainted. Any remedial works required to this fire escape should be completed before the repainting works are carried out. In addition a slip resistant finish should be applied to the treads of this fire escape. Reference should be made to requirement 5 in the attached Quality Improvement Plan.

Number of Requirements	1	Number Recommendations:	0
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5.3 Standard 47: Safe and Healthy Working Practices

Is Care Safe? (Quality of Life)

A range of documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this Estates inspection. This supports the delivery of safe care.

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

Is Care Effective? (Quality of Management)

The nature and needs of the patients are considered as part of the risk assessment processes and this is reflected in the management of the home. This supports the delivery of effective care.

Is Care Compassionate? (Quality of Care)

There are health and safety procedures and control measures in place which support the delivery of compassionate care.

Areas for Improvement

1. The next routine inspections and tests for the electrical equipment should be followed up. Reference should be made to requirement 6 in the attached Quality Improvement Plan.
2. A detailed record should be kept for the servicing of the thermostatic mixing valves throughout the premises. Reference should be made to requirement 6 in the attached Quality Improvement Plan.
3. The thorough examinations of the lifts and the lifting equipment were completed on 14 April 2015. The reports for these thorough examinations were presented for review during this Estates inspection. These reports indicated satisfactory condition although two issues were identified for attention. These related to a missing chair arm for a bath hoist and a defective light in the lift car. Completion of these issues should be confirmed to RQIA. Reference should be made to requirement 6 in the attached Quality Improvement Plan.
4. The legionella risk assessment was reviewed on 23 October 2012 and 22 October 2014. The three issues identified for attention in the report for the October 2014 review should be signed off by the registered manager. Reference should be made to requirement 6 in the attached Quality Improvement Plan.

Areas for Improvement Continued

5. The local environmental health officer completed a food hygiene inspection on 01 June 2015. The report for this inspection identified the need to make good the paintwork to the ceiling above the cooker. It was also noted during this Estates inspection that the area above the sink in the dishwasher area of the kitchen also required attention. Subsequent to this Estates inspection Mrs. Moore confirmed to RQIA that work in the kitchen area had been assessed by a relevant company and measured up for stainless steel. Completion of these works should be confirmed to RQIA. Reference should be made to requirement 7 in the attached Quality Improvement Plan.
6. The restrictors for the window opening in bedroom 38 were not in place. Subsequent to this Estates inspection however, Mrs. Moore confirmed that this issue had been addressed.
7. The shower hose at the bath in the bathroom at sluice 4 should be replaced. The temperature of the unblended hot water in the plumbing system should be increased to a minimum of 55°C in line with the most recent guidance from the Health and Safety Executive. Reference should be made to requirement 7 in the attached Quality Improvement Plan.

Number of Requirements	2	Number Recommendations:	0
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5.4 Standard 48: Fire Safety

Is Care Safe? (Quality of Life)

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. Fire drills were completed in November/December 2014 and again in April/May 2015. In addition, Mrs. Moore confirmed that two sessions of fire safety training had also been arranged for 12 June 2015. This supports the delivery of safe care.

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

Is Care Effective? (Quality of Management)

The standard used by the registered persons 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 patients, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment. This supports the delivery of effective care.

Is Care Compassionate? (Quality of Care)

The standard used by the registered persons to determine the extent of fire safety protection measures that are appropriate for the premises recognises the need to maintain a homely, non-institutionalised environment. This supports the delivery of compassionate care.

Areas for Improvement

1. The service record on the fire extinguisher in the lift plant room was not up to date. This fire extinguisher should be checked and the service details should be brought up to date. Reference should be made to requirement 8 in the attached Quality Improvement Plan.
2. The need for a fire detector in the staff changing facility in the single storey nursing section of the premises should be reviewed with the Fire Risk Assessor for the home. Reference should be made to requirement 8 in the attached Quality Improvement Plan.
3. The bedroom doors were not self-closing in line with the recent guidance issued by the Northern Ireland Fire and Rescue Service. Subsequent to this Estates inspection, RQIA received confirmation from Mrs. Moore that this issue had been raised with the Trustees of Faith House and the way forward in relation to this issue would be discussed with the fire risk assessor for the home on 12 June 2015. Following these discussions, a programme of work with firm timescales to address this issue should be drawn up. Details for this programme of work should be confirmed to RQIA. Reference should be made to requirement 9 in the attached Quality Improvement Plan.
4. The door to the nursing office on the first floor of the nursing section of the premises should not be wedged open. Consideration should be given to the installation of an appropriate hold open device activated by the fire detection and alarm system on this door. Subsequent to this Estates inspection RQIA received confirmation from Mrs. Moore that this issue had been addressed with the relevant member of staff.
5. The staff corridor outside the kitchen has developed as an informal location for some kitchen equipment (freezers etc...). This corridor is not required for escape purposes for the patients and residents. This area is also protected from the adjacent staircase by a self-closing fire door. Although this self-closing fire door provides protection to the adjacent staircase, this arrangement would not be in line with current best fire safety practice. Subsequent to this Estates inspection Mrs. Moore confirmed to RQIA that this issue would be discussed with the fire risk assessor for the home on 12 June 2015. The outcome of this discussion and the proposed action re same should be confirmed to RQIA. Reference should be made to requirement 9 in the attached Quality Improvement Plan.

Number of Requirements	2	Number Recommendations:	0
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5.5 Additional Areas Examined

No additional areas were examined during this Estates inspection.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs. Jane Moore, Registered Manager, and Mr. Nigel Smith who deals with the maintenance issues in connection with the premises, 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.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Care Standards for Nursing Homes April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 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 responsible 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 **RQIA's office at 'Hilltop' Tyrone and Fermanagh Hospital, Omagh, County Tyrone BT79 0NS** for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered persons from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered persons with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Statutory Requirements	
<p>Requirement 1</p> <p>Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(q)</p> <p>Stated: Second Time</p> <p>To be Completed by: 03 August 2015</p>	<p>The current position in relation to the inspection and testing of the fixed wiring installation including addressing any issues identified for attention should be confirmed to RQIA.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: A Full fixed wiring test completed on 6th July 2015. Completion of any maintenance work has been discussed with relevant contractor with agreed date for work to be completed by - 30th July 2015.</p>
<p>Requirement 2</p> <p>Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(c)</p> <p>Stated: Second Time</p> <p>To be Completed by: 03 July 2015</p>	<p>The current position in relation to the 'seat belt' comment included in the report for one of the previous thorough examinations of the hoists should be clarified.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: hoist has seat belt fitted. Checked and verified by home manager and maintenance supervisor.</p>
<p>Requirement 3</p> <p>Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)</p> <p>Stated: Second Time</p> <p>To be Completed by: 03 August 2015</p>	<p>Water samples should be tested for legionella bacteria to assist with the validation of the legionella bacteria control measures.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: Sourced relevant contractor to complete full legionella risk assessment and also legionella specific lab sampling. To be completed on 10th August 2015. Full report will be available following this on request.</p>

Quality Improvement Plan	
Statutory Requirements	
<p>Requirement 4</p> <p>Ref: Regulation 27(4)(b)</p> <p>Stated: Second Time</p> <p>To be Completed by: 03 August 2015</p>	<p>The position in relation to compliance with ignition source 5 for the furniture on the first floor landing opposite the lift should be followed up and confirmed to RQIA. Advice should be sought from the fire risk assessor for the home.</p> <p>Response by Registered Manager Detailing the Actions Taken: <i>Fire Risk assessor, Raymond Moore, visited the home and confirmed compliance with ignition source 5. Home also confirmed being sourced from supplier.</i></p>
<p>Requirement 5</p> <p>Ref: Regulations 27(2)(b) 27(2)(d)</p> <p>Stated: First Time</p> <p>To be Completed by: 03 August 2015</p>	<p>The corridor carpet at bedrooms 58, 59 and 62 should be replaced. The external fire escape at bedroom 56 should be repainted. Any remedial works required to this fire escape should be completed before the repainting works are carried out. In addition a slip resistant finish should be applied to the treads of this fire escape.</p> <p>Response by Registered Manager Detailing the Actions Taken: <i>Costings and appropriate replacement of flooring has been done and awaiting confirmation of same so that replacement can be done. Fire escape painting at 56 will be completed by 30 July 2015 and slip resistant finish is applied. Fix at RM35 also done.</i></p>
<p>Requirement 6</p> <p>Ref: Regulation 13(7) 14(2)(a) 14(2)(c) 27(2)(c) 27(2)(q)</p> <p>Stated: First Time</p> <p>To be Completed by: 03 August 2015</p>	<p>The next routine inspections and tests for the electrical equipment should be followed up. A detailed record should be kept for the servicing of the thermostatic mixing valves throughout the premises. Completion of the issues identified for attention in the report for the most recent thorough examinations of the lift and the hoists (missing chair arm for a bath hoist and a defective light in the lift car) should be confirmed to RQIA. The three issues identified for attention in the report for the legionella risk assessment review on 22 October 2014 should be signed off by the registered manager.</p> <p>Response by Registered Manager Detailing the Actions Taken: <i>PAT testing was completed on 17/11/2014. Maintenance commencing a record of servicing of mixing valves and record sheet will be available. Light has been fixed in lift. Bath hoist with missing arm not being used anymore.</i></p>

Quality Improvement Plan

Statutory Requirements

<p>Requirement 7</p> <p>Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(c) 27(2)(q)</p> <p>Stated: First Time</p> <p>To be Completed by: 03 August 2015 and Ongoing</p>	<p>Completion of the improvement works in the kitchen should be confirmed to RQIA. The shower hose at the bath in the bathroom at sluice 4 should be replaced. The temperature of the unblended hot water in the plumbing system should be increased to a minimum of 55°C in line with the most recent guidance from the Health and Safety Executive.</p> <p>Response by Registered Manager Detailing the Actions Taken: All improvement work to kitchen completed by 7th July 2015. Shower hose replaced. Temperature to plumbing system has been increased to 55°C. Maintenance completing regular checks to ensure this is maintained.</p>
<p>Requirement 8</p> <p>Ref: Regulations 27(4)(b) 27(4)(d)(i) 27(4)(d)(iv)</p> <p>Stated: First Time</p> <p>To be Completed by: 03 July 2015</p>	<p>The service record on the fire extinguisher in the lift plant room should be checked and the service details should be brought up to date. The need for a fire detector in the staff changing facility in the single storey nursing section of the premises should be reviewed with the Fire Risk Assessor for the home.</p> <p>Response by Registered Manager Detailing the Actions Taken: A new company was sourced re servicing of all fire extinguishers. All up to date. G4S Fire panel maintenance company fitted a fire detector into staff changing facility.</p>

Quality Improvement Plan

Statutory Requirements

Requirement 9

Ref: Regulations
27(4)(b)
27(4)(c)
27(4)(d)(i)

Stated: First Time

A programme of work with firm timescales should be drawn up to address the self-closing issue to the bedroom doors in line with the recent guidance from the Northern Ireland Fire and Rescue Service. Details for this programme of work should be confirmed to RQIA. The outcome of the discussions with the fire risk assessor in relation to the fire protection measures to the staff corridor outside the kitchen and the proposed action re same should be confirmed to RQIA.

To be Completed by:
03 August 2015

Response by Registered Manager Detailing the Actions Taken:

Meeting held with Fire Risk Assessor, Raymond Moore, about corridor outside kitchen. A second door is not deemed necessary. This area has been reviewed and a drinks machine has been removed. Programme of work being drawn up with input from Board of Trustees.

Registered Manager Completing QIP	<i>[Signature]</i>	Date Completed	24/7/15
Registered Person Approving QIP	<i>[Signature]</i>	Date Approved	24/7/15
RQIA Inspector Assessing Response	<i>[Signature]</i>	Date Approved	2/10/15

Please ensure the QIP is completed in full and returned to RQIA's office at 'Hilltop' Tyrone and Fermanagh Hospital, Omagh, County Tyrone BT79 0NS from the authorised email address

**Clarification of follow up required on some items*