

**Announced Estates Inspection
of
Woodlands Centre, Belfast**

22 May 2015

1. Summary of Inspection

An Estates inspection took place on 22 May 2015 from 10.30am. to 12.05pm. 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	4	0

The details of the QIP within this report were discussed with Ms. Marie Quigley, Registered Manager, Mr. Rory Kavanagh, Senior Care, Mr. Danny McCartney, Estates Operations Manager, Belfast Health and Social Care (HSC) Trust and Mr. Brian Marley, Fire Safety Officer, Belfast HSC Trust, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mr. Martin Joseph Dillon, Acting Chief Executive, Belfast Health and Social Care Trust	Registered Manager: Ms. Marie Quigley
Person in Charge of the Premises at the Time of Inspection: Ms. Marie Quigley, Registered Manager	Date Manager Registered: 21 September 2010
Categories of Care: DCS-PH, DCS-SI	Number of Registered Places: 30
Number of Service Users Accommodated on Day of Inspection: 16	Weekly Tariff at Time of Inspection: Not applicable

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 and themes 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 the inspection an overview of the recent notified incidents was carried out. The issues included in the Quality Improvement Plan for the previous Estates inspection that was carried out on 30 October 2012 were also reviewed during this Estates inspection.

During the inspection the inspector did not meet with service users, care staff, support staff, visiting professionals or service user's representatives.

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, water risk assessment, fire risk assessment etc....

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of this service was an announced primary care inspection on 18 June 2014. The completed QIP was returned to RQIA on 28 July 2014 and approved by the care inspector on 18 August 2014.

5.2 Review of Requirements and Recommendations from the last Estates Inspection on 30 October 2012

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 26(2)(b)	The wall surfaces in the shower room should be improved.	Met
	Action taken as confirmed during the inspection: Impervious sheeting had been provided to the walls in the shower room.	
Requirement 2 Ref: Regulation 26(2)(b)	The ceiling in the computer room should be made good.	Met
	Action taken as confirmed during the inspection: The ceiling in the computer room had been made good.	
Requirement 3 Ref: Regulation 26(2)(l)	The 'dead leg' pipework in the male toilet at the back of the wc should be removed.	Met
	Action taken as confirmed during the inspection: This issue had been addressed.	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 4 Ref: Regulations 14(1)(a) 14(1)(c) 26(2)(l)	<p>The issues identified for attention by the most recent water risk assessment should be addressed. This should also include the cleaning and disinfection of the water storage tanks. The new procedure for the monthly checking of the water temperature should commence. The current Gas Safe reports should also be available on the premises.</p>	Partially Met
	<p>Action taken as confirmed during the inspection:</p> <p>The water storage tanks were cleaned and disinfected on 09 July 2014. Mr. McCartney also confirmed that the water storage tanks would be cleaned and disinfected again this year. The unblended hot water and the blended hot water temperatures are being checked on a monthly basis. The cold water temperatures at the sentinel outlets were not however being checked and recorded each month. Reference should be made to requirement 1 in the attached Quality Improvement Plan. The gas heating boilers were serviced and checked for gas safety on 24 February 2015.</p>	
Requirement 5 Ref: Regulation 26(4)(b)	<p>A zone plan should be provided for the fire detection and alarm panel in the front entrance area.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>A zone plan had been provided.</p>	
Requirement 6 Ref: Regulation 26(4)(a)	<p>This fire risk assessment should be reviewed in relation to the following issues;</p> <ul style="list-style-type: none"> • The fire detection system did not extend to the hot water cylinder store • The switchgear cupboard in the office was not fire protected 	Met
	<p>Action taken as confirmed during the inspection:</p> <p>These issues had been addressed.</p>	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 7 Ref: Regulation 26(4)(d)(i)	Fire doors should not be wedged open. Additional hold open devices should be installed to address this issue. Advice should be sought from the Fire Safety Advisor for the premises.	Met
	Action taken as confirmed during the inspection: No doors were observed to be wedged open during this Estates inspection.	
Requirement 8 Ref: Regulation 26(4)(d)(i)	The ceiling in the hot water cylinder store should be fire stopped at the pipes and conduits.	Met
	Action taken as confirmed during the inspection: This issue had been addressed.	
Requirement 9 Ref: Regulation 26(4)(b)	The arrangements for smoking in the premises should be reviewed to ensure that these remain sufficiently robust. Particular attention should be given to the policy, risk assessments for each service user who smokes and the fire-fighting arrangements with regard to this issue.	Met
	Action taken as confirmed during the inspection: Ms. Quigley confirmed that risk assessments had been carried out for the service users who smoke. First aid fire-fighting equipment had also been provided in the area used for smoking.	
Requirement 10 Ref: Regulations 26(4)(d)(i) 26(4)(f)	The need to extend the fire detection and alarm system to include fire detectors in the office and the computer room should be reviewed with the Fire Risk Assessor for the premises. A matrix should be developed to record and monitor the details in relation to the fire drills.	Partially Met
	Action taken as confirmed during the inspection: Fire detectors had been installed in the office and in the computer room. Fire drills were carried out on 11 and 12 April 2014. Further fire drills should be carried out for all staff. Reference should be made to requirement 2 in the attached Quality Improvement Plan.	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 11 Ref: Regulation 26(4)(b) 26(4)(d)(iv)	Monthly function checks should be carried out to the emergency lights. The switchgear cupboard in the office should be kept clear of storage and locked shut.	Partially Met
	Action taken as confirmed during the inspection: Monthly function checks to the emergency lights were being carried out although these were not up to date. Reference should be made to requirement 2 in the attached Quality Improvement Plan. The switch gear cupboard in the office had been cleared out and it was being kept locked.	

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 during this Estates inspection in relation to this standard.

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 during this Estates inspection in relation to this standard.

Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. New double glazed windows had recently been provided to the building and other improvements to the premises such as the provision of a new floor covering in the kitchen had also been completed. This supports the delivery of compassionate care.

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

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 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.

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 Compassionate? (Quality of Care)

There are health and 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

1. The drainage gully in the boiler room was blocked. Reference should be made to requirement 3 in the attached Quality Improvement Plan.
2. Mr. McCartney confirmed that the next routine inspection and test of the fixed wiring installation was ongoing. Completion and the outcome of this inspection and test should be confirmed to RQIA. Reference should be made to requirement 3 in the attached Quality Improvement Plan.
3. Records for the quarterly descaling, cleaning and disinfection of the showers was not presented for review during this Estates inspection. The current position in relation to the completion of quarterly descaling, cleaning and disinfection of the showers should be confirmed to RQIA. Reference should be made to requirement 1 in the attached Quality Improvement Plan.
4. The thermostatic mixers at the hairdressing sink and at the shower were serviced on 08 January 2015. The thermostatic mixers at the other water outlets throughout the premises should also be serviced. Reference should be made to requirement 3 in the attached Quality Improvement Plan.

Areas for Improvement Continued

5. The hoists were serviced and thoroughly examined on 20 May 2015. The two overhead tracking hoist systems were also serviced on 16 February 2015. It was not clear however if these tracking hoist systems had also been thoroughly examined within the last six months. This should be clarified. Reference should be made to requirement 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.

Two 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.

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)

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.

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 fire safety training arrangements were discussed during this Estates inspection. Mr. Kavanagh agreed to update the records for this training and to confirm the dates for the current fire safety training. Subsequent to this Estates inspection Mr. Kavanagh confirmed to RQIA that fire safety training for all staff had been arranged for the week beginning the 01 June 2015 and fire warden update training had been arranged for two members of staff for August 2015. Completion of the fire training for all staff should be confirmed to RQIA. Reference should be made to requirement 2 in the attached Quality Improvement Plan.
2. The fire risk assessment was review and updated in April 2015. The report for this review which indicated the overall fire risk in the premises to be 'Trivial' was presented for review during this Estates inspection. The issues identified for attention in this report were being addressed. It was noted that the installation of two smoke detectors was to be completed in this regard. Completion of the remaining issues from the fire risk assessment should be confirmed to RQIA. Reference should be made to requirement 2 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 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 Ms. Marie Quigley, Registered Manager, Mr. Rory Kavanagh, Senior Care, Mr. Danny McCartney, Estates Operations Manager, Belfast Health and Social Care (HSC) Trust and Mr. Brian Marley, Fire Safety Officer, Belfast HSC Trust, 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 responsible person should 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 for assessment 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 14(1)(a) 14(1)(c) 26(2)(l) Stated: Second time To be Completed by: 22 August 2015 and ongoing	<p>The issues identified for attention by the most recent water risk assessment that was completed on 20 December 2013 should be addressed. The cold water temperatures at the sentinel outlets should also be checked and recorded once each month. The current position in relation to the completion of quarterly descaling, cleaning and disinfection of the showers should be confirmed to RQIA.</p> <p>Response by Registered Manager Detailing the Actions Taken:</p> <p>All cold water temperatures being recorded on an ongoing monthly basis</p> <p>Sample also taken from cold water tank for testing - 22.06.2015</p>
Requirement 2 Ref: Regulations 26(4)(a) 26(4)(b) 26(4)(d)(iv) 26(4)(e) 26(4)(f) Stated: First time To be Completed by: 22 June 2015	<p>Fire drills should be carried out for all staff. The monthly function checks to the emergency lights should be kept up to date. Completion of the fire training for all staff should be confirmed to RQIA. Completion of the remaining issues from the fire risk assessment should also be confirmed to RQIA.</p> <p>Response by Registered Manager Detailing the Actions Taken:</p> <p>Fire manual checks carried out and completed where required</p> <p>Staff have undertaken Environmental and Fire Awareness training to comply with Trust policy</p> <p>Fire drill carried out on 23.06.2015 and recorded within the Fire Manual</p>
Requirement 3 Ref: Regulations 26(2)(c) 26(2)(l) Stated: First time To be Completed by: 22 June 2015	<p>The thermostatic mixers at the wash basins throughout the premises should be serviced. The drainage gully in the boiler room should be unblocked. Completion and the outcome of the inspection and test to the fixed wiring installation should be confirmed to RQIA.</p> <p>Response by Registered Manager Detailing the Actions Taken:</p> <p>Drainage gully in boiler room - Completed 24.06.2015</p> <p>Thermostatic mixers - completed 07.07.2015</p> <p>Fixed wiring - completed 06.07.2015</p>

Quality Improvement Plan			
Statutory Requirements			
Requirement 4 Ref: Regulation 26(2)(c) Stated: First time To be Completed by: 22 June 2015	Confirmation that the two overhead tracking hoist systems have been thoroughly examined within the last six months in accordance with the Lifting Operations and Lifting Equipment (Northern Ireland) Regulations 1999 should be provided to RQIA. Response by Registered Manager Detailing the Actions Taken: LOLAR report for tracking hoist in multi sensory room - 15.05.2014, next examination date 09.07.2015 (date report issued 09.01.2015) LOLAR report for tracking hoist in shower room - 15.05.2014, next examination date 09.07.2015 (date report issued 09.01.2015)		
Registered Manager Completing QIP	Brenda Quigley	Date Completed	07.07.15
Registered Person Approving QIP	Martin Dillon	Date Approved	08.07.15
RQIA Inspector Assessing Response	Kieran Monaghan	*Date Approved	06/10/2015

* 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