

**Announced Estates Inspection
of
Abbeyview Beacon Centre**

26 January 2016

1. Summary of Inspection

An announced estates inspection took place on 26 January 2016 from 10.00am to 12.00am. Overall on the day of the inspection the premises supported the delivery of safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the;

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Day Care Settings Regulations (Northern Ireland) 2007
- The Day Care Settings Minimum Standards (DHSSPS, 2012).

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those items detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 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 can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Northern Ireland Association of Mental Health/William Henry Murphy	Registered Manager: Cheryl Lester
Person in Charge of the Premises at the Time of Inspection: Cheryl Lester	Date Manager Registered: 28 August 2008
Categories of Care: DCS-MP	Number of Registered Places: 20
Number of Service Users Accommodated on Day of Inspection: None	Weekly Tariff at Time of Inspection: Trust Rates

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 25: Premises and Grounds

Standard 27: Safe and Healthy working Practices

Standard 28: Fire safety

4. Methods/Process

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

Prior to inspection the following records were analysed: Previous estates inspection report and statutory notifications submitted over the past 12 month's period.

During the inspection the inspector met with Ms. Cheryl Lester.

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, and fire risk assessment.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced care inspection dated 29 April 2015, Ref. IN022401. The completed QIP was returned, and reviewed by the care inspector on 24 June 2015. It should also be noted that an estates follow up inspection was completed on 11 June 2015 to assess care inspector queries relating to service users access & egress from vehicle transport to/from the care facility.

5.2 Review of Requirements and Recommendations from the last Estates Inspection dated 17 August 2011.

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 14.(1)(a)	Consult with local environmental health department and verify that legionellosis prevention control measures are deemed compliant with L8 Approved Code of practice and Guidance.	Met
	Action taken as confirmed during the inspection: Legionellosis prevention controls implemented and monitored by HBE.	

Requirement 2 Ref: Regulation 14.(1)(a)	Implement and record a staff/user inspection regime for electrical appliances in compliance with the Electricity at Work Regulations.	Met
	Action taken as confirmed during the inspection: User controls implemented.	
Requirement 3 Ref: Regulation 26.(4)(a)	Commission a fire safety consultant review of fire safety risk assessment and implement any subsequent recommendations.	Met
	Action taken as confirmed during the inspection Review completed and controls implemented.	

5.3 Standard 25: Premises and grounds - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

Is Care Safe? (Quality of Life)

A range of documents in related to the maintenance of the premises was presented for review during this Estates inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. This supports the delivery of safe care.

[There were no issues identified for attention during this Estates inspection.]

Is Care Effective? (Quality of Management)

A range of accommodation, facilities and support services is provided in the premises. This supports the delivery of effective care.

[There were no issues identified for attention during this Estates inspection.]

Is Care Compassionate? (Quality of Care)

The accommodation reviewed during this Estates inspection was well decorated, clean and free from malodours. This supports the delivery of compassionate care.

[There were no issues identified for attention during this Estates inspection.]

Areas for Improvement

The immersion heater electrical switch was inadvertently left switched on from the previous evening; escaping hot water from the hot water cylinder vent pipe had overflowed and wet the stairwell floor surface.

Ms Lester stated that a warning notice would be displayed adjacent the switch to ensure that there is no recurrence of this incident.

A service engineer will also inspect and ascertain the reason for the vent pipe overflow into the premises rather than to an external location.

Number of Requirements	0	Number Recommendations:	0
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5.4 Standard 27: Safe and healthy working practices - *The Centre is maintained in a safe manner, and safe and healthy working practices are promoted in all aspects of its work.*

Is Care Safe? (Quality of Life)

A range of documents relating to the safe operation of the premises, installations and engineering services was presented for review during this Estates inspection. This supports the delivery of safe care.

[There were no issues identified for attention during this Estates inspection.]

Is Care Effective? (Quality of Management)

The dependency and needs of the service users are considered as part of the risk assessment processes and this is reflected in the management of the premises. This supports the delivery of effective care.

[There were no issues identified for attention during this Estates inspection.]

Is Care Compassionate? (Quality of Care)

There are health and safety procedures and control measures in place which support the delivery of compassionate care.

[There were no issues identified for attention during this Estates inspection.]

Areas for Improvement

There were no items noted as requiring improvement works during this inspection.

Number of Requirements	0	Number Recommendations:	0
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5.5 Standard 28: Fire safety - *Fire safety precautions are in place that reduce the risk of fire and protect service users, staff and visitors in the event of fire.*

Is Care Safe? (Quality of Life)

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. This supports the delivery of safe care.

[There were no issues identified for attention during this Estates inspection.]

Is Care Effective? (Quality of Management)

The standard used 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 effective care.

[There were no issues identified for attention during this Estates inspection.]

Is Care Compassionate? (Quality of Care)

The standard used by the registered persons to determine the extent of fire safety protection measures required recognises the need to maintain a homely, non-institutionalised environment. This supports the delivery of compassionate care.

[There were no issues identified for attention during this Estates inspection.]

Areas for Improvement

Number of Requirements	0	Number Recommendations:	0
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5.6 Additional Areas Examined

There were no items noted as requiring improvement works during this inspection.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager	Cheryl Lester	Date Completed	11/2/16
Registered Person	Billy Murphy	Date Approved	12/02/2016
RQIA Inspector Assessing Response	Raymond Sayers	Date Approved	04/04/2016

Please provide any additional comments or observations you may wish to make below:

Please complete in full and returned to estates.mailbox@rqia.org.uk from the authorised email address