

Announced Premises Inspection Report 06 May 2016



Fitzwilliam Clinic

Address: 70 – 72 Lisburn Road, Belfast, BT9 6AF

Tel No: 028 9032 3888
Inspector: Kieran Monaghan

1.0 Summary

An announced premises inspection of Fitzwilliam Clinic took place on 06 May 2016 from 11:40 to 15:55hrs.

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 persons. 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. However one issue was identified for attention by the registered persons. Refer to section 4.5.

Is the service well led?

On the day of the inspection one issue was identified for attention by the registered persons. Refer to section 4.6.

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	7	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs. Sheila Jordan, Registered Manager and Mr. Paul Smith, Estate Management Partnership, Authorised Person (AP), 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 actions 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: Fitzwilliam Partnership Mr. James Small, Responsible Person 1 Mr. John Stephen Sinclair, Responsible Person 2 Mr. James Kennedy, Responsible Person 3	Registered manager: Mrs. Sheila Jordan
Person in charge of the home/establishment/agency at the time of inspection: Mrs. Sheila Jordan, Registered Manager	Date manager registered: 13 January 2014
Categories of care: PT(IL), PT(L), AH(DS), PD	Number of registered places: IH – Day cases only

3.0 Methods/processes

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

- The previous premises inspection report
- The statutory notifications over the past 12 months
- The duty call log

During this premises inspection discussions took place with the following people:

- Mrs. Sheila Jordan, Registered Manager
- Mr. Paul Smith, Estate Management Partnership, Authorised Person (AP)

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
- The support documentation in relation to the specialist engineering services in the premises

4.0 The Inspection

4.1 Review of requirements and recommendations from the previous inspection dated 16/12/2015

The previous inspection of this independent health care establishment was an unannounced management of medicines inspection IN023865 on 25 January 2016. The completed QIP for this inspection was returned to RQIA on 11 March 2016 and approved by the specialist inspector on 16 March 2016.

4.2 Review of requirements and recommendations from the last premises inspection on 28/06/2012

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 25(2)(a) Stated: First time	<p>The paths at the rear and side of the clinic should be cleaned.</p> <hr/> <p>Action taken as confirmed during the inspection: The completed QIP for the last premises inspection confirmed that this issue had been completed. These paths should however be cleaned again as part of the routine ongoing maintenance of the premises.</p>	Met
Requirement 2 Ref: Regulations 15(7) 25(2)(a)(d) Stated: First time	<p>The theatre cooling condenser and the area around this equipment should be re-cleaned.</p> <hr/> <p>Action taken as confirmed during the inspection: This issue had been addressed.</p>	Met

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 3</p> <p>Ref: Regulations 15(7) 25(2)(a)(d)</p> <p>Stated: First time</p>	<p>The wall surfaces in the cleaner's store at the sink should be improved. A surface that is easy to maintain in a hygienic condition should be provided at this sink. The floor gully for the shower should also be replaced.</p>	<p>Partially Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Impervious sheeting had been provided to the splashback in the cleaner's store. It would however be beneficial to extend this sheeting. The floor gully for the shower should be replaced again. A gully with a more robust surface finish should be installed. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.</p>	
<p>Requirement 4</p> <p>Ref: Regulations 15(7) 25(2)(a)(d)</p> <p>Stated: First time</p>	<p>The ceiling in the theatre should be repainted. Any remedial works required to this ceiling should be completed before repainting. The PVC skirting in the theatre should also be checked and resealed to the floor covering as required.</p>	<p>Partially Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Repainting had been carried out in the theatre following the last premises inspection. The edge of the downstand beam adjacent to the theatre lights however required further attention. Mrs. Jordan advised that arrangements were being made to carry out extensive redecoration and reflooring works throughout the premises. The details for this programme of works should be confirmed to RQIA. In the meantime the edge of the downstand beam adjacent to the theatre lights should be repainted. Reference should be made to requirement 1 in the attached Quality Improvement Plan.</p>	

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 5</p> <p>Ref: Regulation 25(4)(d)</p> <p>Stated: First time</p>	<p>Fire safety training was provided on 16 May 2012. This should be followed up with a practice fire drill.</p> <hr/> <p>Action taken as confirmed during the inspection: A practice fire drill was completed on 31 July 2015. This drill was however carried out in response to a fire alarm activation. Routine practice fire drills should be carried out. A proforma should also be used to record the details of the scenario covered, the names of the staff who attend and any points of learning that should be taken forward into future practice. Reference should be made to recommendation 2 in the attached Quality Improvement Plan.</p>	<p>Partially Met</p>
<p>Requirement 6</p> <p>Ref: Regulation 25(4)(a)</p> <p>Stated: First time</p>	<p>Following on from the most recent review of the fire risk assessment that was carried out on 16 May 2012, the two fire doors identified for attention should be adjusted.</p> <hr/> <p>Action taken as confirmed during the inspection: Mrs. Jordan confirmed that the two fire doors identified for attention in the previous fire risk assessment had been adjusted. It was noted that the need for further works to the fire doors had been identified during the most recent fire risk assessment that was completed on 26 April 2016. Arrangements had however been made to complete these works (materials on order).</p>	<p>Met</p>
<p>Requirement 7</p> <p>Ref: Regulation 25(4)(a)</p> <p>Stated: First time</p>	<p>The extension lead socket outlets in the reception cupboard should be reviewed and reinstalled by an electrician in accordance with current good practice.</p> <hr/> <p>Action taken as confirmed during the inspection: This issue had been addressed.</p>	<p>Met</p>

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 8</p> <p>Ref: Regulation 25(2)(d)</p> <p>Stated: First time</p>	<p>The risk assessment and controls in relation to the liquid nitrogen should be reviewed, updated and actioned as required.</p> <hr/> <p>Action taken as confirmed during the inspection: The risk assessment in relation to nitrogen was reviewed and updated following the last premises inspection. A further review and update should now be carried out.</p>	Met
<p>Requirement 9</p> <p>Ref: Regulation 25(2)(d)</p> <p>Stated: First time</p>	<p>The report for the most recent service of the thermostatic mixers should be headed and signed by the engineer who completed this work.</p> <hr/> <p>Action taken as confirmed during the inspection: The report for the most recent service of the thermostatic mixing valves was not presented for review during this premises inspection. A copy of the report for the most recent service of the thermostatic mixing valves should be forwarded to RQIA. Reference should be made to requirement 4 in the attached Quality Improvement Plan.</p>	Not Met

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 10 Ref: Regulation 25(2)(e) Stated: First time	<p>The policy in place to deal with a failure of the mains electricity supply should be reviewed and updated to include comprehensive details in relation to the clinical implications and safeguards associated with a mains electricity power failure</p>	Not Met
	<p>Action taken as confirmed during the inspection: The report for the most recent audit by the Authorising Engineer included a reference to the need to develop a policy in relation to the electrical systems in the premises. The detailed arrangements for dealing with a failure of the mains electricity supply should be included within this policy. These details should include comprehensive information in relation to the clinical implications and safeguards. Reference should be made to requirement 2 in the attached Quality Improvement Plan.</p>	
Requirement 11 Ref: Regulation 25(2)(d) Stated: First time	<p>The issue identified for attention in the report for the thorough examination of the lift that was carried out on 30 April 2012 should be followed up.</p>	Met
	<p>Action taken as confirmed during the inspection: The report for the most recent thorough examination of the passenger lift was not presented for review during this premises inspection. Subsequent to this premises inspection, RQIA received confirmation from Mrs. Jordan that the most recent thorough examination of the passenger lift by the insurance engineer was carried out on 25 November 2015 with no issues being identified for attention.</p>	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 12 Ref: Regulation 15(7) Stated: First time	<p>A routine infection control audit with a specific focus on the premises should be carried out. As part of this audit, the surfaces including the jointing arrangements for the new wall panels in the theatre facilities should be reviewed.</p>	Not Met
	<p>Action taken as confirmed during the inspection: The completed Quality Improvement Plan returned for the last premises inspection confirmed that the infection control advisor had been informed about this issue. No information in relation to infection control audits for the premises was however presented for review during this premises inspection. Confirmation that regular infection control audits with a focus on the premises are being carried out should be provided to RQIA. Reference should be made to requirement 3 in the attached Quality Improvement Plan.</p>	

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 13</p> <p>Ref: Regulations 15(7) 25(2)(d)</p> <p>Stated: First time</p>	<p>The action plan in the report for the risk assessment in relation to legionella bacteria in water systems should be signed off. A risk assessment should also be carried out in relation to pseudomonas bacteria. This should take account of the recent NHS guidance and current thinking. The need to test water samples as part of the control measures should be considered in the risk assessment process. The Infection Control Advisor for the Clinic should be consulted as part of this risk assessment process.</p>	<p>Not Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>The action plan in the legionella risk assessment report had not been signed off. A pseudomonas bacteria risk assessment was not presented for review during this premises inspection. The most recent water samples for testing were taken on 04 May 2016. The results for these samples were not available on the day of this premises inspection. The results for these water samples should be confirmed to RIQA. Reference should be made to requirement 4 in the attached Quality Improvement Plan.</p>	

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 14</p> <p>Ref: Regulations 15(7) 25(2)(d)</p> <p>Stated: First time</p>	<p>The records for the servicing of the cooling equipment for the theatre ventilation should be followed up. A routine independent audit by the Authorising Engineer (Ventilation) of the management arrangements for the ventilation installation should also be carried out.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>The filters for the theatre ventilation were replaced by a specialist company on 18 March 2016. The annual verification of the theatre ventilation was completed on 22 January 2016 with a satisfactory outcome and the most recent quarterly inspection of the ventilation was completed on 26 April 2016 with a satisfactory outcome. An independent audit by the Authorising Engineer (Ventilation) was also completed on 23 March 2016.</p>	

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 15</p> <p>Ref: Regulation 25(2)(d)</p> <p>Stated: First time</p>	<p>A routine independent audit by the Authorising Engineer (Medical Gas Pipeline Systems) of the management arrangements for the Medical Gas Pipeline Systems should also be carried out. The issues identified for attention in the report for the planned preventative maintenance visit that was carried out on 17 May 2012 should be followed up. The issue in relation to the routine five yearly replacement of the pressure reducer should also be followed up.</p> <p>Action taken as confirmed during the inspection:</p> <p>An independent audit by the Authorising Engineer (Medical Gas Pipeline Systems) was completed on 30 April 2016. The report for this audit identified a number of issues for attention. These issues should be addressed within the timescales set out in the audit report. The most recent routine maintenance work to the medical gas pipeline system was completed on 15 April 2016. Mr. Smith also confirmed that the issue in relation to the routine five yearly replacement of the pressure reducer had been addressed.</p>	<p>Met</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 persons 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.

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. The most recent fire risk assessment was completed on 26 April 2016. The report for this fire risk assessment identified a number of issues for attention. These issues had not been signed off as complete. The action plan in the fire risk assessment should be reviewed and signed off by the registered manager. Reference should be made to recommendation 2 in the attached Quality Improvement Plan.
2. The most recent risk assessment in relation to legionella bacteria in the water systems was completed in August 2013. As there have been recent changes to the guidance in relation to this issue, a review of this risk assessment should be completed. As part of this review a schematic drawing should be provided for the water systems in the premises. Reference should be made to recommendation 3 in the attached Quality Improvement Plan.
Note: The information in relation to the ongoing quarterly disinfection of the showers was not presented for review during this premises inspection. Subsequent to this premises inspection, RQIA received confirmation from Mrs. Jordan that the showers are disinfected quarterly with the most recent disinfection having been completed on 26 March 2016.
3. An independent audit by the Authorising Engineer (Ventilation) was completed on 23 March 2016. The issues identified for attention in the report for this audit should be addressed within the timescales recommended. It was noted that a small number of issues were identified for attention in the report for the annual verification of the theatre ventilation on 22 January 2016. These issues should be addressed. It was also noted on the report for the most recent quarterly inspection of the theatre ventilation that a comment was recorded in relation to the age of the theatre ventilation (10 years). The overall assessment of the theatre ventilation in relation to compliance with minimum standards was also noted as 'Average' in the report. The significance of this comment and the 'Average' assessment should be reviewed with the Authorising Engineer (Ventilation). In addition the details for the most recent routine maintenance visit for the ventilation installations including the controls should be confirmed to RQIA. Reference should be made to requirement 5 in the attached Quality Improvement Plan.

Note: An operational policy for the ventilation installations was presented for review during this premises inspection. This policy was not signed off by the Authorising Person (Ventilation) and the Registered Manager. Subsequent to this premises inspection, Mrs. Jordan confirmed to RQIA that the necessary signatures had been added to this policy.

4. Mr. Smith confirmed that new gas boilers had recently been installed in the premises. The most recent gas safety inspection was completed on 04 December 2015. The report for the most recent inspection and test to the fixed wiring installation presented for review during this premises inspection indicated that a further inspection and test was due. Mrs. Jordan confirmed that this inspection and test had been arranged for 07 May 2016.

Subsequent to this premises inspection RQIA received confirmation regarding the completion of this inspection and test from Mrs. Jordan. Mrs. Jordan also confirmed that some issues were identified for attention, although these were not considered to be critical. These issues should be addressed in line with the guidance from the inspecting engineer and the Authorising Engineer (Low Voltage).

Areas for improvement Continued

5. The most recent inspection and test to the emergency lights was completed in May 2016. This inspection and test identified the need to replace a number of batteries as they were not holding the charge for the required length of time. The necessary remedial works to the emergency lights should be completed. Reference should be made to recommendation 2 in the attached Quality Improvement Plan.
6. The procedure for contacting the Northern Ireland Fire and Rescue Service indicated that there was a one minute time delay to facilitate a search of the premises. This should be reviewed with the fire risk assessor. If this delay is to be retained, it should be agreed in writing with the Northern Ireland Fire and Rescue Service. Reference should be made to requirement 6 in the attached Quality Improvement Plan.
7. An independent audit by the Authorising Engineer for 'Low Voltage' and 'Water' was completed on 23 March 2016. The issues identified for attention in the report for this audit should be addressed within the timescales set out in the report.
8. There was a policy in place in relation to the arrangements for dealing with a failure of the mains water supply. This policy should be reviewed and updated as required. The updated policy should include comprehensive details in relation to the clinical implications and safeguards associated with a failure of the mains water supply. Reference should be made to requirement 7 in the attached Quality Improvement Plan.
9. The operational policy for the medical gas pipeline systems was presented for review during this premises inspection. This was not signed by the Authorised Person (Medical Gas Pipeline Systems) and the Registered Manager. Subsequent to this premises inspection, RQIA received confirmation from Mrs. Jordan that the required signatures had been added to this policy.
10. An independent audit by the Authorising Engineer (Medical Gas Pipeline Systems) was completed on 23 March 2016. The issues identified for attention in the report for this audit should be addressed within the timescales recommended.
11. The fire detection and alarm system was inspected and serviced on 18 March 2016. During this inspection and service 100% of the devices were checked and the batteries in the control and indicating panel were replaced. The report for this work indicated that the system was functioning satisfactorily. This report however included a recommendation for replacement due to the age of the system. This recommendation should be discussed with the fire alarm engineers and the fire risk assessor to agree how this recommendation should be taken forward.

Number of requirements:	3	Number of recommendations:	2
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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?

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

Areas for improvement

1. The overall standard of décor and flooring in the premises had deteriorated since the last premises inspection. Mrs. Jordan confirmed that arrangements were being made to carry out extensive redecoration works and floor covering replacement works in the near future. Details for this programme of works which should include firm timescales should be forwarded to RQIA. Reference should be made to recommendation 4 in the attached Quality Improvement Plan.

Number of requirements:	0	Number of recommendations:	1
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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. There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate. This supports a well led service.

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. Further action was required in relation to a number of the issues included in the Quality Improvement Plan for the last premises inspection. The overall standard of décor and flooring in the premises had deteriorated since the last premises inspection. A number of other issues as set out in this report also required attention. There was a strong clinical focus on the management of the clinic. This approach should be reviewed with the aim of increasing attention on the management of the premises. Reference should be made to recommendation 5 in the attached Quality Improvement Plan.

Number of requirements:	0	Number of recommendations:	1
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5.0 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs. Sheila Jordan, Registered Manager and Mr. Paul Smith from Estate Management Partnership, as part of the inspection process. The timescales commence from the date of inspection.

The registered persons 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 persons 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 that should be taken so that the registered persons meet the legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and 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 persons may enhance service, quality and delivery.

5.3 Actions to be taken by the registered persons

The QIP should be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered responsible persons should 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 persons 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 persons with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory Requirements

Requirement 1

Ref: Regulation
15(7)
25(2)(a)
25(2)(d)

Stated: First time

To be Completed by:
08 July 2016

The edge of the downstand beam adjacent to the theatre lights should be repainted.

Response by Registered Manager Detailing the Actions Taken:

Rather than painting, we have decided to apply white rock coving. Theatre only available Friday 22nd July, so can only be completed by then.

Requirement 2

Ref: Regulation
25(2)(e)

Stated: Second time

To be Completed by:
05 August 2016

The detailed arrangements for dealing with a failure of the mains electricity supply should be included within the policy to be developed in relation to this issue. These details should include comprehensive information in relation to the clinical implications and safeguards.

Response by Registered Manager Detailing the Actions Taken:

Will be completed by 5/8/16

Requirement 3

Ref: Regulation
15(7)

Stated: Second time

To be Completed by:
08 July 2016

Confirmation that regular infection control audits with a focus on the premises are being carried out should be provided to RQIA.

Response by Registered Manager Detailing the Actions Taken:

The annual IPC audit of our premises will be in August with Colin Clarke. I will forward this report to yourself when complete. Tim Wyatt, microbiologist is available on consultation when required.

Quality Improvement Plan

Statutory Requirements

Requirement 4

Ref: Regulation 15(7)
25(2)(d)

Stated: Second time

To be Completed by:
08 July 2016

A copy of the report for the most recent service of the thermostatic mixing valves should be forwarded to RQIA. The issues identified for attention in the report for the most recent legionella risk assessment should be signed off. A pseudomonas bacteria risk assessment should be completed.

Response by Registered Manager Detailing the Actions Taken:

Pseudomonas Risk Assessment to be completed in conjunction with Tim Wyatt, Consultant Microbiologist. Meeting Arranged 22nd July. TMV test sheet requested from contractor.(contractor presently on leave)

Quality Improvement Plan

Statutory Requirements

Requirement 5

Ref: Regulation
15(7)
25(2)(d)

Stated: First time

To be Completed by:
08 July 2016

The issues identified for attention in the audit report by the Authorising Engineer (Ventilation) on 23 March 2016 should be addressed within the timescales recommended. The small number of issues identified for attention in the report for the annual verification of the theatre ventilation on 22 January 2016 should be addressed. The significance of the comment in relation to the age of the theatre ventilation (10 years) and the overall assessment of the theatre ventilation in relation to compliance with minimum standards as 'Average' in the report for the most recent quarterly inspection should be reviewed with the Authorising Engineer (Ventilation). In addition the details for the most recent routine maintenance visit for the ventilation installations including the controls should be confirmed to RQIA.

Response by Registered Manager Detailing the Actions Taken:

Some actions complete and all issues will be addressed within timescales recommended in report. Review mtg arranged with Authorising Engineer to confirm status.

The small number of issues identified in Theatre Annual Verification are either completed (defective light) or scheduled (minor paint repair) for completion.

Review with Authorising Engineer confirmed that whilst Theatre AHU maintenance quality is good and general condition is good, a new unit being designed today would demonstrate better compliance with minimum standards in relation to heat recovery/energy efficiency and where possible, easier access for maintenance purposes.

FBSmyth AHU cleaning and filter change sheets last completed on 18th March which included panel and bag filters to supply and extract units in theatre/recovery & treatment room. An annual maintenance contract has been setup with Building Automation Controls who last visited on March '16

Quality Improvement Plan

Statutory Requirements

<p>Requirement 6</p> <p>Ref: Regulation 25(4)(a)</p> <p>Stated: First time</p> <p>To be Completed by: 08 July 2016</p>	<p>If the delay in calling the Northern Ireland Fire and Rescue Service is to be retained, this should be agreed in writing with the Northern Ireland Fire and Rescue Service.</p>
	<p>Response by Registered Manager Detailing the Actions Taken: Spoke to monitoring company and NI fire and rescue service. Was advised by the fire service that the 30 second delay is acceptable by them and a written agreement is not necessary.</p>
<p>Requirement 7</p> <p>Ref: Regulation 25(2)(d)</p> <p>Stated: First time</p> <p>To be Completed by: 05 August 2016</p>	<p>The policy in place in relation to the arrangements for dealing with a failure of the mains water supply should be reviewed and updated as required. The updated policy should include comprehensive details in relation to the clinical implications and safeguards associated with a failure of the mains water supply.</p>
	<p>Response by Registered Manager Detailing the Actions Taken: Will be updated and signed off by registered manager by 5/8/16</p>

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 22</p> <p>Stated: First time</p> <p>To be Completed by: 05 August 2016</p>	<p>Impervious sheeting provided to the splashback in the cleaner's store should be extended. The floor gully for the shower should be replaced with a more robust surface finish should be installed.</p>
	<p>Response by Registered Manager Detailing the Actions Taken:</p> <p>Contractor instructed to attend site 5/7/16. To be complete by 5/8/16</p>

Quality Improvement Plan

Statutory Requirements

<p>Recommendation 2</p> <p>Ref: Standard 24</p> <p>Stated: First time</p> <p>To be Completed by: Ongoing</p>	<p>Routine practice fire drills should be carried out. A proforma should also be used to record the details of the scenario covered, the names of the staff who attend and any points of learning that should be taken forward into future practice. The report for the most recent fire risk assessment was completed on 26 April 2016 should be signed off as complete. The remedial works to the emergency lights should be completed.</p>
	<p>Response by Registered Manager Detailing the Actions Taken:</p> <p>A proforma will be used to record details of scenario covered as suggested. The fire risk assessment from April 16 has been signed off. Remedial work to emergency lights have been completed.</p>
<p>Recommendation 3</p> <p>Ref: Standard 22</p> <p>Stated: First time</p> <p>To be Completed by: 05 August 2016</p>	<p>The risk assessment in relation to legionella bacteria in the water systems should be reviewed. As part of this review a schematic drawing should be provided for the water systems in the premises. The results for the most recent water samples should be confirmed to RIQA.</p>
	<p>Response by Registered Manager Detailing the Actions Taken:</p> <p>Specialist contractor has been instructed to update Risk Assessment to include schematic Attached. Will be complete by 5/8/16. Water tests received 31/5/16.</p>

Quality Improvement Plan

Recommendations

Recommendation 4

Ref: Standard 22

Stated: First time

To be Completed by:
05 August 2016

Details for the planned programme of refurbishment works with firm timescales should be forwarded to RQIA.

Response by Registered Manager Detailing the Actions Taken:
Painting and carpeting quotes in progress. , to be approved by the board . Hope to be completed by end of August.

Recommendation 5

Ref: Standard 22

Stated: First time

To be Completed by:
05 August 2016

The management of the establishment should be reviewed with the aim of increasing attention on the management of the premises.

Response by Registered Manager Detailing the Actions Taken:
Management will require restructure due to the temporary unfilled vacancy for practice manager, presently being discussed at board level.

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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