



The Regulation and
Quality Improvement
Authority

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**Announced Estates Inspection
of
Orchardville Training And Resource Centre Incorporating
Bluebell Cards and Extending The Choice**

21 December 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An announced estates inspection took place on 21 December 2015 from 10:30 to 12:30. 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	5	0

The details of the QIP within this report were discussed with the person in charge of the premises, Mr Gary Wilson 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: Ms Karen Neville
Person in Charge of the Premises at the Time of Inspection: Mr Gary Wilson	Date Manager Registered: 4 May 2010
Categories of Care: DCS-LD, DCS-LD(E)	Number of Registered Places: 145
Number of Service Users Accommodated on Day of Inspection: Not ascertained	Weekly Tariff at Time of Inspection: Not ascertained

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 Gary Wilson and Mr Adrian Brennan.

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 medicines management inspection dated 24 February 2015. There were no requirements or recommendations resulting from this inspection.

5.2 Review of Requirements and Recommendations from *the last* Estates Inspection undertaken on 4 October 2012

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 26	Complete the redecoration of Room 8 and the Multi- Sensory Room.	Met
	Action taken as confirmed during the inspection: Inspector confirmed at the time of inspection.	

Requirement 2 Ref: Regulation 26	<p>Carry out suitable and sufficient inspection and testing of the facilities fixed electrical installation in accordance with BS7671 'Requirements for electrical installations'.</p> <p>Provide confirmation that all subsequent remedial works have been completed and that the system is in satisfactory condition.</p> <hr/> <p>Action taken as confirmed during the inspection: Inspector confirmed at the time of inspection. Confirmation of remedial works being implemented was still outstanding. Refer to main body of the report for further actions.</p>	Partially Met
Requirement 3 Ref: Regulation 26	<p>In relation to the 'Control of Legionella bacteria in the hot and cold water systems', suitable systems must be put in place for the quarterly descaling and disinfection of the shower heads and associated hoses within the facility.</p> <hr/> <p>Action taken as confirmed during the inspection: Inspector confirmed at the time of inspection.</p>	Met
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 27	<p>Monitor the facilities controlled hot water outlets on a regular basis to ensure they continue to provide safe hot water for the service users</p> <hr/> <p>Action taken as confirmed during the inspection: Inspector confirmed at the time of inspection.</p>	Met

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

Areas for Improvement

The Fascia and Soffit boards were in very poor condition at the time of the inspection. Any damaged boards should be repaired or replaced and redecorated appropriately.
(Item 1 in the attached Quality Improvement Plan)

Number of Requirements	1	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 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. A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

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. 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

Gas Safe Certification was not available at the time of the inspection. Confirmation should be provided that all gas appliances within the premises have been serviced and inspected in accordance with current 'gas safe' guidance and legislation.

(Item 2 in the attached Quality Improvement Plan)

An inspection of the premises fixed electrical installation was undertaken on 9 January 2013. Confirmation should be provided, that all remedial works required as a result of this inspection, have been completed and that the installation is in a 'satisfactory' condition.

(Item 3 in the attached Quality Improvement Plan)

A risk assessment for the control of legionella bacteria in the premises hot and cold water systems was not available at the time of the inspection. Confirmation should be provided, that a current risk assessment is in place and that all required control measures have been implemented and are being maintained.

(Item 4 in the attached Quality Improvement Plan)

Number of Requirements	3	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. A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

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

According to the records available, the most recent annual inspection of the emergency lighting installation for the premises was undertaken in June 2014. Confirmation should be provided for the most recent inspection of the emergency lighting installation within the last 12 months.

(Item 5 in the attached Quality Improvement Plan)

Number of Requirements	1	Number Recommendations:	0
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5.6 Additional Areas Examined

No additional areas were examined as part of this inspection.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Gary Wilson 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	
Statutory Requirements	
Requirement 1 Ref: Regulation 26 Stated: First time To be Completed by: 30 June 2016	Any damaged Fascia and Soffit boards should be repaired or replaced and redecorated appropriately. Response by Registered Manager Detailing the Actions Taken: In response to this requirement, estates have started work on the fascia and soffit boards. This will be completed by 30 th June 2016.
Requirement 2 Ref: Regulation 26 Stated: First time To be Completed by: 15 February 2016	Confirmation should be provided that all gas appliances within the premises have been serviced and inspected in accordance with current 'gas safe' guidance and legislation. Response by Registered Manager Detailing the Actions Taken: In response to this requirement a copy of the gas safety inspection certificate is available indicating a service was carried out on 2 nd September 2015, confirming all gas appliances within the premises have been serviced and inspected in accordance with current 'gas safe' guidance and legislation.
Requirement 3 Ref: Regulation 26 Stated: Second time To be Completed by: 15 February 2016	Confirmation should be provided, that all remedial works required as a result of the most recent fixed electrical inspection, have been completed and that the installation is in a 'satisfactory' condition. Response by Registered Manager Detailing the Actions Taken: In response to this requirement, an Electrical installation condition report is available confirming that all remedial works required have been completed and that the installation is in a satisfactory condition.
Requirement 4 Ref: Regulation 26 Stated: First time To be Completed by: 15 February 2016	A risk assessment for the control of legionella bacteria in the premises hot and cold water systems was not available at the time of the inspection. Confirmation should be provided, that a current risk assessment is in place and that all required control measures have been implemented and are being maintained. Response by Registered Manager Detailing the Actions Taken: In response to this requirement Estates have confirmed there is a current risk assessment in place and that all required control measures have been implemented and are being maintained.
Requirement 5 Ref: Regulation 26 Stated: First time	Confirmation should be provided for the most recent inspection of the emergency lighting installation. Response by Registered Manager Detailing the Actions Taken: In response to this requirement a report is available detailing the most recent

To be Completed by: 15 February 2016	inspection of emergency lighting. This was completed in February 2016.		
Registered Manager Completing QIP	Karen Neville	Date Completed	8-2-16
Registered Person Approving QIP	Martin Dillon	Date Approved	26/02/2015
RQIA Inspector Assessing Response	Gavin Doherty	Date Approved	11/4/2016

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