

Announced Premises Inspection Report 03 November 2016



Origin Fertility Care

Type of Service: Independent Health Care Establishment

Sub type of service: Clinic

Address: 380 Belmont Road, Belfast, BT4 2NF

Tel No: 028 9076 1713

Inspector: K. Monaghan

1.0 Summary

An announced premises inspection of Origin Fertility Care took place on 03 November 2016 from 10:15hrs to 12:00hrs.

The inspection sought to assess progress with any issues raised during and since the last premises inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection the premises supported the delivery of safe care.

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
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mr. Paul Whitcombe, Facilities Officer for Origin Fertility Care, as part of the inspection process and can be found in the main body of the report.

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 actions detailed in the previous QIP there were no further actions required to be taken following the most recent premises inspection on 19 November 2015.

2.0 Service Details

Registered provider / responsible person: Origin Fertility Care Limited / Mr. Glen James Johnston Best	Registered manager: Mrs. Jennifer Eliza McLaughlin
Person in charge of establishment at the time of inspection: Mrs. Jennifer Eliza McLaughlin, Registered Manager	Date manager registered: 22 May 2014
Categories of care: PD, PT(IVF)	Number of registered places: Not Applicable

3.0 Methods/processes

Prior to this premises inspection, the following records were reviewed:

- The report for the previous premises inspection on 19 November 2015
- The statutory notifications over the past 12 months (No notifications)
- The concerns log. (No concerns)

During this premises inspection discussions took place with Mr. Paul Whitcombe, Facilities Officer for Origin Fertility Care.

During this premises inspection, the following records were reviewed:

- A range of service records and in-house records relating to the maintenance and upkeep of the premises
- The legionella bacteria risk assessment report
- The fire risk assessment report.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 01 and 02 June 2016

The most recent inspection of this establishment was an announced care inspection IN025349 on 01& 02 June 2016. The completed QIP for this inspection has still to be returned to RQIA for approval by the care inspector. This QIP will be validated by the care inspector at their next inspection.

4.2 Review of requirements and recommendations from the last premises inspection on 19 November 2015

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulations 15(7) 25(2)(d)</p> <p>Stated: First time</p>	<p>The air quality for the work station units should be stated on the monitoring reports for this equipment. Completion of the works in relation to the indicating and alarm arrangements for the new ventilation installation should also be confirmed to RQIA.</p> <hr/> <p>Action taken as confirmed during the inspection: The reports for the most recent particulate checks to the work station units that were completed in July 2016 confirmed the results as 'A' grade. Mr. Whitcombe also confirmed that the works in relation to the indicating and alarm arrangements for the new ventilation installation had also been completed.</p>	<p>Met</p>

Last care inspection statutory requirements		Validation of compliance
Requirement 2 Ref: Regulation 25(2)(d) Stated: First time	A list for the critical equipment and the critical systems in the premises that are included in the 24 hour monitoring emergency callout arrangements should be drawn up and each one should be checked routinely. A record of the dates for each check should also be maintained in the premises. The need to include the oxygen depletion monitor alarms in the 24 hour monitoring emergency callout.	Met
	Action taken as confirmed during the inspection: A list for the critical equipment and the critical systems in the premises that are included in the 24 hour monitoring emergency callout arrangements had been drawn up. This was being used to record the ongoing checks which were being carried out in rotation on a quarterly basis. The most recent check was carried out on 23 September 2016. Mr. Whitcombe also confirmed that consideration had been given to including the oxygen depletion monitors in the 24 hour monitoring emergency call out arrangements but that this was not possible within the limitations of the existing system. As an alternative there is a procedure in place for opening the premises which includes the action that should be taken if an oxygen depletion alarm has activated.	

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.

Comments

1. The fire risk assessment for the premises was reviewed and updated on 27 October 2016 with a satisfactory outcome. A small number of issues were identified for attention during this fire risk assessment review. Mr. Whitcombe however confirmed that they were in the process of addressing these issues. The fire detection and alarm system was inspected and serviced on 27 October 2016, the emergency lights were inspected and tested on 21 October 2016 and the first aid fire-fighting equipment was serviced on 26 July 2016. Staff fire safety training for 2016 was up to date and a fire drill was carried out on 21 October 2016.
2. A legionella risk assessment had been carried out. The issues identified for attention in the report for this risk assessment had been signed off as complete. The unblended hot and cold water temperatures at the sentinel outlets are monitored each month with the most recent check having been completed on 21 October 2016 with a satisfactory outcome. The shower in the premises was disinfected in February, May and August 2016 and the infrequently used water outlets are flushed each Tuesday and Friday. In addition water samples were tested for the presence of legionella bacteria in September 2016 with clear results.
3. The fixed wiring installation was inspected and tested on 02 December 2015 and the electrical equipment had also been inspected and tested for the current year. The generator was serviced on 25 October 2016 and the uninterrupted power supplies (UPS) had been replaced recently. In addition a new battery had been fitted to the generator. Mr. Whitcombe also confirmed that the generator is tested in-house each month (full load and simulated power failure).
4. The most recent gas safety inspections and tests to the gas heating boilers were completed on 18 October 2016 with satisfactory outcomes. Carbon monoxide detection alarms are also in place.
5. The most recent maintenance of the laboratory gases was carried out by a specialist company on 18 July 2016. In addition an audit of the specialist engineering services had been carried out by an independent Authorising Engineer in March 2016. This audit included the laboratory gases. The recommendations in the report for this audit had been signed off as complete.
6. The most recent quarterly inspections of the specialist ventilation installations in the premises were carried out on 20 October 2016. The annual re-verifications of the specialist ventilation installations were also completed in July 2016 by a specialist company. The results for these annual re-verifications were satisfactory with the exception of one issue which related to the pressure differentials. This issue had however subsequently been resolved. The main ventilation equipment was serviced by a specialist company on 20 September 2016. Ongoing microbiological monitoring of the critical areas in the clinic is carried out with the most recent having been completed in August 2016 with satisfactory results. The stand-alone ventilation unit in the computer equipment room was serviced on 29 June 2016.
7. It was noted during this premises inspection that a new alarm was to be fitted to one of the Dewars and one that had been taken out of commission is to be removed from the premises. Mr. Whitcombe confirmed that arrangements had been made to address these issues.

Comments continued

8. The incubators were serviced on 07 January 2016, the scanners were serviced on 24 October 2016 and the medical beds were serviced on 28 October 2016. The report for the service to the medical beds indicated that they were generally satisfactory apart from some minor tears to the fabric. These should be made good.
9. The fridges were serviced on 26 July 2016. The report for these services indicated that the fridges were satisfactory although a new door seal was required for one of the fridges. Mr. Whitcombe confirmed that it had not been possible to source a new seal for this door so a new door had been ordered and this would be fitted when received.
10. The oxygen depletion monitors, the liquid nitrogen installation and the purge fan were serviced/checked by a specialist company on 18 July 2016. The risk assessment in relation to the liquid nitrogen was not reviewed during this premises inspection. Mr. Whitcombe however confirmed that this was routinely reviewed and updated as required on an annual basis along with other risk assessments.

Number of requirements	0	Number of recommendations:	0
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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.

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.

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 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.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 provider from their responsibility for maintaining compliance with the regulations and standards.



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