



The Regulation and
Quality Improvement
Authority

Announced Followup Premises Inspection Report 18 July 2017



Sir Samuel Kelly Memorial Eventide Home

Type of Service: Residential Care Home
Address: 39 Bangor Road, Holywood, BT18 0NE
Tel No: 028 9042 2293
Inspector: Gavin Doherty

www.rqia.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 provider 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 residential care home with 40 beds that provides care for older people.

3.0 Service details

Registered organisation/registered provider: The Salvation Army Mrs Elaine Cobb	Registered manager: Mrs Linda Hook
Person in charge of the home at the time of inspection: Mrs Linda Hook	Date manager registered: 30 September 2008
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia TI – Terminally Ill MP - Mental disorder excluding learning disability or dementia	Number of registered places: 40

4.0 Inspection summary

An announced premises inspection of Sir Samuel Kelly Memorial Eventide Home took place on 18 July 2017 from 10:00 to 11:30.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Home Regulations (Northern Ireland) 2005, and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Residential Care Homes (2011).

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Sharon Cushley, Deputy Head of Care, 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. During the inspection the inspector met with Sharon Cushley, Deputy Head of Care and Paul Marsh, Administration Manager.

The findings of the inspection were provided to the Sharon Cushley at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 28 February 2017

The most recent inspection of the establishment was an announced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last premises inspection

6.2 Review of areas for improvement from the last premises inspection dated 15 December 2016.

Areas for improvement from the last premises inspection		Validation of compliance
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		
<p>Area for improvement 1</p> <p>Ref: Regulation 27</p> <p>Stated: Second time</p>	<p>As part of the legionella controls and to help ensure the delivery of safe hot water the thermostatic mixing valves should be maintained in accordance with the Health and Safety Executive document HSG274 Part 2.</p> <p>It is recommended that the arrangement for checking safe water temperatures is amended and formalised to ensure that the temperature of hot water from all outlets accessible to residents is regularly monitored to ensure the thermostatic mixing valves are working effectively and that the temperature of the hot water is in line with the Health Guidance Note '<i>Safe hot water and surface temperatures.</i></p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: The inspector confirmed that suitable safeguards are in place and maintained.</p>	
<p>Area for improvement 2 Ref: Regulation 27 Stated: Second time</p>	<p>Gas Safe certification should be obtained for the laundry installation. The certificate should verify that the appliances and pipework are safe to use.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed that there are now no gas appliances in the Laundry at the time of inspection.</p>	<p>Met</p>
<p>Area for improvement 3 Ref: Regulation 27 Stated: Second time</p>	<p>The door to the laundry should be adjusted so that it reliably closes to the stops under force of the closer. It is recommended that the correct operation of doors to fire hazard rooms is regularly checked.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed that this door effectively self closed at the time of inspection.</p>	<p>Met</p>
<p>Action required to ensure compliance with Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1 Ref: Standard 29 Stated: First time</p>	<p>RQIA recommend that the person carrying out reviews of the fire risk assessment should hold professional body registration or third party certification for fire risk assessment and be registered accordingly with the relevant body.</p> <p>Reference should be made to correspondence issued by RQIA to all registered homes on 31 January 2013 and 02 April 2015.</p> <p>It should be confirmed that appropriate Firecode documents such as NIHTM84 (Fire risk assessment in residential care premises) was referenced during the current fire risk assessment.</p> <p>Action taken as confirmed during the inspection: No further action has been implemented with regards to the premises fire risk assessment. This area for improvement is discussed further in this report and is restated for a second time.</p>	<p>Not met</p>

Area for improvement 2 Ref: Standard 29 Stated: First time	Each fire alarm call point should be uniquely identified and the weekly test record system updated to show that all points are tested in rotation. Action taken as confirmed during the inspection: This will be inspected at the next full premises inspection.	Met
Area for improvement 3 Ref: Standard 27 Stated: First time	In relation to the control of legionella it is recommended that the arrangement for checking the calorifier and hot sentinel water temperatures is reviewed as the records indicate that the results being obtained are inconsistent. Action taken as confirmed during the inspection: This will be inspected at the next full premises inspection.	Met
Area for improvement 4 Ref: Standard 27 Stated: First time	It is recommended that a regular check is carried out to ensure that tall furniture is appropriately secured against toppling. Action taken as confirmed during the inspection: This will be inspected at the next full premises inspection.	Met

6.3 Inspection findings

Premises/environment

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting installation, portable fire-fighting equipment, structural fire separation and protection to the means of escape.

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance.

The areas of the establishment 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 their private accommodation where appropriate.

Areas for Improvement

A review of the fire risk assessment was carried out by the home manager in October 2016. The review was based on an assessment carried out by a fire risk assessor in August 2015. The previous report confirms there was no action plan arising out of the review undertaken in 2016.

As stated previously, the standard referenced in the 2015 assessment and the accreditation of the assessor could not be confirmed. However, it was ascertained that this assessment, and the subsequent review in 2016, made no reference to the guidance contained in Northern Ireland Health Technical Memorandum 84 'Fire Risk Assessment in Residential Care Premises'(NIHTM84).

The inspector discussed this further with Sharon Cushley and drew attention to the importance of the competency of the person undertaking the fire risk assessment. This has been brought very much to the fore as a result of the recent fatal 'Grenfell Tower' fire in London. NIHTM84 states that 'Persons will be considered competent where they have sufficient technical 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 this document'.

RQIA strongly recommend that fire risk assessments in residential care homes are carried out by accredited assessors and that it should be ensured that relevant Firecode documents such as NIHTM84 are referenced in the assessment.

This area for improvement is restated in the quality improvement plan attached to this report.

	Regulations	Standards
Total number of areas for improvement	0	1

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 Sharon Cushley, Deputy Head of Care, 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 dental practice. 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 Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Home Regulations (Northern Ireland) 2005, and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Residential Care Homes (2011).

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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Standard 29</p> <p>Stated: Second time</p> <p>To be completed by: Upon next review of the fire risk assessment</p>	<p>The Registered Person shall ensure that the person carrying out reviews of the fire risk assessment hold professional body registration or third party certification for fire risk assessment and be registered accordingly with the relevant body.</p> <p>Reference should be made to correspondence issued by RQIA to all registered homes on 31 January 2013 and 02 April 2015.</p> <p>It should be confirmed that appropriate Firecode documents such as NIHTM84 (Fire risk assessment in residential care premises) was referenced during the current fire risk assessment.</p>
	<p>Response by registered person detailing the actions taken: The Procurement Unit at The Salvation Army have now contacted CHUBB to carry out the home's 3 year FRA on 19 August. The FRA will ensure that NIHTM84 has been included in all reports and ensure that they cover the NI fire code requirements and reference these in annual reviews of the FRA.</p>

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



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