

Announced Premises Inspection Report 05 May 2016



24 PETTIGO ROAD

Address: Letterbreen, Kesh, BT93 1QX
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Inspector: Raymond Sayers

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of 24 Pettigo Road took place on 05 May 2016 from 13.45 to 16.15hrs.

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. Some issues were however 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 and no issues were identified for remedial attention. Refer to section 4.4.

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care and no issues were identified for remedial attention. 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 and no issues were identified for remedial attention. 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	3

Details of the QIP within this report were discussed with Ms Nicole West (Acting Registered Manager) and Mr Mark McNulty (Team Leader) 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 items 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: Praxis Care Group/Challenge	Registered manager: Nicole West - Acting
Person in charge of the home at the time of inspection: Nicole West – Acting Registered Manager	Date manager registered: Nicole West - Acting
Categories of care: RC-LD, RC-LD(E)	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 duty call log.

During the inspection the inspector met with two residents, the acting manager and one member of the care staff.

The following records were examined during the inspection: Copies of building services certificates, building user log books relating to maintenance inspections of building 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 10/11/2015

The previous inspection of the establishment was an unannounced care inspection, dated 10/11/2015. The completed QIP was returned, and approved by the care inspector on 13/01/2016.

4.2 Review of requirements and recommendations from the last premises inspection dated 02/07/2013

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 31 (1)(h) Stated: First time	Submit retrospective notification of interior building alteration works to RQIA registration team.	Met
	Action taken as confirmed during the inspection: Notification submitted.	
Requirement 2 Ref: Regulation 27(2)(c) Stated: First time	Examine and review the BS7671 Periodic Inspection Report for the electrical installation, confirm that the electrical installation is safe and compliant with Regulation 4 of the Electricity at Work Regulations.	Met
	Action taken as confirmed during the inspection: Periodic Inspection completed.	
Requirement 3 Ref: Regulation 27(2)(c) Stated: First time	Verify that the Thermostatic Mixing Valves (TMVs) are maintained in accordance with a currently valid health & safety policy and risk assessment.	Met
	Action taken as confirmed during the inspection: TMV maintenance work implemented.	
Requirement 4 Ref: Regulation 27(4)(a) Stated: First time	Review and amend the facility fire risk assessment.	Met
	Action taken as confirmed during the inspection: Fire risk assessment reviewed.	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 27.1 Stated: First time	Replace stairway carpet.	Met
	Action taken as confirmed during the inspection: Carpet replaced.	
Recommendation 2 Ref: Standard 29.2 Stated: First time	Record the Break Glass Unit (BGU) activated during each weekly BS5839 fire alarm system test.	Met
	Action taken as confirmed during the inspection: Records completed as directed.	

4.3 Is care safe?

A range of building services maintenance documents were presented for review during this estates inspection. This documentation included: risk assessments, inspection and test reports for various elements of the engineering services.

Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this estates 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; evidence was however not presented to verify that the assessment was carried out by a risk assessor holding professional body registration for fire risk assessors, as recommended by the RQIA. This issue will be addressed by a recommendation in the Quality Improvement Plan.

This supports the delivery of safe care.

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

Areas for improvement

1. Evidence was not presented to verify that the fire risk assessment was completed by an assessor holding professional body registration as recommended by RQIA guidance communication dated 02 April 2015.

Refer to Quality Improvement Plan recommendation 1.

2. BS5839 fire detection and alarm system maintenance certificates dated 13 April 2015 and 5 April 2016 were submitted for examination. The acting registered manager stated that evidence of six monthly inspection engineer services would be submitted.

Refer to Quality Improvement Plan recommendation 2.

3. The BS7671 Periodic Inspection Report, IPN3/0207713 was valid until 9 April 2015 and is therefore now overdue. The acting registered manager stated that this issue would be addressed.

Refer to Quality Improvement Plan recommendation 3.

Number of requirements:	0	Number of recommendations:	3
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4.4 Is care effective?

There are arrangements in place for routine premises management plus emergency break-down repairs. Service users are involved, where appropriate in decisions around the upkeep of the premises.

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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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.

Conversations held with two residents indicated that they were happy with the condition of the environment and were involved in selecting colours/patterns for wall decoration and curtain fabrics.

This supports the delivery of compassionate care.

Number of requirements:	0	Number of recommendations:	0
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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 and Equipment Alerts.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises. Adequate support and resources are provided 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.

Number of requirements:	0	Number of recommendations:	0
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5.0 Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Nicole West, Acting Registered Manager 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 will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will 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

<p>Recommendation 1</p> <p>Ref: Standard 29.1</p> <p>Stated: First time</p> <p>To be Completed by: At time of next fire risk assessment review</p>	<p>The registered responsible person should ensure that at the time of next review of the fire risk assessment, the fire risk assessor holds professional body registration or third party body certification for fire risk assessments as recommended in RQIA communication dated 02 April 2015. "Competence of persons carrying out fire risk assessments in residential care and nursing homes".</p> <p>Response by Registered Manager Detailing the Actions Taken: Certificate in Health and Safety File</p>
<p>Recommendation 2</p> <p>Ref: Standard 29.2</p> <p>Stated: First time</p> <p>To be Completed by: 21 July 2016</p>	<p>The registered responsible person should submit verification that the BS5839 fire detection and alarm system is maintained by competent engineers periodically at a frequency compliant with BS5839.</p> <p>Response by Registered Manager Detailing the Actions Taken: Certificates sent to Inspector by Focus Systems for review</p>
<p>Recommendation 3</p> <p>Ref: Standard 28.1</p> <p>Stated: First time</p> <p>To be Completed by: 21 July 2016</p>	<p>The registered responsible person should submit verification that a current and valid electrical installation BS7671 periodic inspection certificate is in place and that the installation is compliant with Regulation 4 of the Electricity at Work Regulations.</p> <p>Response by Registered Manager Detailing the Actions Taken: KDD electrical has carried out electrical installation report and has forwarded 1 recommendation. Currently in the process of ordering parts to allow us to meet this recommendation. This recommendation does not compromise the safety of the home.</p>

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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