



The Regulation and
Quality Improvement
Authority

Willowtree House Beacon Centre
RQIA ID: 10717
25 Glasvey Drive
Twinbrook
Belfast
BT17 0DB

Inspector: Gavin Doherty
Inspection ID: IN021584

Tel: 028 9061 1197
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**Announced Estates Inspection
of
Willowtree House Beacon Centre**

24 November 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced estates inspection took place on 24 November 2015 from 10.30 to 11.30. 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 actions 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: Mr William Murphy, NIAMH | Registered Manager: Mr Paul Crawford |
| Person in Charge of the Premises at the Time of Inspection: Mr Paul Crawford | Date Manager Registered: 24 September 2008 |
| Categories of Care: DCS-MP, DCS-MP(E) | Number of Registered Places: 12 |
| Number of Service Users Accommodated on Day of Inspection: 6 | Weekly Tariff at Time of Inspection: Not ascertained at time of inspection |

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, statutory notifications over the past 12 months.

During the inspection the inspector met with Mr Paul Crawford, registered manager for the centre.

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 unannounced care inspection dated 22 September 2015. The completed QIP was returned and approved by the specialist inspector on 28 October 2015.

5.2 Review of Requirements and Recommendations from the Last Estates Inspection on 21 March 2012.

| Previous Inspection Statutory Requirements | | Validation of Compliance |
|--|---|--------------------------|
| Requirement 1 Ref: Regulation 14 | The hot water inlet to the hairdressing sink should be fitted with a suitable 'Type 3' thermostatic mixing valve. This should be set to provide hot water at a maximum temperature of 410c. | Met |
| | Action taken as confirmed during the inspection: Confirmed at the time of inspection. | |

| | | |
|---|--|------------|
| Requirement 2 Ref: Regulation 14 | Ensure that all windows throughout the home are controlled to a safe point of opening of no more than 100mm. Any restrictor must not be capable of being overridden by a service user. | Met |
| Action taken as confirmed during the inspection: Confirmed at the time of inspection. | | |
| Requirement 3 Ref: Regulation 27 | Ensure that the missing smoke seal/intumescent strip is replaced on the door to the 1st Floor Activity Room. | Met |
| Action taken as confirmed during the inspection: Confirmed at the time of inspection. | | |

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 documentation in relation to the maintenance and upkeep 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.

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.

Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. This supports the delivery of compassionate care.

Areas for Improvement

No areas for improvement were identified during this estates inspection. This is to be commended.

| | | | |
|-------------------------------|----------|--------------------------------|----------|
| Number of Requirements | 0 | Number Recommendations: | 0 |
|-------------------------------|----------|--------------------------------|----------|

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 documentation 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.

Is Care Effective? (Quality of Management)

The nature and needs of the residents 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.

Is Care Compassionate? (Quality of Care)

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

Areas for Improvement

No areas for improvement were identified during this estates inspection. This is to be commended.

| | | | |
|-------------------------------|----------|--------------------------------|----------|
| Number of Requirements | 0 | Number Recommendations: | 0 |
|-------------------------------|----------|--------------------------------|----------|

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.

Is Care Effective? (Quality of Management)

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 residents, 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.

Is Care Compassionate? (Quality of Care)

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

Areas for Improvement

No areas for improvement were identified during this estates inspection. This is to be commended.

| | | | |
|-------------------------------|----------|--------------------------------|----------|
| Number of Requirements | 0 | Number Recommendations: | 0 |
|-------------------------------|----------|--------------------------------|----------|

5.6 Additional Areas Examined

No additional areas were inspected.

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 | Paul Crawford | Date Completed | 22/12/15 |
| Registered Person | Billy Murphy | Date Approved | 22/12/2015 |
| RQIA Inspector Assessing Response | Gavin Doherty | Date Approved | 7/1/2016 |

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

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from the authorised email address****