

# Announced Premises Inspection Report 04 May 2016



## Marie Curie Hospice

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**Inspector: Colin Muldoon**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced premises inspection of Marie Curie Hospice took place on 04 May 2016 from 10:00 to 16:30hrs.

### Is care safe?

On the day of the inspection the premises supported the delivery of safe care. However some 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 Independent Health Care Regulations (Northern Ireland) 2005 and the Minimum Care Standards for Independent Healthcare Establishments July 2014:

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

Details of the QIP within this report were discussed with Ms Miriam McKeown (Hospice Manager) and Mr Andy Dealy (Facilities Manager) as part of the inspection process. The timescales for completion commence from the date of 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

<b>Registered organisation/registered person:</b> Marie Curie Mr Eamon O’Kane	<b>Registered manager:</b> Mr Eamon O’Kane
<b>Person in charge of the establishment at the time of inspection:</b> Ms Miriam McKeown	<b>Date manager registered:</b> 04 April 2016.
<b>Categories of care:</b> H(A)	<b>Number of registered places:</b> 18

## 3.0 Methods/processes

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

During the inspection the inspector spoke to Ms Miriam McKeown (Hospice Manager) and Mr Andy Dealy (Facilities Manager).

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.

## 4.0 The Inspection

### 4.1 Review of requirements and recommendations from the previous inspection dated 29/02/2016

The previous inspection of the establishment was an announced management of medicines inspection. There were no requirements or recommendations arising from that inspection.

## 4.2 Review of requirements and recommendations from the last premises inspection dated 22/03/2013

Previous Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 25(4)(f)</p> <p><b>Stated:</b> First time</p>	<p>Review the Fire risk assessment to ensure that it takes account of the guidance contained in the appropriate 'Firecode' documents (DHSSPSNI).</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The fire risk assessment was last reviewed in April 2016 and confirms that HTM (Firecode) documents were referenced during the assessment.</p>	<b>Met</b>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 25(4)(f)</p> <p><b>Stated:</b> First time</p>	<p>Ensure that any outstanding requirements identified in the significant findings of the fire risk assessment are fully implemented within the stipulated timeframes.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The action plan from the current fire risk assessment (carried out April 2016) has been marked up with all items completed except one. The facilities manager informed the inspector that arrangements have been made to address the remaining item on 05 May 2016.</p>	<b>Met</b>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 25(4)(a)</p> <p><b>Stated:</b> First time</p>	<p>Review and revise the current Emergency fire plan, to simplify it and to ensure that it is specific to the Belfast premises. It is essential that this document reflects current best 'fire safety' practice for this type of premises.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The emergency plan was amended following the last inspection and refers to the Belfast premises.</p>	<b>Met</b>

<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 25(4)(a)(b)</p> <p><b>Stated:</b> First time</p>	<p>Ensure that a suitable system for the creation, maintenance, monitoring, and updating of Personal Emergency Evacuation Plans (PEEP's) is implemented for 'sleeping risk' patients on the premises.</p> <p><b>Action taken as confirmed during the inspection:</b> The facilities manager informed the inspector that patient mobility assessments are carried out on admission and kept within the individual patient care files.</p>	<p><b>Met</b></p>
<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulation 25(4)(a)(b)</p> <p><b>Stated:</b> First time</p>	<p>The current 'mimic drawings' located at the fire alarm and detection panel should be suitably amended by numbering each room, to enable point of origin of the alarm to be quickly and easily detected.</p> <p><b>Action taken as confirmed during the inspection:</b> The drawings have been updated with the room numbers. Refer also to section 4.3 item 1.</p>	<p><b>Met</b></p>
<p><b>Requirement 6</b></p> <p><b>Ref:</b> Regulation 25(4)(c)</p> <p><b>Stated:</b> First time</p>	<p>The arrangements for providing fire safety training should be reviewed and updated to ensure that all staff receive such training at least twice each year.</p> <p><b>Action taken as confirmed during the inspection:</b> Arrangements are in place to provide fire safety training twice a year. Refer also to section 4.3 item 2.</p>	<p><b>Met</b></p>
<p><b>Requirement 7</b></p> <p><b>Ref:</b> Regulation 25(4)(a)(f)</p> <p><b>Stated:</b> First time</p>	<p>The room at 'Door 25' is now used as a 'Linen Store'. The fire risk assessment should be reviewed to account for this material change of use. Suitable detection must also be provided in this room and an intumescent strip / smoke seal provided to the door.</p> <p><b>Action taken as confirmed during the inspection:</b> Door fire seals, a detector and signage have been installed to this room.</p>	<p><b>Met</b></p>

<p><b>Requirement 8</b></p> <p><b>Ref:</b> Regulation 25(4)(a)</p> <p><b>Stated:</b> First time</p>	<p>Remove the cabin hook from the cleaner's store. If this door requires to be held open for operational purposes an appropriate type of hold open device linked to the fire detection and alarm system should be installed.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>This issue has been addressed with the installation of a hold open device which is released by the alarm system.</p>		
<p><b>Requirement 9</b></p> <p><b>Ref:</b> Regulation 25(2)(a)(d)</p> <p><b>Stated:</b> First time</p>	<p>Ensure that the significant findings and control measures in the legionella risk assessment (9 December 2012) are implemented and suitably signed-off.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The legionella risk assessment was reviewed in October 2014. The action plan arising from the assessment has been fully marked up confirming that the issues identified have been addressed.</p>		
<p><b>Requirement 10</b></p> <p><b>Ref:</b> Draft Standard C18.3</p> <p><b>Stated:</b> First time</p>	<p>The strategy for testing water samples should be also reviewed. It is recommended that a range of water samples should be tested specifically for legionella bacteria as a validation of the control measures. The need to continue to test water samples on a regular basis should also be reviewed with the risk assessor.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Water samples are tested for the presence of legionella every six months. The last results in April 2016 confirm that legionella was not detected.</p>		
<p><b>Requirement 11</b></p> <p><b>Ref:</b> Draft Standard C18.3</p> <p><b>Stated:</b> First time</p>	<p>Consideration should be given to securing the blind's draw cords throughout the patient care areas of the facility, as these currently present a ligature risk.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The facilities manager confirmed that blind cords in patient areas have been secured.</p>		

<p><b>Requirement 12</b></p> <p><b>Ref:</b> Draft Standard C18.3</p> <p><b>Stated:</b> First time</p>	<p>Ensure suitable procedures are implemented to maintain adequate separation of clean and contaminated items in the store at 'Door 33'.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>This has been addressed with the installation of separate fully enclosed cupboards.</p>		

### 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. This supports the delivery of safe care.

One issue was however identified for attention during this premises inspection. This is detailed in the 'areas for improvement' section below.

#### Areas for improvement

1. The drawings at the fire panels have been updated with the room numbers. However, the drawings show an inverted image of the layout of the building in relation to the reader's position. The facilities manager informed the inspector that arrangements are currently being made to correct the drawings.
2. There are arrangements in place to provide fire safety training twice a year. On the day of inspection this was 74% up to date. The inspector was informed by the manager that arrangements have been made to bring fire training fully up to date by June 2016.
3. There are arrangements in place for statutory and safety checks to be carried out on engineering installations. The facilities manager informed the inspector that the Gas Safe inspection of one of the tumble dryers and the thorough examination of the lifting equipment which are now due have been carried out and he is awaiting the reports.

4. A number of practice fire drills have been carried out over the last year. A report is written up for each event. The members of staff who participate on each occasion is not recorded.  
Refer to recommendation 1 in Quality Improvement Plan.
5. The wall plaster in one short corridor has become loose. The facilities manager explained to the inspector the arrangements that have been made to carry out repair work.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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**4.4 Is care effective?**

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance.  
This supports the delivery of effective care.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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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  
This supports the delivery of compassionate care.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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**4.6 Is the service well led?**

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

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.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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**5.0 Quality Improvement Plan**

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Ms Miriam McKeown (Hospice Manager) and Mr Andy Dealy (Facilities 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 Independent Health Care Regulations (Northern Ireland) 2005.

### 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Minimum Care Standards for Independent Healthcare Establishments July 2014. 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](mailto: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><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 24</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> Ongoing</p>	<p>It is recommended that records are kept of the names of staff who take part in fire drills and that this information is used to ensure that all staff participate at appropriate frequencies.</p>
	<p><b>Response by Registered Manager Detailing the Actions Taken:</b></p> <p>The names of all Hospice staff attending on Fire Drill days will be recorded and added to training records. This will be analysed annually and line managers notified of those who have not attended.</p>

<b>Registered Manager Completing QIP</b>	Eamon O'Kane	<b>Date Completed</b>	8 July 2015
<b>Registered Person Approving QIP</b>	Peter Gabbitas	<b>Date Approved</b>	8 July 2016
<b>RQIA Inspector Assessing Response</b>	C Muldoon	<b>Date Approved</b>	02/09/16

*\*Please ensure this document is completed in full and returned to [estates.mailbox@rqia.org.uk](mailto:estates.mailbox@rqia.org.uk) from the authorised email address\**



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