



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No: IN020687
Establishment ID No: 10636
Name of Establishment: Ulster Independent Clinic, Belfast
Dates of Inspection: 02 & 24 October 2014
Inspector's Names: K. Monaghan

1.0 GENERAL INFORMATION

Name of Hospital:	Ulster Independent Clinic
Address:	245 Stranmillis Road Belfast BT9 5JH
Telephone Number:	028 90 66 12 12
Registered Organisation/Provider:	Ms. Diane Elizabeth Graham, Matron/Chief Executive
Registered Manager:	Ms. Diane Elizabeth Graham, Matron/Chief Executive
Person in Charge of the Hospital at the time of Inspection:	Ms. Nicola McGreggor, Company Secretary
Other person(s) present during inspection:	Mr. Samuel Dunlop, Hospital Engineer Mr. Joe Gill, CEng MIET, FIHEEM, BSc, MSc, GILL Consulting Engineers Ltd (Authorising Engineer discussions on 02 October 2014) Mr. Colin Higgins, Hospital Estates (engineering discussions on 24 October 2014) Mr. Aaron Blain, Hospital Estates (engineering discussions on 24 October 2014)
Type of establishment:	Independent Hospital
Categories of Care:	AH, AH (DS), MH, PD, PT(E)
Number of Registered Places:	74
Conditions of Registration:	N/A
Date of previous Estates inspection:	28 March 2013
Date and time of inspection:	02 & 24 October 2014 (2:50pm. – 4:10pm. & 10:00am – 2:00pm.)
Name of Inspector:	K. Monaghan

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 independent health care establishments.

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 INSPECTION PURPOSE

The purpose of this inspection was to establish the level of compliance with current legislative requirements and the Minimum Care Standards for Independent Healthcare Establishments issued by the Department of Health, Social Services and Public Safety in July 2014. This was achieved through a process of evaluation of the 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 standard.

The aims of the inspection were to examine the estates related policies, practices and monitoring arrangements for the provision of independent health care establishments, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003,
- The Independent Health Care Regulations (Northern Ireland) 2005
- Minimum Care Standards for Independent Healthcare Establishments (DHSSPS, July 2014)

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

4.0 INSPECTION METHODS/PROCESS

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

1. Discussions with Mr. Samuel Dunlop, Mr. Joe Gill, Mr. Colin Higgins and Mr. Aaron Blain
2. A review of the premises
3. Evaluation and feedback

Any other information received by RQIA about this regulated establishment has also been considered in the preparations for this inspection.

5.0 CONSULTATION PROCESS

During the course of the inspection, the Inspector spoke to Mr. Samuel Dunlop, Mr. Joe Gill, Mr. Colin Higgins and Mr. Aaron Blaine.

6.0 INSPECTION FOCUS

This inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Minimum Care Standards for Independent Healthcare Establishments, July 2014.

This Estates inspection focused specifically on the progress in relation to the issues that were included in the Quality Improvement Plan for the previous Estates inspection to the hospital that was completed on 28 March 2013 and a review of the premises. The support documentation for the building and engineering services associated with the premises was not reviewed during this Estates inspection.

Standards inspected:

- Standard 22 The premises and grounds are safe, well-maintained and suitable for their stated purpose.
- Standard 24 Fire safety precautions are in place that reduce the risk of fire and protect patients and clients, staff and visitors in the event of fire.

7.0 SUMMARY

Following this Estates Inspection of the Ulster Independent Clinic in Belfast on 02 & 24 October 2014, improvements are required to comply with The Independent Health Care Regulations (Northern Ireland) 2005 and the criteria outlined in the following draft minimum standards:

- Standard 22 Premises And Grounds
- Standard 24 Fire Safety

This resulted in seven requirements. These are outlined in the quality improvement plan appended to this report.

The Estates Inspector would like to acknowledge the assistance of Mr. Samuel Dunlop, Mr. Joe Gill, Mr. Colin Higgins and Mr. Aaron Blain, throughout the inspection process.

8.0 INSPECTION FINDINGS

8.1 Recommendations and requirements from the previous Estates inspection on 28 March 2013:

The previous Estates inspection to this establishment was carried out on 28 March 2013. The following issues should be noted with regard to the issues included in the Quality Improvement Plan for the previous Estates inspection that was carried out on 28 March 2013:

Standard 22 - Premises And Grounds				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
8.1.1	Regulation 25(2)(d)	Previous QIP Item 1 A policy should be developed for the ongoing management of the electrical services in accordance with Health Technical Memorandum 06-01: Electrical services supply and distribution, <i>Part B: Operational management</i> . A person should be appointed to act in the capacity of Authorising Engineer (Low Voltage).	An Authorising Engineer (Low Voltage) had recently been appointed by the hospital to provide independent advice and compliance auditing. The Authorising Engineer will be reviewing all matters in relation to the management of the electrical services to assist the hospital with a plan of action to ensure compliance with current best practice.	The Registered Persons should keep RQIA up to date with progress in relation to this action plan. Reference should be made item 1 in the attached Quality Improvement Plan.

8.0 INSPECTION FINDINGS CONTINUED

8.1 Recommendations and requirements from the previous Estates inspection on 28 March 2013 continued:

Standard 22 - Premises And Grounds				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
8.1.2	Regulation 15(7) 25(2)(d)	<p>Previous QIP Item 2</p> <p>The work in relation to the action plan associated with the most recent legionella risk assessment should be completed. The issue in relation to the small level of contamination detected in the results for the February 2013 water samples should be resolved. The remaining issues in relation to the items identified for attention by the inspection by the Health and Safety Executive should be addressed. These water outlet flushing arrangements should be closely monitored to ensure that all outlets continue to be flushed at least twice each week.</p>	<p>A considerable amount of work had been completed in relation to addressing the issues identified for attention in the action plan for the legionella risk assessment. This action plan should now be reviewed and updated to include a sign off for all issues. The items identified for attention during the inspection by the Health and Safety Executive had been addressed with the exception of the development of a procedure for an emergency flush and disinfection of the water systems. This procedure should be developed. Reference should be made to item 2 in the attached Quality Improvement Plan.</p>	<p>Water samples had been tested in October 2013, March 2014, June 2014 and September 2014. The results for all of these tests were clear with the exception of the September 2014 results which detected the presence of some legionella bacteria. Following these results the taps at the outlet in question had been changed, disinfected and resampled. The results for these most recent samples were still pending at the time of this Estates inspection. The results for these tests should be confirmed to RQIA as soon as they are available. The sero group should be identified in the results. Reference should be made to item 2 in the attached Quality Improvement Plan.</p>

8.0 INSPECTION FINDINGS CONTINUED

8.1 Recommendations and requirements from the previous Estates inspection on 28 March 2013 continued:

Standard 22 - Premises And Grounds				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
8.1.3	Regulations 15(2)(b) 15(7) 25(2)(d)	<p>Previous QIP Item 3</p> <p>The arrangements for the ongoing maintenance of the ventilation installations should include the completion of quarterly inspection and test reports and annual verification reports as set out in the appendices to Health Technical Memorandum 03 - 01: Specialised Ventilation for Health Care Premises. The planned programme of re-verification should be completed. A person should be appointed to act in the capacity of Authorising Engineer (Ventilation) to provide ongoing advice and independent auditing for the management of the ventilation systems in the hospital. The installation of the borosilicate condensate traps for the ventilation plant should be completed. The policy for the ongoing maintenance of the ventilation system should be updated to fully reflect the guidance contained in Health Technical Memorandum 03 - 01: Specialised Ventilation for Health Care Premises.</p>	<p>A person had recently been appointed as the Authorising Engineer (Ventilation) to provide independent advice and auditing in relation to the ventilation installations in the hospital. Initial advice had been provided to the hospital and a baseline auditing process had commenced. This will be completed in March 2015. In the interim period the ventilation installations in the theatres and the sterile services department will be re-verified before the end of December 2014.</p>	<p>The outcome of the re-verifications to the ventilation installations in the theatres and in the sterile service department should be confirmed to RQIA. The installation of the borosilicate condensate traps for the ventilation plant should also be completed. The outcome of the baseline audit should be confirmed to RQIA in March 2015. Reference should be made to item 3 in the attached Quality Improvement Plan.</p>

8.0 INSPECTION FINDINGS CONTINUED

8.1 Recommendations and requirements from the previous Estates inspection on 28 March 2013 continued:

Standard 22 - Premises And Grounds				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
8.1.4	Regulations 15(2)(b) 15(7) 25(2)(d)	Previous QIP Item 4 The Washer/Disinfectors in the sluices should be included in the ongoing audits by the Authoring Engineer (Decontamination).	As part of the follow up activity to the previous Estates inspection RQIA received confirmation from the Registered Person that arrangements had been made for the Clinic's Authorising Person (Decontamination) to audit the Washer/Disinfectors (bedpan washers) and that training had also been undertaken by a member of the Hospital's Estates Department. Documentation in relation to the auditing of the washer/disinfectors in the sluices was not however presented for review during this Estates inspection. Mr. Dunlop agreed to forward this information by email following the inspection.	The information in relation to the auditing of the washer/disinfectors in the sluices should be confirmed to RQIA. Reference should be made to item 4 in the attached Quality Improvement Plan.

8.0 INSPECTION FINDINGS CONTINUED

8.1 Recommendations and requirements from the previous Estates inspection on 28 March 2013 continued:

Standard 22 - Premises And Grounds				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
8.1.5	Regulation 25(2)(d)	Previous QIP Item 5 The existing policy for the management of the medical gas pipeline systems should be reviewed and revised to reflect the guidance contained in Health Technical Memorandum 02 - 01 Medical Gas Pipeline Systems. Particular attention should be given to the role of the Authorising Engineer (Medical Gas Pipeline Systems) in this review.	A person had recently appointed as the Authorising Engineer (MGPS) to provide independent advice and auditing in relation to the medical gas installations in the hospital. Initial advice had been provided to the hospital and a baseline auditing process had commenced. This will be completed in March 2015.	The outcome of the baseline audit should be confirmed to RQIA in March 2015. Reference should be made to item 5 in the attached Quality Improvement Plan.

8.0 INSPECTION FINDINGS CONTINUED

8.1 Recommendations and requirements from the previous Estates inspection on 28 March 2013 continued:

Standard 24 - Fire Safety				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
8.1.6	Regulations 15(7) 25(2)(d)	Previous QIP Item 6 A risk assessment should be carried out in relation to pseudomonas aeruginosa bacteria. Reference should be made to the guidance provided by the Department of Health and Social Services and Public Safety in relation to this issue.	As part of the follow up activity to the previous Estates inspection RQIA received confirmation from the Registered Person that a risk assessment in relation to pseudomonas aeruginosa had been completed. Mr. Dunlop also confirmed that the ongoing risks associated with pseudomonas aeruginosa are considered by the Infection control team for the hospital.	This matter is being managed by the hospital's infection control team who will consult with Mr. Dunlop if there are any premises matters to be considered re same.

8.0 INSPECTION FINDINGS CONTINUED

8.1 Recommendations and requirements from the previous Estates inspection on 28 March 2013 continued:

Standard 24 - Fire Safety				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
8.1.7	Regulations 25(4)(e) 25(4)(f)	Previous QIP Item 7 The fire risk assessment for the hospital should be reviewed, updated and actioned as required. The fire risk assessment should be formatted using the most recent guidance ie Northern Ireland Health Technical Memorandum 86 part 2. A copy of the revised fire risk assessment should be forwarded to RQIA.	A comprehensive fire risk assessment for the hospital was completed on 07 January 2014. Most of the issues identified for attention had been addressed and signed off. Work was ongoing in relation to the remaining issues.	Completion and sign off for the remaining issues from the fire risk assessment should be confirmed to RQIA as soon as this is achieved. Reference should be made to item 6 in the attached Quality Improvement Plan.
8.1.8	Regulations 25(4)(a) 25(4)(b)	Previous QIP Item 8 The issue in relation to the fire protection measures for the lift at the end of the bedroom corridor should be addressed.	It is good to report that new fire doors had been provided in the bedroom corridors on levels one and two to form protective lobbies for the lift. This is to be commended.	In addition to the new doors, arrangements were being made to install additional fire detectors in the new lift lobbies on levels one and two. This is to be commended.

8.0 INSPECTION FINDINGS CONTINUED

8.1 Recommendations and requirements from the previous Estates inspection on 28 March 2013 continued:

Standard 24 - Fire Safety				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
8.1.9	Regulations 15(7) 25(4)(a)	Previous QIP Item 9 The remaining items of storage in the fourth ventilation plant room should be removed.	Further improvements had been made in relation to controlling the storage in the fourth ventilation plant room. It is planned to remove the few remaining items of storage in the near future.	Removal of the remaining items of storage in the fourth ventilation plant room should be confirmed to RQIA as soon as this is completed. Reference should be made to item 6 in the attached Quality Improvement Plan.
8.1.10	Regulations 25(4)(a) 25(4)(b)	Previous QIP Item 10 The new fire doors for the switch gear cupboards on levels one and two should be installed as planned.	It is good to report that new fire doors had been provided for the switch gear cupboards on levels one and two.	This is to be commended.

8.0 INSPECTION FINDINGS CONTINUED

8.1 Recommendations and requirements from the previous Estates inspection on 28 March 2013 continued:

Standard 24 - Fire Safety				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
8.1.11	Regulations 25(4)(a) 25(4)(b)	Previous QIP Item 11 The further remedial works to the emergency lighting should be completed as planned.	Mr. Dunlop confirmed that further remedial works had been carried out to the emergency lighting and this was an ongoing issue. The most recent routine annual inspection and test of the emergency lighting by an outside contractor was carried out on 07 January 2014. In addition, the hospital employs in-house electricians who monitor the emergency lighting, carry out the monthly function checks and complete any remedial works required.	The report for the independent inspection and test to the emergency lights on 07 January 2014 included a comment in relation to the age of the emergency lights in 'C' wing. These lights were still however holding their battery charge for the required period of time and a programme of replacement will be implemented in due course as part of the ongoing management of this installation. It was also noted that the hospital's standby electrical generator provides power for all of the lights throughout the premises in the event of a mains electrical power failure.

8.0 INSPECTION FINDINGS CONTINUED

8.1 Recommendations and requirements from the previous Estates inspection on 28 March 2013 continued:

8.1.12	Regulations 25(2)(d) 25(4)(d)	Previous QIP Item 10 The ongoing inspection, testing and remedial works to the fixed electrical installation and equipment should be completed as planned.	The current information in relation to the completion of the inspection, testing and remedial works to the fixed wiring installation was not presented for review during this Estates inspection. As part of the follow up activity to the previous Estates inspection RQIA received confirmation from the Registered Person that this issue had been completed.	This issue will also be considered by the Authorising Engineer (Low Voltage) as part of the independent advice and compliance auditing process that had commenced in the hospital for the engineering services.
8.1.13	The above issues where appropriate are detailed in the relevant sections of the Quality Improvement Plan.			

8.0 INSPECTION FINDINGS CONTINUED

8.2 Standard 22 Premises and Grounds

The premises and grounds are safe, well-maintained and suitable for their stated purpose.

- 8.2.1 The fixed electrical equipment was inspected and tested by independent engineers on 26 September 2014. The portable electrical equipment is also maintained in-house by the hospital's engineers. Following the installation of new equipment in the main electrical switchgear room, work was ongoing at the time of this Estates inspection to remove all of the items of equipment etc.... that are no longer required. The following issue was identified for attention during this Estates inspection in relation to this standard:
- 8.2.2 A current risk assessment for the prevention or control of legionella bacteria in the water systems was available for review during this Estates inspection. Mr. Dunlop also confirmed that information and training had been provided to the staff with responsibility for this issue and they had the most recent information on this subject available in the hospital. This is to be commended. During the review of the premises it was noted that the plumbing pipework for the ultrasonic washing equipment which had been removed from the sterile services department remained in place. This pipework should be removed to prevent any 'dead legs' in the plumbing system. Reference should be made to item 2 in the attached Quality Improvement Plan.
- 8.2.3 The above issue is detailed in the section of the Quality Improvement entitled 'Standard 22 – Premises and Grounds.

8.0 INSPECTION FINDINGS CONTINUED

8.3 Standard 24 Fire safety

Fire safety precautions are in place that reduce the risk of fire and protect patients and clients, staff and visitors in the event of fire.

- 8.3.1 The external bulk medical gas cylinder store was reviewed during this Estates inspection. This store was clean and clear of any inappropriate storage. In addition a new centre support frame had been installed to enhance the safety of the stored cylinders. This is to be commended.
- 8.3.2 It is good to report that the first aid fire-fighting equipment throughout the hospital had been updated since the previous Estates inspection. This included the provision of additional fire-fighting equipment and new signage. This is to be commended. The following issue was identified for attention during this Estates inspection in relation to this standard:
- 8.3.3 The fire detection and alarm system was inspected and serviced on 08 and 09 September 2014. This installation is inspected and serviced on a quarterly basis with a schedule of specific dates in place. In addition the fire alarm is tested weekly and a record for these tests is kept in the hospital. Following the installation of a new Computed tomography (CT) scanner, a fire detector is to be installed in the plant room adjacent to the CT scanner room. A fire detector should also be installed in the new store opposite bedroom 118 on level 1 (previously a bathroom). In addition the roof void above the CT scanner plant room, the linen store beside the new assisted shower room and the cable trunking between the bedroom ventilation plant room and the stairs should be fire stopped. Reference should be made to item 7 in the attached Quality Improvement Plan.
- 8.3.4 The above issue is detailed in the section of the Quality Improvement entitled 'Standard 24 – Fire Safety.

9.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement plan appended to this report were discussed with Mr. Samuel Dunlop, 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 Independent Health Care Regulations (Northern Ireland) 2005 and must be met.

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

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**



Quality Improvement Plan Sign Off Sheet for Estates Inspectors

Name of Home	Ulster Independent Clinic , Belfast RQIA ID 10636
Date of Inspection	2 & 24 October 2014
Estates Inspector	Kieran Monaghan

QIP Position Based on Comments from Registered Persons			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.	–	–	–	–	–
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.	–	–	–	–	–
C.	Clarification or follow up required on some items.	√	–	√	K. Monaghan	27 January 2015

Announced Estates Inspection IN020687 - 2 & 24 October 2014 – QIP sign off sheet

Informing and Improving Health and Social Care

NOTES:

The details of this Quality Improvement plan were discussed with Mr. Samuel Dunlop, Hospital Engineer, as part of the inspection process.

The timescales commence from the date of inspection.

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

Recommendations are based on the Department of Health, Social Services and Public Safety's Draft minimum standards for registration and inspection, promote current good practice and should be considered by the management of the Clinic to improve the quality of the service being provided.

The Registered Provider is required to record comments on the Quality Improvement Plan.

The Quality Improvement Plan should be signed below 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	Diane Graham
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Diane Graham

ITEM	STANDARD REF/ REGULATION	REQUIRMENTS ACTION TO BE TAKEN BY REGISTERED PROVIDER/ MANAGER	TIMESCALE	DETAILS OF ACTION TAKEN BY REGISTERED PERSON (S)
The following requirements should be noted for action in relation to Standard 22: Premises and Grounds:				
1.	Regulation 25(2)(d)	The Registered Persons should keep RQIA up to date with progress on the action plan for the management of the electrical services to assist the hospital in achieving compliance with current best practice. Reference should be made to section 8.1.1 in the report.	Ongoing	This is being actioned in conjunction with our Authorising Engineer
2.	Regulation 15(7) 25(2)(d)	A procedure for carrying out an emergency flush and disinfection of the water systems should be developed. The results for the September 2014 water samples should be confirmed to RQIA as soon as they are available. The sero group should be identified in the results. The plumbing pipework for the ultrasonic washing equipment which was removed from the sterile services department should be removed to prevent any 'dead legs' in the plumbing system. Reference should be made to sections 8.1.2 and 8.2.2 in the report.	1 Month	The writing of the procedure will be actioned in conjunction with our Risk Advisor. The results for the September 2014 were clear we are informed that it is only when the measurement is significantly raised that the sero group will be identified on the results. The pipework has been removed.

Announced Estates Inspection IN020687 to Ulster Independent Clinic, Belfast RQIA ID 10636 on 02 & 24 October 2014

Assurance, Challenge, Improvement in Health and Social Care

ITEM	STANDARD REF/ REGULATION	REQUIREMENTS ACTION TO BE TAKEN BY REGISTERED PROVIDER/ MANAGER	TIMESCALE	DETAILS OF ACTION TAKEN BY REGISTERED PERSON (S)
The following requirements should be noted for action in relation to Standard 22: Premises and Grounds:				
3.	Regulations 15(2)(b) 15(7) 25(2)(d)	The outcome of the re-verifications to the ventilation installations in the theatres and in the sterile service department should be confirmed to RQIA. The installation of the borosilicate condensate traps for the ventilation plant should also be completed. The outcome of the baseline audit should be confirmed to RQIA in March 2015. Reference should be made to section 8.1.3 in the report.	2 Months & March 2015	The installation of the borosilicate traps is now complete. Audit information will be forwarded as requested.
4.	Regulations 15(2)(b) 15(7) 25(2)(d)	The information in relation to the auditing of the washer/disinfectors in the sluices should be confirmed to RQIA. Reference should be made to section 8.1.4 in the report.	3 Months	Confirmation of this will be forwarded when received from the Authorising engineer
5.	Regulation 25(2)(d)	The outcome of the baseline audit in relation to the management of the medical gases should be confirmed to RQIA in March 2015. Reference should be made to section 8.1.5 in the report.	March 2015	This will be confirmed as requested.

Announced Estates Inspection IN020687 to Ulster Independent Clinic, Belfast RQIA ID 10636 on 02 & 24 October 2014

Assurance, Challenge, Improvement in Health and Social Care

ITEM	STANDARD REF/ REGULATION	REQUIREMENTS ACTION TO BE TAKEN BY REGISTERED PROVIDER/ MANAGER	TIMESCALE	DETAILS OF ACTION TAKEN BY REGISTERED PERSON (S)
The following requirements should be noted for action in relation to Standard 24: Fire safety				
6.	Regulations 15(7) 25(4)(a) 25(4)(f)	Completion and sign off for the remaining issues from the fire risk assessment should be confirmed to RQIA as soon as this is achieved. Removal of the remaining items of storage in the fourth ventilation plant room should be confirmed to RQIA as soon as this is completed Reference should be made to sections 8.1.7 and 8.1.9 in the report.	3 Months	RQIA will be notified when the remaining items on the risk assessment are achieved and the storage issue addressed.
7.	Regulation 25(4)(a)	Fire detectors should be installed in the CT scanner plant room and in the new store opposite bedroom 118 on level 1 (previously a bathroom). In addition the roof void above the CT scanner plant room, the linen store beside the new assisted shower room and the cable trunking between the bedroom ventilation plant room and the stairs should be fire stopped. Reference should be made to section 8.3.3 in the report.	3 Months	Action complete

Announced Estates Inspection IN020687 to Ulster Independent Clinic, Belfast RQIA ID 10636 on 02 & 24 October 2014

Assurance, Challenge, Improvement in Health and Social Care