



The Regulation and  
Quality Improvement  
Authority

Fortwilliam Centre  
RQIA ID: 11248  
17 - 19 Alexandra Gardens  
Belfast  
BT15 3LJ

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

**11 June 2015**

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](http://www.rqia.org.uk)

## 1. Summary of Inspection

An announced estates inspection took place on 11 June 2015 from 10.35am. to 12.00pm. 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
<b>Total number of requirements and recommendations made at this inspection</b>	5	2

The details of the QIP within this report were discussed with Mr. Drew Smiley, Assistant Manager and Ms. Sheena. McGovern, Assistant Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Mr. Martin Joseph Dillon, Belfast Health and Social Care Trust	<b>Registered Manager:</b> Mr. Mark Johnston
<b>Person in Charge of the Premises at the Time of Inspection:</b> Mr. Drew Smiley, Assistant Manager	<b>Date Manager Registered:</b> 22 November 2011
<b>Categories of Care:</b> DCS-LD, DCS-MP, DCS-PH	<b>Number of Registered Places:</b> 50
<b>Number of Service Users Accommodated on Day of Inspection:</b> 25	<b>Weekly Tariff at Time of Inspection:</b> 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 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 04 December 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, 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 30 September 2014. The completed QIP was returned to RQIA on 22 October 2014. This completed QIP has still to be approved by the care inspector.

### 5.2 Review of Requirements and Recommendations from the last Estates Inspection on 04 December 2012

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 26(2)(b)	The doors to the sanitary facilities should be further adjusted to ensure that they provide an effective privacy seal.	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> There were still small gaps along the double swing door edges to some of the sanitary facilities. Mr. Smiley however confirmed that these gaps were not presenting any issues for service users and there had been no complaints or incidents re same. It would still be good practice to provide complete privacy to all sanitary facilities. It is therefore recommended that further sealing should be carried out as required at these doors. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.	
<b>Requirement 2</b>  <b>Ref:</b> Regulations 14(1)(a) 14(1)(c)	The small vertical upstand at the main front door should be removed if possible.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> It is good to report that this issue had been addressed.	

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 3</b>  <b>Ref:</b> Regulations 14(1)(a) 14(1)(c) 26(1)(l)	The remaining 'dead legs' in the plumbing system should be removed. A procedure should also be established for the ongoing monthly checks to the hot and cold water temperatures.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> At the time of this Estates inspection a plumber was on site carrying out alterations to the plumbing installation to remove the dead legs and to replace the flexible connections to the sanitary fittings with solid copper connections. Completion of this work should be confirmed to RQIA. The ongoing monthly water temperature checks should also include the uncontrolled hot water temperatures and the cold water temperatures at the sentinel outlets. Reference should be made to requirement 1 in the attached Quality Improvement Plan.	
<b>Requirement 4</b>  <b>Ref:</b> Regulation 14(1)(a) 14(1)(c) 26(2)(n)	Following the installation of the new windows, the original glazing risk assessment should be reviewed and updated as required. The remaining issues to be addressed in relation to the environment and self-harm risks should also be addressed (in hand).	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Mr. Smiley confirmed that internal reglazing to doors had been completed and safety film had been applied to the georgian wired glazing in the premises. The risks associated with glazing were currently considered to be low in these premises. Mr. Smiley also confirmed that the issues in relation to self-harm had been addressed.	

Previous Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulations 26(4)(b) 26(4)(d)(i) 26(4)(e)</p>	<p>The arrangements for smoking should be reviewed and revised as required. Particular attention should be given to the smoking policy (to direct practice) and to the individual risk assessments for service users who smoke (to identify the controls required). In relation to the controls required, specific attention should be given to the need for a fire blanket in a location convenient to where service users smoke and to ensuring that all staff receive training in the use of first aid fire-fighting equipment. Minor fire stopping works should be carried out at the fire detector in the stationery store on the second floor.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>A policy is in place in relation to smoking. Ms. McGovern also confirmed that risk assessments had been carried out in relation to the three service users who smoke. Two of these service users are supervised when they are smoking and the other service user smokes independently. A fire blanket had been provided in the area used for smoking. The use of first aid fire- fighting equipment is covered in the fire training although this does not include a practical session. It is recommended that practical training in the use of first aid fire-fighting equipment should be provided for all staff. Reference should be made to recommendation 2 in the attached Quality Improvement Plan. Fire stopping had been completed in the stationery store on the second floor.</p>	

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref: Standard 25.5</b>	It is recommended that the loose stone path to the green house should be replaced with a hard surface path.	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> The loose stone path had not been replaced with a hard surface path. The green house had been removed as it was not considered suitable for health and safety reasons. It is planned to carry out an environmental scheme to improve the rear garden facilities and to provide new ramped access to the garden. RQIA should be kept up to date in relation to this scheme of works. Reference should be made to requirement 2 in the attached Quality Improvement Plan.	

**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.

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

**Is Care Effective? (Quality of Management)**

A range of accommodation, facilities and support services is provided in the premises. A new therapy kitchen had been 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. Redecoration and new flooring works had recently been carried out in the premise recently. The premises were in very good order. This supports the delivery of compassionate care.

No issues were identified for attention during this Estates inspection.

## Areas for Improvement

1. The support documentation in relation to a range of premises issues was not presented for review during this Estates inspection. This information is held by the Trust's Estates Department. Subsequent to this Estates inspection a list in relation to this documentation was forwarded to the Trust's Estates Department. Some of this information has been provided to RQIA. The remaining information should be provided to RQIA. Reference should be made to requirement 3 in the attached Quality Improvement Plan

<b>Number of Requirements</b>	<b>1</b>	<b>Number Recommendations:</b>	<b>0</b>
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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. Additional hand rails had recently been provided in the stairs. 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 surfaces of the walls at the water boiler in the kitchen facilities were not in a good condition. The wall surfaces in the kitchen cleaning store and at the splash back in one of the ground floor toilets also required attention in this regard. Remedial works should be carried out to resolve these issues. Subsequent to this Estates inspection RQIA received confirmation that these issues had been addressed.



## Areas for Improvement Continued

2. A new boundary wall had been constructed between the day care centre and the adjacent premises. The grass area had been made good and arrangements were in hand to make good the bitmac surface adjacent to this wall. Completion should be confirmed to RQIA. Reference should be made to requirement 4 in the attached Quality Improvement Plan.
3. The mesh to the fly screen to the external door at the kitchen was not securely fixed in position. This fly screen should be made good. Subsequent to this Estates inspection, RQIA received confirmation that this issue had been addressed.
4. The extract fan in one of the ground floor toilets did not appear to be working. This should be checked and made good as required. Subsequent to this Estates inspection, RQIA received confirmation that this issue had been addressed.

<b>Number of Requirements</b>	<b>1</b>	<b>Number Recommendations:</b>	<b>0</b>
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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.

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)**

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.

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. Fire stopping and a new ceiling should be provided in the boiler room. The light fitting should also be fixed to the new ceiling. Subsequent to this Estates inspection, RQIA received confirmation that these issues had been addressed.
2. One of the double doors to the kitchen hatch that opens into the ground floor corridor was not closing fully with the self-closing device. This door should be adjusted. Reference should be made to requirement 6 in the attached Quality Improvement Plan.
3. The zone plan for the fire detection and alarm system should be updated to reflect the new sensory room on the first floor. Subsequent to this Estates inspection, RQIA received confirmation that this issue had been addressed.

<b>Number of Requirements</b>	<b>1</b>	<b>Number Recommendations:</b>	<b>0</b>
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## 5.6 Additional Areas Examined

No additional areas were examined during this Estates inspection.

## 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr. Drew Smiley, Assistant Manager and Ms. Sheena. McGovern, Assistant 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](mailto: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

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulations 14(1)(a) 14(1)(c) 26(1)(l)</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> 10 July 2015 &amp; Ongoing</p>	<p>Completion of the work to remove the 'deal legs' from the plumbing system and the replacement of the flexible connections to the sanitary fittings with solid copper connections should be confirmed to RQIA. The ongoing monthly water temperature checks should also include the uncontrolled hot water temperatures and the cold water temperatures at the sentinel outlets.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> Estates work completed 12<sup>th</sup> June 2015.</p> <p>Water temperature checks for uncontrolled hot water and cold water at sentinel outlets are now part of the monthly check list.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulations 26(2)(a) 26(2)(b)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> Ongoing</p>	<p>RQIA should be kept up to date in relation to environmental scheme to improve the rear garden facilities and to provide new ramped access to the garden.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b></p> <p>Capital works application has been submitted for ramped access to the garden area. We are awaiting Capital allocation approval through the trust processes.</p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 26(2)(b)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 07 August 2015</p>	<p>The remaining support documentation in relation to the premises that was not presented for review during this Estates inspection should be provided to RQIA.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> Awaiting, Quotation for BV Lift Recommendations which has been forwarded to Kone Lift maintenance contractor, works will be completed upon acceptance of costs hopefully work completed by 31-08-2015. Parts to be supplied and fitted by Cool-air to water coolers as per service report re: on-toward Maintenance, Parts on order completion by 31-08-2015. Water Risk assessment – carried out 26-08-14 no outstanding actions. Shower &amp; TMV maintenance completed January 15 no actions next due date July 15. CWST Inspection carried out 09-06-15 chlorination completed 16-06-15. Water sampling not carried out. Monthly temperature checks in place and carried out by facility staff. Emergency Lighting Monthly tests Programmed and carried out by facility staff. Boiler Gas Safe Cert, still awaiting from TMC Boiler / Gas Services. Fixed Wire Testing and annual Emergency light testing programmed by Risk team for completion by 31-08-2015.</p>

## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulations 26(2)(b) 26(2)(d)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 10 September 2015</p>	<p>Completion of the work to make good the bitmac surface at the new boundary wall should be confirmed to RQIA.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> This new boundary wall has been erected by contractors renovating the adjacent building for the new Northern Ireland hospice. Centre management have spoken to site fore man on 1<sup>st</sup> July 2015 who advised that this Tarmacing would be completed once the boundary wall capping was finished. Centre management will inform RQIA when this work is completed.</p>
<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulations 26(4)(b) 26(4)(c) 26(4)(d)(i) 26(4)(d)(iv)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 10 July 2015</p>	<p>One of the double doors to the kitchen hatch that opens into the ground floor corridor should be adjusted to close fully with the automatic self-closing device.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> Works Completed 21/7/15</p>

<b>Quality Improvement Plan</b>			
<b>Recommendations</b>			
<b>Recommendation 1</b>  <b>Ref:</b> Standard 25.5  <b>Stated:</b> Second time  <b>To be Completed by:</b> Ongoing	It is recommended that further sealing should be carried out as required at the double swing door edges to the sanitary facilities.		
	<b>Response by Registered Manager Detailing the Actions Taken:</b>  Programmed to be completed by Killowen Contracts within the next 2 weeks ie by 07-08-15		
<b>Recommendation 2</b>  <b>Ref:</b> Standard 28.4  <b>Stated:</b> First time  <b>To be Completed by:</b> Ongoing	It is recommended that practical training in the use of first aid fire-fighting equipment should be provided for all staff.		
	<b>Response by Registered Manager Detailing the Actions Taken:</b>  Request has been made for all staff to be trained as Deputy Nominated Fire officers - this course covers first aid fire fighting.  Course booked for 7th October 2015		
<b>Registered Manager Completing QIP</b>	Mark A Johnston	<b>Date Completed</b>	21/7/15
<b>Registered Person Approving QIP</b>	Martin Dillon - Chief executive, BHSCT	<b>Date Approved</b>	
<b>RQIA Inspector Assessing Response</b>	Kieran Monaghan	<b>*Date Approved</b>	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](mailto:estates.mailbox@rqia.org.uk) from the authorised email address\**