



The **Regulation** and
Quality Improvement
Authority

Bracken, Beacon Day Support
RQIA ID: 11195
241 Newtownards Road
Belfast
BT4 1AF

Inspector: Kieran Monaghan
Inspection ID: IN021658

Tel: 028 90 459 878
Email: bracken@beaconwellbeing.org

Announced Estates Inspection
of
Bracken, Beacon Day Support, Belfast
on
26 January 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 26 January 2016 from 10:30am. to 11:50am. 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	3	0

The details of the QIP within this report were discussed with Mrs. Deirdre Brannigan, Registered Manager and Ms. Fiona Hegarty, Corporate Services Manager for NI Association for Mental Health, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: NI Association for Mental Health / Mr. William Henry	Registered Manager: Mrs. Deirdre Brannigan
Person in Charge of the Premises at the Time of Inspection: Mrs. Deirdre Brannigan, Registered Manager	Date Manager Registered:
Categories of Care: DCS-MP	Number of Registered Places: 40
Number of Service Users Accommodated on Day of Inspection: 13	Weekly Tariff at Time of Inspection: N/A

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 included the following:

Prior to this inspection the previous estates inspection report was reviewed.

Discussions with Mrs. Deirdre Brannigan, Registered Manager and Ms. Fiona Hegarty, Corporate Services Manager for NI Association for Mental Health.

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, fire risk assessment, etc.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of this establishment was an unannounced primary care inspection on 18 December 2015. The completed QIP for this inspection was returned to RQIA on 28 January 2016.

5.2 Review of Requirements and Recommendations from the last Estates Inspection on 10 December 2014

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 26(2)(b)	A copy of the final Building Control Inspection letter should be forwarded to RQIA.	Met
	Action taken as confirmed during the inspection: A copy of the Building Control certificate was available for review during this inspection.	
Requirement 2 Ref: Regulation 26(2)(c)	It was not clear if the extract fan in the toilet nearest to the entrance door to the unit was working. The screen for this fan also required to be cleaned. This fan should be checked and repaired or replaced as required and cleaned.	Met
	Action taken as confirmed during the inspection: This issue had been addressed.	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 3 Ref: Regulations 13(7) 14(1)(a) 14(1)(c) 26(2)(c) 26(2)(l)	A risk assessment for the prevention or control of legionella bacteria in the water systems had been completed by a specialist company in September 2014. The water systems were cleaned and disinfected on 17 October 2014 and the most recent check to the water temperatures had been carried out in November 2014. The thermostatic mixers should be serviced and the action plan in the report for the legionella risk assessment should be signed off.	Partially Met
	Action taken as confirmed during the inspection: The completed Quality Improvement Plan returned to RQIA for the last estates inspection confirmed that the thermostatic mixing valves had been serviced. Although most of the issues identified for attention in the action plan for the legionella risk assessment appeared to have been addressed, the action plan presented for review during this estates inspection had not been signed off. Refer also to section 5.4 Areas for Improvement item 1 in this report.	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 4 Ref: Regulations 26(4)(b) 26(4)(d)(iv)	A fire risk assessment was completed in November 2014 with a satisfactory outcome. A fire risk assessment for the complete Skainos Centre was also completed on 01 December 2014 with a satisfactory outcome. Ms. Bailie confirmed that personal emergency evacuation plans (PEEPs) had been drawn up for each service user and a fire drill had been carried out in conjunction with the Skainos Centre on 09 December 2014 with a satisfactory outcome. The fire detection and alarm system was also inspected and serviced on 14 October 2014 and the first aid fire-fighting equipment was serviced in November 2014. Mr. Tomlinson agreed to email a copy of the report for the most recent inspection and test to the emergency lighting to RQIA.	Met
	Action taken as confirmed during the inspection: The completed Quality Improvement Plan returned to RQIA for the last estates inspection confirmed that the emergency lights had been inspected and tested and that the documentation had been received.	

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.

No issues were identified for attention in relation to this standard during this estates 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.

No issues were identified for attention in relation to this standard 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.

No issues were identified for attention in relation to this standard during this estates inspection.

Areas for Improvement

No areas for improvement were identified for attention during this estates inspection.

Number of Requirements	0	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 service users 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.

Two issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Is Care Compassionate? (Quality of Care)

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

Two issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Areas for Improvement

1. The most recent risk assessment for the prevention or control of legionella bacteria in the water systems was completed in September 2014 with no major issues identified for attention. A new facilities manager had recently been appointed for the Skainos Centre complex and arrangements were being made to bring a number of issues in relation to the ongoing maintenance of the premises up to date. This included resolving an issue in relation to the cold water temperatures in part of the complex and completing the next routine service of the thermostatic mixing valves. Completion of these issues should be confirmed to RQIA. In addition the risk assessment for the prevention or control of legionella bacteria in the water systems should be reviewed, updated and actioned as required. Water samples should also be tested for the presence of legionella bacteria. Reference should be made to requirement 1 in the attached Quality Improvement Plan.
2. The passenger lift was serviced in May, August and December 2015. A thorough examination of the passenger lift in accordance with The Lifting Operations and Lifting Equipment Regulations (Northern Ireland) 1999 had not however been completed within the last six months. Arrangements should be made to complete a thorough examination of the passenger lift and to continue with same on a six monthly basis. Reference should be made to requirement 2 in the attached Quality Improvement Plan.

Number of Requirements	2	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.

One issue was however identified for attention during this Estates inspection. This is 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 service users, 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.

No issues were identified for attention in relation to this standard 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.

No issues were identified for attention in relation to this standard during this estates inspection.

Areas for Improvement

1. It is good to report that the fire risk assessment was reviewed and updated on 14 May 2015 with a satisfactory outcome. The next routine duration inspection and test to the emergency lights should be completed. Reference should be made to item 3 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 reviewed during this estates inspection.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs. Deirdre Brannigan, Registered Manager and Ms. Fiona Hegarty, Corporate Services Manager for NI Association for Mental Health, 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 should 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 persons 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 persons 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: Regulations 13(7) 14(1)(a) 14(1)(c) 26(2)(l) Stated: First time To be Completed by: 25 March 2016	The issue in relation to the cold water temperatures should be resolved. The next routine service of the thermostatic mixing valves should be completed. In addition the risk assessment for the prevention or control of legionella bacteria in the water systems should be reviewed, updated and actioned as required. Water samples should also be tested for the presence of legionella bacteria. Response by Registered Manager Detailing the Actions Taken: The landlord EBM has responded: 1. Identified 3 TMVs in our area: one was underfloor of ladies toilet which they have now repositioned to above floor - temp on all 3 was - 41'C (prev TMV temp - 58'C) - equipment ordered to carry out full in-house service, and in-house maintenance systems adjusted to meet RQIA requirements. 2. Procurement process started to obtain specialist contractor to carry out water tank inspections and review of existing L8 risk assessment. Target Completion Date: April 2016		
Requirement 2 Ref: Regulations 26(2)(c) Stated: First time To be Completed by: 25 March 2016 and Ongoing	Arrangements should be made to complete a thorough examination of the passenger lift in accordance with The Lifting Operations and Lifting Equipment Regulations (Northern Ireland) 1999 and to continue with same on a six monthly basis. Response by Registered Manager Detailing the Actions Taken: The landlord EBM carried out procurement process and have awarded a contract to Bureau Veritas to carry out the works - Target Completion Date: April 2016		
Requirement 3 Ref: Regulations 26(4)(b) 26(4)(d)(iv) Stated: First time To be Completed by: 25 March 2016	The next routine duration inspection and test to the emergency lights should be completed. Response by Registered Manager Detailing the Actions Taken: The landlord EBM has introduced a maintenance software package to insure tests carried out as per RQIA requirements. 6-Monthly Partial Discharge scheduled for April 2016.		
Registered Manager Completing QIP	Dee Brannigan	Date Completed	23/03/16
Registered Person Approving QIP	Billy Murphy	Date Approved	24/03/2016
RQIA Inspector Assessing Response	K. Monaghan	Date Approved	* 30/03/16

* Clarification or follow up required on some items

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