



The **Regulation** and
Quality Improvement
Authority

Ravenhill Adult Centre
RQIA ID: 11246
318a Ravenhill Road
Belfast
BT6 8GL

Inspector: Gavin Doherty
Inspection ID: IN021592

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**Announced Estates Inspection
of
Ravenhill Adult Centre**

21 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 21 January 2016 from 10:30 to 12:00. 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	1	1

The details of the QIP within this report were discussed with Mr Brian O'Reilly, centre manager, Ms Stacey White, estates officer and Mr Mark Gunning, fire officer as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Belfast Health & Social Care (HSC) Trust / Mr Martin Joseph Dillon	Registered Manager: Mr Brian O'Reilly
Person in Charge of the Premises at the Time of Inspection: Mr Brian O'Reilly	Date Manager Registered: 25 March 2014
Categories of Care: DCS-MP, DCS-PH, DCS-SI	Number of Registered Places: 75
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 included the following:

Prior to inspection the following records were analysed: Previous estates inspection report, statutory notifications over the past 12 months.

Discussions with Mr Brian O'Reilly, Centre manager, Ms Stacey White, Estates officer, and Mr Mark Gunning, Fire officer with Belfast HSC Trust.

The following records were examined during the inspection: 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 unannounced care inspection dated 11 January 2016. The completed QIP has still to be returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from *the last* Estates Inspection undertaken on 13 December 2012.

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 26	Remove the patient hoists and associated slings which are no longer in use at the Centre.	Met
	Action taken as confirmed during the inspection: This issue had been addressed and there were no patient hoists required in the centre at the time of the inspection.	

Requirement 2 Ref: Regulation 26	Replace the existing flooring in the Metal workshop & Wood workshop with a suitable impermeable slip resistant floor finish.	Met
Action taken as confirmed during the inspection: This issue had been addressed and the flooring had been resurfaced with a suitable slip resistant paint finish at the time of inspection.		
Requirement 3 Ref: Regulation 26	Ensure that Fire Doors are never wedged open. Where there is an operational need for these doors to be held open then it should be by a recognized hold open device suitably linked to the fire alarm and detection system.	Met
Action taken as confirmed during the inspection: This issue had been addressed and hold open devices had been installed as necessary. No fire doors were wedged open at the time of the inspection.		
Requirement 4 Ref: Regulation 26	Replace Smoke Detector 25 which is showing as a fault on the fire alarm panel.	Met
Action taken as confirmed during the inspection: This issue had been addressed.		
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 25	Prepare a suitable time bound program for the redecoration of the premises and implement over the next 12 month period.	Met
Action taken as confirmed during the inspection: This issue had been addressed.		
Recommendation 2 Ref: Standard 25	Deep clean or replace the carpet in the Main Reception area as part of the above program.	Met
Action taken as confirmed during the inspection: This issue had been addressed.		

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.

Areas for Improvement

No areas for improvement were identified during this 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.

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

Areas for Improvement

It was good to note that a risk assessment for the control of legionella bacteria in the centre's hot and cold water systems was undertaken on 5 May 2015. Confirmation should be provided to RQIA that the required actions highlighted as a result of this risk assessment have been completed satisfactorily. (Requirement 1 in the attached Quality Improvement Plan)

The bath in the centre is no longer required and has not been used for several years. Consideration should be given to the removal of this appliance along with any redundant dead-leg pipework associated with it. (Recommendation 1 in the attached Quality Improvement Plan)

Number of Requirements	1	Number Recommendations:	1
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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.

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

No areas for improvement were identified during this inspection.

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

No additional areas were examined during 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 Brian O'Reilly, Centre manager, Ms Stacey White, Estates officer and Mr Mark Gunning, Fire officer 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 (2) (I) Stated: First time To be Completed by: 17 March 2016	Confirm that the required actions highlighted as a result of the risk assessment for the 'control of legionella bacteria', undertaken on 5 May 2015, have been completed satisfactorily.		
	Response by Registered Manager Detailing the Actions Taken: The required actions highlighted by the Legionella Bacteria Risk Assessments have been completed where possible. However a few of the actions cannot be addressed until an asbestos issue within the roof space is addressed. Once all remedial actions are completed, the water risk assessment will be reviewed by the ongoing Belfast Trust Programme of Water Risk Assessments.		
Recommendations			
Recommendation 1 Ref: Standard 25.7 Stated: First time To be Completed by: 17 March 2016	In conjunction with requirement 1, consideration should be given to the removal of the unused bath from the centre along with all redundant dead-leg pipework associated with it.		
	Response by Registered Manager Detailing the Actions Taken: The unused bath has now been removed, the area made good and the bathroom repainted.		
Registered Manager Completing QIP	Brian O' Reilly	Date Completed	22/02/16
Registered Person Approving QIP	Martin Dillon	Date Approved	22/03/2016
RQIA Inspector Assessing Response	Gavin Doherty	Date Approved	8/4/2016

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