



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No: 17914
Establishment ID No: 1756
Name of Establishment: Hanna Street
Date of Inspection: 3 June 2014
Inspector's Name: Gavin Doherty

1.0 GENERAL INFORMATION

Name of Home:	Hanna Street
Address:	8 Hanna Street York Road Belfast BT15 1GQ
Telephone Number:	028 9504 2810
Registered Organisation/Provider:	Mr Colm Donaghy, Chief Executive Belfast Health and Social Care Trust
Registered Manager:	Mrs Barbara McGarrity
Person in Charge of the Home at the time of Inspection:	Mrs Barbara McGarrity
Other person(s) consulted during inspection:	Mr Danny McCartney
Type of establishment:	Residential Care Home
Number of Registered Places:	2 RC-LD, RC-LD(E)
Date and time of inspection:	3 June 2014 from 10:30-12:00
Date of previous inspection:	8 December 2011
Name of Inspector:	Gavin Doherty

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes.

This is a report of an announced inspection to assess the quality of the premises and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. The report details the extent to which the standards measured during inspection were met.

3.0 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the premises and grounds were safe, well maintained and remain suitable for their stated purpose in compliance with legislative requirements and current minimum standards. This was achieved through a process of evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards.

The aims of the inspection were to examine the estates related policies, practices and monitoring arrangements for the provision of Residential Care homes, and to determine the provider's compliance with the following:

- HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- Residential Care Homes Regulations (Northern Ireland) 2005
- Residential Care Homes Minimum Standards (DHSSPS, 2011)

Other published standards which guide best practice may also be referenced during the Inspection process.

4.0 METHODS/PROCESS

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

- Discussion with Mrs Marion Fitzimmons
- Examination of records
- Inspection of the home internally and externally. Residents' private bedrooms were only inspected when unoccupied and permission was granted.
- Evaluation and feedback

Any other information received by RQIA about this Registered Provider has also been considered by the Inspector in preparing for this inspection.

5.0 CONSULTATION PROCESS

During the course of the inspection, the Inspector spoke to Mrs Barbara McGarrity, registered manager and Mr Danny McCartney, BH SCT estates officer.

6.0 INSPECTION FOCUS

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards and to assess progress with the issues raised during and since the previous inspection:

Standards inspected:

- Standard 27 - Premises and grounds
- Standard 28 - Safe and healthy working practices
- Standard 29 - Fire Safety

7.0 SUMMARY

Following the Estates Inspection of Hanna Street on 3 June 2014 improvements are required to comply with the Residential Care Homes Regulations (Northern Ireland) 2005 and the criterion outlined in the following standards:

- Standard 27 - Premises and Grounds
- Standard 28 - Safe and healthy working practices
- Standard 29 - Fire Safety

This resulted in three requirements and no recommendations. These are outlined in the quality improvement plan appended to this report.

The Estates Inspector would like to acknowledge his gratitude to Mrs Barbara McGarrity and the staff of the home for their hospitality and assistance throughout the inspection process.

8.0 INSPECTOR'S FINDINGS

8.1 Recommendations and requirements from previous inspection

8.1.1 It was good to note that the issues raised in the report of the previous estates inspection on 8 December 2011 had been fully addressed.

8.2 **Standard 27 - Premises and grounds** - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

8.2.1 There was good evidence of maintenance activities throughout the home and the home continues to be kept very clean and is maintained to a high standard. This is to be commended. Maintenance procedures for the building and engineering services were inspected and all appeared to be in order. However, one issue was identified for attention by the manager. This is detailed below and in the section of the attached quality improvement plan titled '**Standard 27 – Premises and grounds**'.

8.2.2 The vinyl strip flooring in the main Lounge was lifting at the joints in several areas of the room. It is essential that this defect is made good or that the floor finish is replaced with a suitable new floor finish.
(Item 1 in the attached Quality Improvement Plan)

8.3 **Standard 28 - Safe and healthy working practices** - *The home is maintained in a safe manner*

8.3.1 By in large, safe and healthy working practices appear evident throughout the home in accordance with this standard. A risk assessment in regards to the control of Legionella bacteria in the home's hot and cold water systems is in place and suitable control measures are in place and maintained. An inspection of the home's fixed electrical installation was undertaken on 9 April 2014 and the remedial works resulting from this inspection are currently being implemented. The Local council's environmental health department has inspected the catering facilities within the home, and has awarded the maximum score of 5. However, one issue was identified for attention by the manager. This is detailed below and in the section of the attached quality improvement plan titled '**Standard 28 - Safe and healthy working practices**'.

8.3.2 There were no records available at the time of the inspection to indicate that the Overhead tracking hoist in the ground floor respite bedroom was undergoing its 'thorough examination' and the correct frequency. It is important that this piece of equipment is thoroughly examined every 6 months in accordance with the Lifting Operations, Lifting Equipment Regulations.
(Item 2 in the attached Quality Improvement Plan)

8.4 **Standard 29: Fire safety** - *Fire safety precautions are in place that reduce the risk of fire and protect residents, staff and visitors in the event of fire.*

8.4.1 Fire Safety procedures in the home are, in the main, generally in line with this standard. A review of the homes' fire risk assessment was undertaken on the 26 July 2013. The significant requirements have been implemented and signed-off as completed by the manager.

The fire alarm and detection system, emergency lighting installation and portable fire-fighting equipment are suitably serviced, inspected and maintained in line with current best practice. The required in-house checks are also maintained and records were available for inspection within the home.

A fire drill was carried out within the home on 25 May 2014, and fire safety training was provided to staff on 14 March 2014 and previously on 17 September 2013, ensuring all staff receive training every six months.

All bedroom doors are fitted with door closers. However, one issue was identified for attention by the manager. This is detailed below and in the section of the attached quality improvement plan titled '**Standard 29 – Fire safety**'.

8.4.2 Clarification should be given in the fire risk assessment by the home's fire risk assessor in relation to the emergency override procedures in place for the magnetic locks on the external fire escape doors. At present it was noted that the green break glass units have been replaced with key switched units which are required to be overridden by a staff member with a suitable key.
(Item 3 in the attached Quality Improvement Plan)

9.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Barbara McGarrity and Mr Danny McCartney as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the quality improvement plan.

10.0 Enquiries

Enquiries relating to this report should be addressed to:

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



The **Regulation** and
Quality Improvement
Authority

Quality Improvement Plan
Announced Estates Inspection
Hanna Street
3 June 2014

QIP Position Based on Comments from Registered Persons (for RQIA use only)		QIP Closed		Estates Officer	Date
		Yes	No		
A.	All items confirmed as addressed.		✓	Gavin Doherty	27/10/2014
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.				
C.	Clarification or follow up required on some items.				

NOTES:

The details of the quality improvement plan were discussed with Mrs Barbara McGarrity and Mr Danny McCartney as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Care Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the residential home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the quality improvement plan.

The quality improvement plan is to be completed by the registered provider and registered manager and returned to estates@rqia.org.uk.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Barbara McGarrity
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Martin Dillon, Acting Chief Executive

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Assurance, Challenge and Improvement in Health and Social Care

Standard 27 – Premises and grounds

The following requirements and recommendations should be noted for action in relation to Standard 27 – Premises and grounds

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (s)
1	Regulation 27 (2)(b),(d)	The vinyl strip flooring in the main Lounge was lifting at the joints in several areas of the room. It is essential that this defect is made good or that the floor finish is replaced with a suitable new floor finish. (Refer to 8.2.2 in the report)	12 Weeks	The floor has now been replaced with new strip flooring.

Standard 28 - Safe and healthy working practices

The following requirements and recommendations should be noted for action in relation to Standard 28 - Safe and healthy working practices

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (s)
2	Regulation 27 (2)(q) 14 (2)(a),(c)	There were no records available at the time of the inspection to indicate that the Overhead tracking hoist in the ground floor respite bedroom was undergoing its 'thorough examination' and the correct frequency. It is important that this piece of equipment is thoroughly examined every 6 months in accordance with the Lifting Operations, Lifting Equipment Regulations (Refer to 8.3.2 in the report)	Immediate & On-going.	The servicing was completed on the 15 th July 2014.

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Assurance, Challenge and Improvement in Health and Social Care

Standard 29 – Fire safety

The following requirements and recommendations should be noted for action in relation to Standard 29 – Fire safety

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (s)
5	Regulation 27 (2)(q) 14 (2)(a),(c)	Clarification should be given in the fire risk assessment by the home's fire risk assessor in relation to the emergency override procedures in place for the magnetic locks on the external fire escape doors. At present it was noted that the green break glass units have been replaced with key switched units which are required to be overridden by a staff member with a suitable key (Refer to 8.4.2 in the report)	Upon review of fire risk assessment.	Completed at Hanna Street annual Fire Risk Assessment update took place on the 8 th July 14.

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Assurance, Challenge and Improvement in Health and Social Care