



The Regulation and
Quality Improvement
Authority

Mourne Project
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Inspector: Gavin Doherty
Inspection ID: IN021563

**Announced Estates Inspection
of
Mourne Project**

23 June 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 23 June 2015 from 10.00 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 | 1 |

The details of the QIP within this report were discussed with the Mrs Patricia Kirk, registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

| | |
|---|--|
| Registered Organisation/Registered Person: Belfast HSC Trust | Registered Manager: Mrs Patricia Kirk |
| Person in Charge of the Premises at the Time of Inspection: Mrs Patricia Kirk | Date Manager Registered: 23 June 2009 |
| Categories of Care: DCS-PH | Number of Registered Places: 4 |
| Number of Service Users Accommodated on Day of Inspection: 4 | 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 Estate's inspection report
- Statutory notifications received over the past 12 months.

During the inspection the inspector did not meet with any service users, care staff, visiting professionals or service users' representatives. The inspector met Mr Frank Glennon, Estates officer and Mr Mark Gunning, Fire Safety officer with the Belfast HSC Trust.

The following records were examined during the inspection:

- Fire risk assessment
- Fire safety service records and in-house log books
- Electrical certificates & associated records.
- Legionella risk assessment and controls records.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was a primary announced care inspection dated 3 June 2014. There were no requirements or recommendations made as a result of this inspection and the sign off sheet was returned and approved by the services care inspector on 3 September 2014.

5.2 Review of Requirements and Recommendations from *the last* Estates Inspection

| Previous Inspection Statutory Requirements | | Validation of Compliance |
|--|---|--------------------------|
| Requirement 1 Ref: Regulation 14 (2) | In relation to the 'Control of Legionella bacteria in the hot and cold water systems', suitable systems should be put in place for the quarterly descaling and disinfection of the shower head and associated hose within the facility. | Met |
| | Action taken as confirmed during the inspection: Suitable systems are in place and are being maintained. | |
| Requirement 2 Ref: Regulation 14 (2) | It is important that storage is kept to a minimum in the shower room / wc. Items stored in this area must be in enclosed storage in accordance with current infection control best practice. | Met |
| | Action taken as confirmed during the inspection: No storage was noted in this area at the time of the inspection. | |
| Requirement 3 Ref: Regulation 26 (4) | Ensure that a suitable monthly function check of the emergency lighting is carried out within the centre (BS5266-8:2004). Suitable records of this function check should be maintained and available for inspection. | Met |
| | Action taken as confirmed during the inspection: Monthly function checks of the emergency lighting installation are now in place and records were available at the time of the 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

There were no areas for improvement identified against this standard as a result of this inspection.

| | | | |
|-------------------------------|----------|--------------------------------|----------|
| 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. One issue was however identified for attention during this Estates inspection. This is detailed in the 'areas for improvement' section below.

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

A trailing socket was noted in the main day space running from a wall socket to a central table, providing power to a games console and projector. It was agreed that this constituted a trip hazard and Mr Glennon stated that he would ensure that suitable electric floor sockets were provided at this table removing the need for a trailing socket to be used.

| | | | |
|-------------------------------|----------|--------------------------------|----------|
| Number of Requirements | 0 | Number Recommendations: | 1 |
|-------------------------------|----------|--------------------------------|----------|

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

There were no areas for improvement identified against this standard as a result of this inspection.

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

5.6 Additional Areas Examined

No additional areas of the service were examined as part of this estates inspection.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Patricia Kirk, registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager 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 person/manager 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.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Day Care Settings Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Day Care Settings Minimum Standards (DHSSPS, 2012). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will 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 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. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan

| Recommendations | | | |
|--|---|-----------------------|-------------------|
| Recommendation 1 | Ensure that the electric floor sockets, proposed during the inspection (to remove the current trailing lead hazard), are suitably installed in a timely manner. | | |
| Ref: Standard 27.8 | | | |
| Stated: First time | Response by Registered Manager Detailing the Actions Taken: Frank Glennon Estates Officer has arranged for this work to be completed. | | |
| To be Completed by: 15 September 2015 | | | |
| Registered Manager Completing QIP | Patricia Kirk | Date Completed | 10/07/15 |
| Registered Person Approving QIP | Martin Dillion, Chief Executive | Date Approved | 10/7/15 |
| RQIA Inspector Assessing Response | Gavin Doherty | Date Approved | 21/07/2015 |

Please ensure the QIP is completed in full and returned to Estates.Mailbox@rqia.org.uk from the authorised email address