

**Announced Estates Inspection
of
The Beeches Resource Centre, Aghalee**

25 June 2015

1. Summary of Inspection

An announced estates inspection took place on 25 June 2015 from 10.30am. to 1.00pm. 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	2	0

The details of the QIP within this report were discussed Mrs. Joann Lamont Crawford, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mr. James Brian Wilson, The Beeches Professional & Therapeutic Services Ltd.	Registered Manager: Mrs. Joann Lamont Crawford
Person in Charge of the Premises at the Time of Inspection: Mrs. Joann Lamont Crawford, Registered Manager	Date Manager Registered: 30 September 2010
Categories of Care: DCS-LD, DCS-LD(E), DCS-PH, DCS-PH(E)	Number of Registered Places: 68
Number of Service Users Accommodated on Day of Inspection: 53	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 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 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 24 January 2013 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, fire risk assessment etc.

5. The Inspection

Review of Requirements and Recommendations from Previous Inspection

The previous inspection of this service was an announced primary care inspection on 23 September 2014. The completed QIP was returned to RQIA on 24 October 2014. The care inspector is has still to approve this completed QIP.

5.1 Review of Requirements and Recommendations from the last Estates Inspection on 24 January 2013

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 26(4)(b)	A drawing of the complex for the fire detection and alarm system should be provided beside the control panel.	Met
	Action taken as confirmed during the inspection: A drawing had been provided for the fire detection and alarm system.	
Previous Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 25.1	It is recommended that the heating levels should be reviewed with the service users and the staff to ensure that the room temperatures throughout the premises remain comfortable.	Met
	Action taken as confirmed during the inspection: The heating had been reviewed. Mrs. Lamont Crawford also confirmed that no issues in relation to the heating had been raised in the recent service user feedback.	
Recommendation 2 Ref: Standard 25.2	It is recommended that the walls in the male toilet off the Music Room at low level should be repainted.	Met
	Action taken as confirmed during the inspection: This issue had been addressed. In addition Mrs. Lamont Crawford also advised that consideration was being given to upgrading the wall finishes in the toilets.	

Previous Recommendations		Validation of Compliance
Recommendation 3 Ref: Standard 25.5	It is recommended that the paths in the garden area should be reviewed and any minor remedial works carried out prior to reuse in the next growing season.	Met
	Action taken as confirmed during the inspection: Remedial works had been carried out to the paths.	

5.2 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.

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.

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 during this Estates inspection.

Areas for Improvement

Number of Requirements	0	Number Recommendations:	0
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5.3 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.

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 thermostatic mixing valves should be adjusted to achieve the 41°C temperature standard. The temperature of the unblended hot water in the plumbing system should also be maintained above 55°C in line with the current standards for the prevention or control of legionella bacteria in water systems. Reference should be made to requirement 1 in the attached Quality Improvement Plan.
2. The issues identified for attention by the water risk assessment should be reviewed to establish what further action is required. Subsequent to this Estates inspection RQIA received confirmation from Mrs. Lamont Crawford that the plumber had been contacted about the remaining work and arrangements had been made to complete same in July 2015. Completion of this work should be confirmed to RQIA. Reference should be made to requirement 1 in the attached Quality Improvement Plan.
3. The reports for the most recent service of the stair lifts should be followed up. Subsequent to this Estates inspection RQIA received a copy of the report for the most recent service of the stair lifts.

Number of Requirements	1	Number Recommendations:	0
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5.4 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 persons 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.

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

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

Areas for Improvement

1. The door to the dining room should not be wedged open. Consideration should also be given to the benefits of changing the existing heat detector in the photocopy room to a smoke detector. Reference should be made to requirement 2 in the attached Quality Improvement Plan.

Number of Requirements	1	Number Recommendations:	0
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5.5 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 Mrs. Joann Lamont Crawford, Registered 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 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 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 14(1)(a) 14(1)(c) 26(1)(l) Stated: First Time To be Completed by: 24 July 2015	The thermostatic mixing valves should be adjusted to achieve the 41°C temperature standard. The temperature of the unblended hot water in the plumbing system should also be maintained above 55°C in line with the current standards for the prevention or control of legionella bacteria in water systems. Completion of the remaining works identified by the legionella risk assessment should be confirmed to RQIA.		
	Response by Registered Manager Detailing the Actions Taken: The contractor has adjusted mixing valves to ensure temperature standards are met and Centre staff will continue to monitor these temperatures monthly. We can confirm that the remaining work regarding the legionella risk assessment will be carried out by the contractor.		
Requirement 2 Ref: Regulation 26(4)(b) 26(4)(d)(i) Stated: First Time To be Completed by: Ongoing	The door to the dining room should not be wedged open. Consideration should also be given to the benefits of changing the existing heat detector in the photocopy room to a smoke detector.		
	Response by Registered Manager Detailing the Actions Taken: All staff have been reminded of the need to maintain fire safety procedures at all times. We will discuss electrical equipment with our electrical contractors.		
Registered Manager Completing QIP		Joann Lamont-Crawford	Date Completed 17/08/2015
Registered Person Approving QIP		James Wilson	Date Approved 17/08/2015
RQIA Inspector Assessing Response		Kieran Monaghan	Date Approved 17/08/2015

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