



The Regulation and
Quality Improvement
Authority

Ernvale Beacon Centre
RQIA ID: 11097
35 Mill Street
Enniskillen
BT74 6AN

Inspector: Raymond Sayers
Inspection ID: IN021519

Tel: 028 66322995
Email: ernevale@beaconwellbeing.org

**Announced Estates Inspection
of
Ernvale Beacon Centre**

22 February 2016

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 22 February 2016 from 12.15am to 13.40pm. 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	1

The details of the QIP within this report were discussed with the Ms Finola Crudden, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Northern Ireland Association for Mental Health (NIAMH)/Mr William Henry Murphy	Registered Manager: Ms Finola Crudden
Person in Charge of the Premises at the Time of Inspection: Ms Finola Crudden	Date Manager Registered: 25 September 2009
Categories of Care: DCS - MP	Number of Registered Places: 15
Number of Service Users Accommodated on Day of Inspection: 0	Weekly Tariff at Time of Inspection: <i>Trust rates</i>

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 over the past 12 months.

During the inspection the inspector met with Ms Finola Crudden.

The following records were examined during the inspection: Copies of building services maintenance/inspection records and building user log books, 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, IN023461, dated 29 September 2015. The completed QIP was returned, and reviewed by the care inspector on 26 February 2016.

5.2 Review of Requirements and Recommendations from the last Estates Inspection completed on 25 October 2012.

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 32	Implement corrective works to stabilise and secure rear yard boundary wall.	Met
	Action taken as confirmed during the inspection: Repair works implemented.	
Recommendation 2 Ref: Standard 28.4	Consult with Northern Ireland Association for Mental Health (NIAMH) management and implement a staff fire safety awareness training regime in accordance with Day Care Settings Minimum Standards Jan 2012, this should include training from a competent person and should cover the fire management and evacuation procedures which are specific to the premises.	Met
	Action taken as confirmed during the inspection: Fire safety awareness training 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 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 are 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 areas of the premises reviewed during this Estates inspection were well presented, 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

None identified.

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 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.

[An issue was however identified for attention during this Estates inspection and is detailed in the 'areas for improvement' section below.]

Is Care Effective? (Quality of Management)

The dependency and care 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 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

1. The Gas Safe Register engineer`s inspection report dated 18 February 2016 lists two items as requiring attention: (1) Service pipework earth bonding (2) Gas cylinders are located less than 2 metres distance from drainage inspection chambers/gulleys. Refer to Quality Improvement Plan Recommendation 1.

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.

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

Is Care Effective? (Quality of Management)

The standard used by the registered person to determine the 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.

[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 that are appropriate for the premises 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

None identified.

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

5.6 Additional Areas Examined

None identified.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Finola Crudden, 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	Implement Gas Safe Register engineer`s 18 February 2016 report recommendations.		
Ref: Standard 27.1	Response by Registered Manager Detailing the Actions Taken: I consulted with our Corporate Services Team on this matter. We no longer use the cooker in the centre. For this reason we have taken the decision to disconnect the Gas Supply completely. Therefore eliminating any risk.		
Stated: First time			
To be Completed by: As per inspection engineer`s recommendations			
Registered Manager Completing QIP	Finola Crudden	Date Completed	9/3/2016
Registered Person Approving QIP	Billy Murphy	Date Approved	24/03/2016
RQIA Inspector Assessing Response	Raymond Sayers	Date Approved	13/04/2016

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