



The Regulation and
Quality Improvement
Authority

Rosewood Beacon Centre
RQIA ID: 11066
90 Tamlaght Rd
Omagh
BT78 5BB

Inspector: Raymond Sayers
Inspection ID: IN021530

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**Announced Estates Inspection
of
Rosewood Beacon Centre**

21 July 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 31 July 2015 from 10.00hrs to 12.00hrs. 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 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	2

The details of the QIP within this report were discussed with the Ms Delia Devlin, Manager and Ms Fiona Hegarty (Northern Ireland Association for Mental Health, Corporate Services Manager) as part of the inspection process. The timescales for completion commence from the date of inspection.

Service Details

Registered Organisation/Registered Person: Northern Ireland Association for Mental Health/William Henry Murphy	Registered Manager: Ms Delia Devlin
Person in Charge of the Premises at the Time of Inspection: Ms Delia Devlin	Date Manager Registered: August 2007
Categories of Care: DCS-MP	Number of Registered Places: 80 (total registered)
Number of Service Users Accommodated on Day of Inspection: 15	Weekly Tariff at Time of Inspection: <i>Trust rates</i>

2. 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

3. 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 Ms Delia Devlin (Manager) and Ms Fiona Hegarty (NIAMH Corporate Services Manager).

The following records were examined during the inspection: Copies of service records, engineering services maintenance log books, legionellae risk assessment and fire risk assessment.

4. The Inspection

4.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced care inspection IN020050 dated 11 September 2014. The completed QIP was returned, and approved by the care inspector on 8 December 2014.

4.2 Review of Requirements and Recommendations from the last Estates Inspection completed on 30 August 2012

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 14.(1)(a) & (c)	"Review legionellosis control risk assessment and confirm that routine shower head sterilization control precautions are implemented and recorded."	Met
	Action taken as confirmed during the inspection: 2014 risk assessment corrective action confirmed as complete.	
Requirement 2 Ref: Regulation 14.(1)(a) & (c)	Submit a copy of the currently valid BS7671 Periodic Inspection Report for the electrical installation, and confirm compliance with the Electricity at Work Regulations.	Met
	Action taken as confirmed during the inspection: BS7671 Periodic Inspection Report IPN3/0353853 examined, dated 1 July 2013 and valid for 5 years.	
Requirement 3 Ref: Regulation 14.(1)(a) & (c)	Submit verification to RQIA Estates inspector that Lifting Operations & Lifting Equipment Regulation (LOLER) thorough examination inspections of the stair-lift are completed in compliance with Health and Safety at Work Order.	Met
	Action taken as confirmed during the inspection: Verification reviewed and accepted.	

Requirement 4 Ref: Regulation 14.(1)(a) & (c)	Submit verification to RQIA estates inspector that a suitable maintenance control regime is implemented on the Thermostatic Mixing Valves (TMV), compliant with a `safe` hot water and surface temperatures risk assessment and policy.	Met
Action taken as confirmed during the inspection: Legionella risk assessment controls assurance contractors implementing TMV controls		
Requirement 5 Ref: Regulation 14.(1)(a) & (c)	Review health and safety controls on window opening casements accessible to day care clients and confirm that all necessary action is implemented to provide a safe environment for day care users.	Met
Action taken as confirmed during the inspection: Management controls implemented.		
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 25.1	Complete a redecoration of all exterior painted surfaces.	Partially Met
Action taken as confirmed during the inspection: Some works have been completed but completion of works is not to be arranged until window cill repairs are completed.		
Recommendation 2 Ref: Standard 25.1	Remove weed and grass growth from patio area and paths.	Met
Action taken as confirmed during the inspection: Weed control completed.		

4.3 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 related to the maintenance of the premises was presented for review during this Estates inspection, 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 were identified for attention during this 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 two issues identified for attention during this inspection, and are detailed in the areas for improvement section below.]

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.

[A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.]

Areas for Improvement

External window cills were cracking as a result of corrosion of reinforcement bars and timber window frame members were deteriorating due to wet rot.

Surface tiles had been removed from an external ramp. The facility manager stated that repair works were arranged.

Number of Requirements	0	Number Recommendations:	2
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4.4 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 related 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 were identified for attention during this inspection.]

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.

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

Areas for Improvement

Not applicable.

Number of Requirements	0	Number Recommendations:	0
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4.5 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 were identified for attention during this inspection.]

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 listed in the fire risk assessment. This supports the delivery of effective care.

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

Is Care Compassionate? (Quality of Care)

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

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

Areas for Improvement

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

Not applicable.

5. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Delia Devlin (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.

5.1 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.

5.2 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.

5.3 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 Ref: Standard 25.1 Stated: Second time To be Completed by: 29 September 2015	Implement repairs to window cills, repair/replace rotten window frame timbers and redecorate frames.		
	Response by Registered Manager Detailing the Actions Taken: Niamh have undertaken a tendering exercise for remedial works to the scheme. This has been approved and instructions issued to the contractor to execute works.		
Recommendation 2 Ref: Standard 25.5 Stated: First time To be Completed by: 29 September 2015	Replace external ramp surface tiles.		
	Response by Registered Manager Detailing the Actions Taken: See Recommendation 1 response above.		
Registered Manager Completing QIP	Delia Devlin	Date Completed	21/08/2015
Registered Person Approving QIP	Billy Murphy	Date Approved	21/08/2015
RQIA Inspector Assessing Response	Raymond Sayers	Date Approved	22/10/2015

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